

Minutes: JPPG (Maassarani Group / Aston Healthcare Joint Patient Participation Group)

Date: 5th March 2020 Time: 17:00-19.00

Venue: Maggie O'Neill Community Centre – Meeting Room

Status	Name	Registered Practice / Role	
Present		Patient from Cornerways Medical Centre	AM
Present		Patient from Cornerways Medical Centre	CM
Present		Patient from Aston Healthcare (Knowsley Village Medical Centre)	JB
Present		Patient from Cornerways Medical Centre	JR
Present		Patient from Aston Healthcare (Manor Farm Primary Care)	JS
Present		Patient from Cornerways Medical Centre	KM
Present		Patient from Bluebell Lane Surgery	LD
Present		Patient from Dr Maassarani & Partners	LR
Present		Patient from Dr Maassarani & Partners	PW
Present		Patient from Bluebell Lane Surgery	PD
Present		Patient from Dr Maassarani & Partners	RH
Present		Patient from Aston Healthcare (Knowsley Village Medical Centre)	RS
Present		Patient from Dr Maassarani & Partners	SM
Present		Patient from Roseheath Surgery	SA
Present		Partner	LP
Present		Transformation Manager	AG
Present		Communications	BO
Present		Transformation Consultant	JD
Present		Practice Manager – Bluebell Lane MC	TC
Present		Practice Manager – Cornerways Medical Centre	JC
Present		Practice Manager – Dr. Maassarani & Partners (inc Melling)	KM
Apologies		Practice Manager – Roseheath Surgery	SQ
Apologies		Patient from Dr Maassarani & Partners	AL
Apologies		Patient from Bluebell Lane Surgery	IG
Apologies		Patient from Cornerways Medical Centre	BW
Apologies		Local Councillor and Patient from Aston Healthcare	KD
Apologies		Patient from Bluebell Lane Medical	BB

Min no	Item	Key discussion points	Action	Owner	Deadline
1	Welcome and apologies	Welcome and apologies from BOM. JD introduced himself as transformation consultant for Maassarani Group. The group introduced themselves one by one.	-	-	-
2	Coronavirus	<p>BOM briefly spoke of Coronavirus explaining what patients should do if they suspect themselves or anybody they know to have contracted the virus. BOM explained patients should self-isolate and dial 111 who will be able to offer further advice. BOM advised patients not to turn up at the surgery if you or anybody else is suspected to have contracted COVID-19.</p> <p>KM asked how patients will differentiate between a common cold and coronavirus. BOM explained the same process applies and if patients could please dial 111 who will be able to advise further on their symptoms.</p>	-	-	-
3	Key Stakeholder Briefing: Provide an Update on Temporary Changes at Aston Healthcare	<p>LP introduced himself as Managing Partner of the Maassarani Group (MGP). LP welcomed new Aston members and provided some background to the Joint PPG. LP explained rather than duplicating each practice participation group meeting we would meet together to drive different areas for improvement. We are involving our patients in order to help implement change with patients at the forefront of this.</p> <p>LP advised the group since the last Joint PPG meeting things have changed rapidly. Both MGP and Aston Healthcare had recently agreed to work collaboratively together in order to improve services, access and quality. However, after reviewing the current processes, systems, procedures at Aston Healthcare our management team found some processes not fit for purpose and some ways of working which were considered unsafe.</p> <p>Since February 6th the 2 directors of Aston Healthcare resigned with immediate affect leaving Aston with no directors. LP explained he was in the process of becoming a director and now Aston is under ownership of himself and Dr F Maassarani. We since have expressed concerns to Knowsley CCG in hope they can provide support given the current circumstance.</p> <p>LP expressed how 2 practice buildings in particular Gresford Medical Centre and Camberley Drive Medical Centre were found to be unsafe and therefore these concerns in additional to the other issues identified including lone working and a lack of continuity of</p>			

