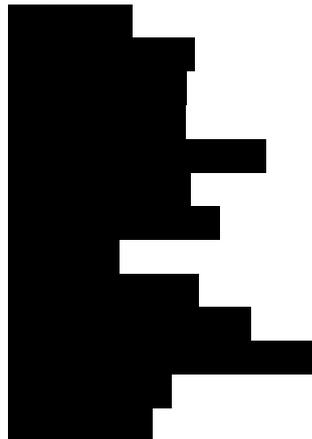


**Aston Healthcare**

**Patient Participation Group Meeting**

Wednesday 2<sup>nd</sup> December  
Zoom Virtual Meeting

**Present:**



PPG Member Knowsley (JB)  
PPG Member Knowsley (LT)  
PPG Member Knowsley (CM)  
PPG Member Knowsley (RS)  
PPG Member Knowsley (CS)  
PPG Member Manor Farm (CE)  
PPG Member Whiston (WB)  
PPG Member Gresford (PB)  
PPG Member Knowsley (DJ)  
Group Comms (BOM)  
Prescribing Lead (HA)  
Director of Governance (EH)  
Director (LP)

**Apologies:**



PPG Member Knowsley (CM)  
PPG Member Whiston (LM)  
PPG Member Camberley (JKD)  
PPG Member Knowsley (JS)  
PPG Member Knowsley (TM)  
PPG Member Knowsley (JS)

<p><b>Welcome and introductions</b></p>	<p>BOM welcomed everyone to the meeting and thanked members for their time.. BOM explained how due to COVID-19 pandemic it was advised face to face PPG meetings be postponed until further notice however she thought it best to keep in contact virtually where possible. Face to face meetings commence when government guideline allow it.</p> <p>Apologies were accepted.</p> <p>BOM explained how some of our leadership management team have joined onto today's meeting. PB asked if everyone could introduce themselves. Each member took turns to state their name, practice and how long they have been a PPG member. LP, HA and EH also introduced themselves and their roles at Aston Healthcare.</p>
<p><b>Prescribing Lead – Q&amp;A</b></p>	<p>HA thanked members for their time and provided some background to his role. HA explained it is his job to ensure all prescribing across all practices is done as safely as possible i.e. correct drugs are being prescribed for certain</p>

	<p>conditions and high risk drugs are monitored correctly. HA told the group how he has a team of 3 pharmacists across Aston who undertake things like medication reviews with patients, medication queries, high risk drugs monitoring and much more.</p> <p>Since HA started as Aston Healthcare back in March he has ensured the prescription process is streamlined so that all prescriptions are signed within each practice whereas before it was only happening from Manor Farm which was causing complications. HA hopes that since March members have noticed an improvement in prescription process.</p> <p>HA advised how his team also link with community pharmacists too. There is a brand new service called the 'Community Pharmacy Consultation Service' (CPCS) created by NHS England. HA explained how if a patient has a problem, this is reviewed by a clinician and can then refer the patient to be seen by a community pharmacist. HA says the CPCS is different to the care at the chemist scheme as the appointment with the community pharmacist is a full 10-15 minute consultation to discuss problems. The pharmacists have access to the practices in case they need to escalate any issues.</p> <p>JB asked if annual medication reviews are organised by the practice or if the patient has to request.</p> <p>HA advised we try to ensure people who are on repeat medications have at least 1 medication review per year which is organised by the practice. However, if patients are worried about medications or would like to query their medication patients can call reception and we will book you in for an medication query appointment. This is usually done over the phone.</p> <p>HA explained he will be ensuring all patients on repeat prescriptions have now been post-dated so that patients do not have to worry about ordering prescriptions over Christmas period. This is something he is currently working on and communications will be sent to patients to inform of this.</p> <p>PB asked does this involve patients who are on drugs like Pregablin. HA confirmed it does involve patients on any repeat medication as long as the medication is due, then it will be issued. However, if the patient has requested a medication a couple of days prior this does not mean an additional dose will be issued but rather the next due date will be available. This has been done to make prescription issuing process more smooth for patients over the holiday period.</p>
<p><b>Knowsley CCG Merge</b></p>	<p>JB mentioned she had heard that Knowsley CCG could be merging into the one wider CCG across Merseyside and wanted some more information.</p> <p>HA explained how STP's were formed across the country and they were asked to provide what is known as an ICP. Their job is to work with NHS England and councils to improve health and wellbeing. HA advised the group how he actually chairs at NHS England meetings for Cheshire and Merseyside STP.</p> <p>HA provided some more overview and advised that as of next April the plan is for all commissioning elements to be merged into one singular CCG. Where previously Knowsley CCG would look after and commission Knowsley, it will now be down to 'the place' being Knowsley and its council / health and</p>

wellbeing board. Primary Care Networks are being established within our area to ensure health services are more bespoke.