		<p>care, contributed to the decision to temporarily cease clinical activity from these locations. This is in order to give our management team time to improve the processes and procedures at these sites.</p> <p>LP explained how All Aston practices remain open from 8am to 6:30pm. Gresford Medical Centre and Camberley Drive are solely closed for clinical activity however maternity and phlebotomy services will still be available to patients as well as administration based services including ordering and collecting prescriptions. This will allow the team breathing space to be able to make the required process and procedural improvements. These changes are temporary and we hope will take a maximum of 6 months.</p> <p>LP informed patients MGP management team has been split in half in order to manage both Aston Healthcare and Maassarani Group practices. However this will not affect MGP practices or patients in any way. LP explained we have listened to Aston patients and planning us underway to potentially return the telephone system back to practice level and to decommission the telephone hub style model. An entirely new focus on clinical quality, practice meetings, discussions about safeguarding etc. will ensure that we are able to make unsafe practices, safe again.</p> <p>.</p> <p>RH asked 'Where are the directives from?'</p> <p>LP advised that each GP practice has a contract and there are a number of standards that they have to deliver under these contracts. Our contract is regulated by Care Quality Commission who regulate whether we are leading safe work. We also have Standard Operating Procedures which we have to adhere to.</p> <p>BOM advised we will be re-establishing Aston Healthcare PPG's and a meeting date/time is being sent out tomorrow.</p>			
4	PPG Sub Group Project Updates	<p>JD offered some background to our PPG sub groups for new Aston Healthcare members.</p> <p>JD explained how we had formulated a number of task and finish groups which we refer to as 'Sub Groups' that focus on different areas for improvement within our practices. Each group is given the opportunity to produce work and drive new initiatives forward by producing outputs supported by the Transformation Team.</p> <p>We have a number of sub groups including:</p>	Follow up with Aston members to gauge interest in joining PPG sub groups.	BOM	31/03/20

		<ul style="list-style-type: none"> - Appointments - Prescriptions - Telephone Access - Digital Access - Patient Education <p>SA informed new Aston members they are welcome to join any of the sub groups.</p>			
5	Updated from the prescriptions team	<p>JD informed the group that we recently met with the prescriptions team who came up with a number of issues patients face when it comes to ordering and receiving prescriptions. However, it was decided that to move forward we would need support from our pharmacy / medicines management team who have decades of experience and can shed some light on these issues. JD explained the team will meet next with Hassan who is our Medicines Management lead who also works closely with NHS England as he will help guide us through further discussions.</p> <p>JR expressed her concerns that she had not been included in this meeting despite being a part of the prescriptions team. BOM apologised the meeting went ahead without her but explained she found it difficult to get everyone at the same time and worried we would have no outputs before this meeting. JD apologised for this and explained it was not intentional to exclude her. JD ensured everyone would be included for the next meeting. JR accepted apologies. SA suggested it might be best if all members agreed to share email addresses with the group so it is easy to communicate with one another. SA appreciates it is difficult for BOM to organise all meetings in line with everyone's availability. All group members agreed for BOM to share a document which includes all PPG members' emails. SA initiated a show of hands of members that would be happy to pass on contact details to one another, all members raised hands.</p>	<ul style="list-style-type: none"> - Send out JPPG members contact details via email to all members. - Seek availability for the Medicines Management Team Lead (Hassan Argomandkhah) to meet with the group on Weds 18th March) 	BOM	06/03/20
				JD	09/03/20
6	Update from Telephone Access team	<p>SA moved on to discuss telephone access team's progress.</p> <p>SA explained the group had come up with a plan to find out what patients think of the current telephone system. The telephone team helped to design a patient survey which focused on telephone access. The survey was finalised and then sent out via text</p>	<ul style="list-style-type: none"> - Send out carer SMS to all patients to identify current carers 	BOM	31/03/20