CS asked is it not possible to have things like respiratory teams within our practices.

WB explained how he thought GP's are supposed to look after the patients and was not pleased to hear about the bureaucracy. WB also aired his concerns about telephone access at Whiston PCR at length.

EH responded explaining she is conscious that a few different conversations were happening and to try and answer each individuals point as the conversation had side tracked.

EH responded to CS by saying we would love to have a respiratory team based at the practices but we have little control over this as this is something that you see in the likes of our hospitals rather than GP practice.

EH responded to WB by advising we have 4 telephone lines at Whiston. We have struggled recently with staff sickness as she hopes the PPG can understand given we are in a global pandemic. WB says surely the practice has a robust system to track call data. EH explained our telephone system at Aston Healthcare is currently managed by St Helens and Knowsley Health Informatics, which is Knowsley CCG's IT provider. EH acknowledges that telephone access has been poor recently and apologises for this. Unfortunately the service provided by St Helen's and Knowsley Health informatics does not allow us to view in depth data and is not as robust as we would like it to be. EH advised that our other practices in Knowsley invested in a fantastic telephone system which provides a plethora of data which is what we are looking to implement at Aston Healthcare. However, this system costs a lot of money which would have to be paid for by us and this is not something we can put in place overnight.

LP reminded the PPG that this forum is in place for people to speak positively and how as a group we can positively impact the practice. LP reminded members to be mindful of how we speak to each other. LP suggested as an action that we review the telephone stats on a monthly basis and this can be shared to our PPG members to review also.

**Action for BOM:** Review telephone stats on a monthly basis and share with PPG.

CS then brought up an issue with eConsult and says she does not feel like admin staff members aren't clinically trained to make decisions on patients problems. BOM advised how admin staff are not clinically trained, nor are they at any other practice. EH explained how admin staff have a set of criteria for priority appointments such as chest pain, shooting pain in arms etc.

CS suggested there is problems with eConsult whereby conditions keep flagging to attend A&E when she knows she needs to see a doctor. EH responded that based on your answers eConsult will guide a patient down the

	<p>appropriate path depending on their pain thresholds and symptoms. CS says it is very frustrating and asked is there no way for certain conditions or problems to enable staff to directly book patients in with a GP. HA advised that the whole point of the triage model is to put patients in front of the right person whether that's a nurse / GP / pharmacist or other healthcare professional.</p> <p>BOM explains she does understand the frustrations when eConsult does not lead a patient down a path they expect and has had a lot of feedback about this from patients. As a result of this, BOM liaised with eConsult transformation manager who responded:</p> <p>“Reducing the number of patients who are diverted away from the platform is our No.1 priority this quarter, development work includes:</p> <ol style="list-style-type: none"> <li>1. Lowering flagging limits on certain pain scores</li> <li>2. Introduce the emoji/functional pain scores (to replace 1-10)</li> <li>3. A general review of urgent flagging</li> <li>4. A possible change to in-hours eC that would "suppress" urgent warnings, and allowing the eConsult to be completed and submitted to the practice for a quick/same day response”</li> </ol> <p>JB asked if it is possible for patients to have a note against their details to state they have a specific condition and to take this into account. EH confirmed this is possible and we always ensure most vulnerable patients have a pop up note to prioritise their requests.</p>
<p><b>GP Survey</b></p>	<p>JB expressed her concerns about the annual GP survey and thought it was unfair as the selection is totally random and is not representative of our patient population at Aston.</p> <p>EH explains how she leads on improvement plan for CCG and CQC – she believes there is an issue with historic Aston Healthcare service and believes by promoting people to speak about their positive experiences will harness a change. People don't tend to rush to speak about their positive experiences because it is what is expected of course but are quick to comment on the negatives. A shift in narrative is needed for Aston and she feels that patients will believe in the PPG if we can steer them to speak about their positive experiences.</p> <p>LP agrees with JB and also feels as though the population isn't represented in GP survey. However, the one way we will improve is by sending out our own tailored surveys. LP explained he has been working closely with BOM to create a brand new patient survey which will be sent out to any patients that have made contact with the practice. LP would be happy for PPG to get involved in this as he understands not everyone has a mobile phone to complete an online survey and for PPG to get involved and make telephone calls to patients to undertake qualitative interviews.</p> <p>LP explained to the group we understand not everybody has an email or access to the internet. Therefore, we decided to take some in house feedback at our flu clinics which gave us some resounding feedback via Healthwatch Knowsley platform. We have now been told by Healthwatch that since our new reviews have been added their board have decided to change the terms of use</p>

	<p>meaning that all new reviews must be archived. BOM suggests how this doesn't seem fair when some patients have asked us to upload this feedback on their behalf as they don't have internet access. LP offered for patients to discuss this with Healthwatch. EH asked if anybody has any suggestions as to how we can help patients submit feedback.</p> <p>CS suggested creating a QR code to be scanned which could be emailed / text out to patients and visible within practice. Another option is to post out to patients who don't have mobiles or give people a telephone call.</p> <p>JB also suggested reviewing some data on how many disabled / housebound / vulnerable patients there are with a scope to get feedback from vulnerable patients.</p>
<p><b>Flu Jabs</b></p>	<p>BOM explained that our flu vaccination campaign is now in full swing. We have hosted a number of Saturday clinics at our Manor Farm / Halewood sites which any patients were able to access. However, clinics are also taking place within each individual practice now. Patients can call up or show up to the practice to request their flu jab and will not be turned away.</p> <p>A bit of good news, Aston have now hit their flu vaccination target for the under 65 cohort and are currently sitting 3<sup>rd</sup> on performance leader board of all GP practices in Knowsley.</p> <p>EH advised it has been very challenging considering how late the campaign started this year, which was due to mass vaccination clinic plans not going ahead and also with new guidelines. EH says Knowsley uptake has been a challenge this year. DJ explained she is not surprised by this as flu clinics were happening at Manor Farm and it is difficult for people to get to.</p> <p>EH understands this but Knowsley CCG would not approve for clinics to go ahead at Knowsley along with several other sites due to new COVID regulations. EH says clinics have now been taking place at Knowsley and we now have a policy where nobody will be turned away if they walk in for a jab.</p> <p>JB says she did speak to Knowsley manager Hannah about issues with elderly accessing flu clinics. EH says we did accommodate additional home visits this year and does believe the campaign is successful considering the challenges.</p> <p>JB suggested having this as an article on the website as a good news story.</p> <p><b>Action for BOM:</b> Create flu article for website</p>
<p><b>PPG Action Plan</b></p>	<p>BOM is conscious that it has been harder to implement a proper action plan given we are unable to meet face to face and we are limited in what we can do due to COVID-19. BOM wants to get started on a more tailored action plan for the PPG as there is a lot the PPG can support with. BOM suggested having sub groups which focus on different areas for improvement. These sub groups</p>

	<p>will be titled</p> <ul style="list-style-type: none"> <li>-Patient Education</li> <li>-Digital Access</li> <li>-Prescriptions</li> <li>-Telephone Access</li> </ul> <p>BOM went around each member and have them state which group they would be interested in working on.</p> <p>WB – Telephone Access  CS – Digital Access  PB – Prescriptions  DJ – Patient Education  RS – Patient Education  LT – Patient Education / Digital Access</p> <p>BOM will confirm with other members separately their group of choice.</p> <p>LP advised we understand everyone’s time is precious and we don’t expect too much of anyone. Anything the PPG can contribute would be amazing.</p>
<b>AOB</b>	<p>PB asked if we can communicate to patients when they can expect a call from our clinicians i.e. morning or afternoon.</p> <p>BOM says we haven’t done this in the past just in case our clinicians run over. We usually say they will contact today / tomorrow. LP suggested this is definitely something we can implement.</p> <p><b>COVID-19 Vaccine</b></p> <p>LP informed the group we have just received what is known as an ‘enhanced service’ for the COVID-19 vaccination. Each Knowsley PCN has identified 3 locations from which to administer the vaccinations safely and effectively. These locations are:</p> <p>The Hollies, Halewood  Huyton One Stop  Kirkby One Stop</p> <p>People aged 80+ and care homes will be focused on first. All patients aged 50+ and patients under 50 who are classed as ‘at risk’ will then be offered the vaccination. LP advised how our PCN is organising this and is out of our hands. We will be required to provide clinical resource to the sites i.e. nurses / other clinicians.</p>
<b>Date and time of next meeting</b>	<p><b>Date:</b> Wednesday 3<sup>rd</sup> February  <b>Time:</b> 4:00pm – 5:30pm  <b>Location:</b> Virtual Zoom Meeting</p>