		<p>message to all patients with a mobile number who had been seen within the past 2 weeks. We received over 500 responses from patients within 4 different practices which SA said was excellent as she was not expecting that kind of response.</p> <p>SA told the group how the survey included 20 questions which in hindsight were probably too long as a lot of respondents were skipping after question 7. SA suggested the survey be shortened when we send this campaign out again. SA also suggested stating at the beginning of the survey how many questions were included so people know before going ahead and completing the questionnaire.</p> <p>JR asked if the survey will be sent out again as she thought the response rate was very positive. CM seconds this and said patients are definitely interested if this many completed the survey.</p> <p>BOM agreed this could most definitely be sent out again. JR suggested maybe on a 6 monthly basis. SA offered to discuss this in the next telephone access meeting.</p> <p>JR asked if the survey had only been sent to those with a mobile. SA confirmed this. BOM informed that we are planning to engage other people in this survey by holding focus groups and completing the survey with patients via telephone so we can include different age groups and vulnerable groups such as carers, those with learning disabilities and more. LP expressed how we would like to identify our carers so might be good to ask for their contact details within the survey if they tick 'yes' to caring for somebody. SA suggested sending an SMS to patients asking if they are currently a carer.</p> <p>SM went on to look at telephone access survey results in detail and suggested each results be sent out to their PPG so they can take a look at their practice data and come up with some suggestions.</p> <p>After looking at the data a number of points were raised by JPPG members:</p> <p>PD suggested to narrow the questions you have to answer on eConsult because if patients cannot be bothered to complete a survey they probably won't be bothered to complete an eConsult. LP said this was a good point and asked how can we make sure we are utilising our service? He explained this was not to be answered now but something the group can think about and feedback at a</p>	<ul style="list-style-type: none"> - Present how many patients who were seen within 2 weeks had a mobile, email and landline - Circulate the Survey Results to the Local Practice PPGs for their review and information Investigate options to undertake SMS campaign to increase data quality in relation to registered patients carer's status 	<p>BOM</p> <p>BOM</p>	<p>16/04/20</p> <p>31/03/20</p>
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		<p>later date.</p> <p>LR advised this is where patient education comes in so we can educate our patients better and the difference between completing an eConsultation and speaking to a receptionist on the phone.</p> <p>JR explained she thought eConsult was solely for same day appointments and would be open to be educated on this.</p> <p>SA explained that the majority of respondents were aged between 40-60yrs. LP proposed we look into demographics to get a better picture from all age groups and this is where focus groups come into it.</p> <p>SA questioned if the telephone options were the same for each practice as there was a real mixture of views from each practice. BOM confirmed the options are the same.</p> <p>SA concludes with the following results:</p> <ul style="list-style-type: none"> - All practices were neutral on music - Keep the patients informed of which position they are in the queue - Suggested patients know the average time it will take to be answered - Aim for staff to connect with patients within 10 minutes maximum - We need to looking into a call back option as many patients would use this service <p>JR suggested we would need to provide estimates timescales for call back if this was to be implemented.</p> <p>SA asked if practice managers could pass on congratulations to the telephone staff as well over 80% of all survey respondents had been treated with dignity and respect by staff members on the telephone, which she thought was excellent.</p> <p>LR said it really shows the professionalism of the staff.</p> <p>PD asked if it would be beneficial to send the survey SMS addressed from the PPG. LP thought this was a great idea and is possible for the next campaign.</p> <p>JR asked as an action can we know how many how many people who were seen within 2 weeks had a mobile, email or landline?</p>			
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		SM congratulated the telephone access team and thanks SA for undertaking this piece of work.			
	Update from Patient Education team	<p>LR informed that the patient education group met to discuss a number of aims / objectives and outputs which the group aspire to complete in time. Some of the objectives included:</p> <ul style="list-style-type: none"> - Improving health and wellbeing via educations - Build Trust with patients - Reduction patient complaints - Design and deliver a patient education programme of work - Identify good and bad patient education practice across the geography to feed into the patient education strategy / approach <p>Some of the outputs included:</p> <ul style="list-style-type: none"> - Engage health watch to better understand that current approaches and work streams they have in flight relating to patient education - To asses / compare the provision of patient education across the geography starting with the Maassarani and Aston practices i.e. Review patient / practice websites. - Engage with other practices that are delivering good quality patient education to gain a better understanding how what works for them - Review waiting room displays and patient materials to improve what's displayed and increase patient engagement and awareness. - Coordinate and host patient education events, both formal and un-announced e.g. waiting room stalls to engage and educate patients as well as formal events for patients with guest speakers etc. <p>Lynn explained the group will organise another meeting shortly where they can get started on outputs and the first meeting aimed to outline what the purpose of the group is and what they hope to achieve.</p>	-		

7	AOB	<p>LP wanted to share with Aston patients their thoughts on some pilot projects which we had planned.</p> <p>The first project planning to be piloted is called 'Push Doctor'. LP explained he has been liaising with external providers to extend GP provision as GP practices are paid to complete extended hours access. This is where push doctor comes in. Push Doctor involves patients being triaged but cannot get into the service because of work commitments etc. Push Doctor will provide an out of hours service via video link. The GP will be able to access your medical records and send prescriptions to your nominated GP and is all done after speaking to a patient through video link. This will be a pilot over a 3 month period and Aston will be the first practice in Merseyside to pilot. All Aston and MGP members thought this was a great opportunity for the practice.</p> <p>Another pilot we are interested in undertaking and we are speaking with medicines management lead Hassan about implementing is testing a 'pod'. This POD will be located within the practice which patients can use to speak with a pharmacist or triage clinician about their care.</p> <p>JS expressed his concern with getting this communicated to the patients. LP offered Aston patients to trial this service once we commence and explained there would be a full patient education campaign around these different services to ensure patients are kept well informed.</p> <p>All members thought this was another great opportunity for the practice and a step in the right direction.</p>			
8	Date and time of next meeting	Next meeting is Thursday 16 th April and venue TBC	- Remind members of the venue location once booked	BOM	31/03/20