

## Minutes: MGJPPG (Maassarani Group Joint Patient Participation Group)

Date: 6<sup>th</sup> February 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 Bluebell Lane Surgery	BB
Present		Patient from Cornerways Medical Centre	BW
Present		Patient from Cornerways Medical Centre	CM
Present		Patient from Bluebell Lane Surgery	IG
Present		Patient from Cornerways Medical Centre	JR
Present		Local councillor and patient from Aston Healthcare	KD
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	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
Present		Practice Manager – Roseheath Surgery	SQ
Apologies		Patient from Dr Maassarani & Partners	AL

Min no	Item	Key discussion points	Action	Owner	Deadline
1	Welcome and apologies	Welcome and apologies from JD. JD introduced himself as transformation consultant for Maassarani Group. The group introduced themselves one by one.	-	-	-
2	Terms of Reference (ToR) Sign Off	JD discussed ToR noting feedback from members incorporated into updated ToR. All staff and members agreed to changes and signed off ToR.	- Circulate Finalised ToR	- JD	- 21/02/19
3	Key Stakeholder Update: The Maassarani Group and Aston Healthcare – Joint Working	<p>LP introduced himself as Managing Partner of the Maassarani Group (MGP). LP thanked everyone for attending including Aston Healthcare PPG members who attended on short notice. LP explained both MGP and Aston Healthcare have recently agreed to work collaboratively together in order to improve services, access and quality. The main reason for this collaboration is because both organisations feel the management and staff at Aston share the same ideology as MGP and want to engage and improve services. In addition, there is a national and local drive for organisations to work at scale and start looking at ways in which services can be improved. The immediate main changes will be in the management team and back office functions; the collaboration has attracted an expert team of professionals already. We believe this is a great opportunity for all involved within this framework and we look forward to working closely together.</p> <p>LR asked ‘what are the benefits of Aston / MGP collaborating?’ LP explained that we will be able to work at scale together meaning the introduction of new services in the future within the practices. This could be via primary care clinicians and/or introducing community and/or hospital services. As a collaborative we have a strong and attractive patient footprint of 53,000 patients. Another attractive option would be for us to become our own Primary Care Network (PCN) though this would require negotiation with commissioners. LP will consult and update all PPG members when moving forward.</p> <p>KD emphasised the strength in numbers and welcomed the approach of the collaboration and suggested that if we decide to centralise back office functions the joint PPG will have input on how we can develop a strategy together to make it work better. All PPG members can be the decision makers and we are able to come up with change. Change starts from here (the PPG).</p> <p>BB asked ‘If we became a PCN then would we get extra money?’</p>			

		LP explained as an example, PCNs receive investment to employ various roles such as pharmacists and social link workers. There are three networks currently in Knowsley but neither has utilised this fund to employ either role. BB explains she finds pharmacists to be very important to a GP practice as they are a kind of 'back up' and a second opinion for medications. LP confirmed we currently employ 3 pharmacists across MGP.			
4	Electing a Chair and Deputy Chair	JD asked BOM if anybody has put themselves forward for the position of PPG Chair. BOM confirmed no members expressed their interests via email. SA nominated herself to be Joint PPG chair. LR then nominated herself as Joint PPG deputy chair. All members agreed.			
5	Updated from the Telephone Access Team	<p>JD presenting – JD explained how at the first JPPG meeting we decided to create 'sub-groups'. These groups included:</p> <ul style="list-style-type: none"> <li>• Telephone Access</li> <li>• Digital Access</li> <li>• Appointments</li> <li>• Education</li> <li>• Prescriptions</li> </ul> <p>JD explained IG and SA joined Telephone Access team who met on Monday 3<sup>rd</sup> Feb and would be providing frank and transparent feedback on their findings.</p> <p>SA / IG provided an initial report on their first telephone access meeting. Both explained they looked at:</p> <ul style="list-style-type: none"> <li>• Environment - How rota's should be managed and how many people should be answering the telephones</li> <li>• Staff working conditions - both SA/IG expressed if you feel you have good working conditions you can provide a better service i.e. natural light, fresh air</li> <li>• Management / Supervision and the ongoing support staff have. IG/SA would like this to be reviewed</li> <li>• Facilities – desks, chairs etc.</li> <li>• Inductions and training to ensure good training is distributed across all practices. SA/IG also spoke to staff regarding</li> </ul>			

		<p>prospect and continuous development. They feel if employees are unhappy they will not stay within the company and patients will not receive proper care.</p> <p>SA confirmed that the concerns raised have been brought to LP and JD's attention. Both SA/IG would like to contact other PPG's across the city who have recently changed telephone system to gauge their experiences and also collate data from telephone system i.e. busiest time of day vs how many staff taking calls and the reason for phone calls.</p> <p>KM expressed his congratulations to the ladies for conducting this group and presenting their findings as it was very insightful. LR asked if there were similar things happening at each practice and SA replied their findings were similar. IG explained the staff members do an 'unbelievable job' in the telephone hubs, as they receive a lot of abuse and negativity from patients and still manage to continue with a smile on their face.</p> <p>KD explained all patients at Aston go straight through to a telephone hub based at Manor Farm. LP expressed how Aston Healthcare telephone hub environment at present is unacceptable and MGP are helping to review this.</p> <p>RH expressed his preference to decommission the "call tree" or multiple options when calling as he finds the recorded menu options confusing. SA explains that a call tree actually works quicker to direct a person to the receptionist.</p> <p>SA explained herself and IG reviewed and provided feedback on a draft telephone access survey that has been designed to be sent out to all patients. SA proposed this would be beneficial to find out how our patients find the telephone system and to suggest improvements. SA and IG will be finalising the survey and the practice will send out to patients who have had an appointment within the past 2-4 weeks. The survey will be sent via SMS, E-mail as well as a "spoken telephone" message to patients. LP mentioned he engaged with the Chair of the Knowsley Autism Group who has agreed to provide support to the JPPG and support us to make links with different vulnerable patient groups such as carers, learning disabilities and more.</p>			
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<p><b>6</b></p>	<p><b>Project team</b></p> <ul style="list-style-type: none"> <li>• Aims and objectives</li> <li>• Commitment</li> <li>• Agreeing the teams</li> </ul> <ul style="list-style-type: none"> <li>- Telephone Access</li> <li>- Digital</li> <li>- Appointments</li> <li>- Prescriptions</li> <li>- Patient Education</li> </ul>	<p>JD explains telephone access is just one small facet of the improvements we would like to make. JD explained there is a great opportunity for everyone to get involved and contribute to the different task and finish groups.</p> <p><b>Digital Access</b> – involves:</p> <ul style="list-style-type: none"> <li>- eConsult Process Mapping</li> <li>- eConsult Patient Feedback</li> <li>- Market review of Primary Care apps (NHS App, Patient Access, Evergreen etc)</li> </ul> <p>Commitment received from: KM, KD, LR and JR</p> <p><b>Prescriptions Group</b> – involves:</p> <ul style="list-style-type: none"> <li>- Repeat Prescriptions Process</li> <li>- Ordering Repeat Prescriptions</li> <li>- Mapping Patient Journey</li> <li>- Identifying common issues</li> <li>- How do we increase electronic prescriptions?</li> </ul> <p>Commitment received from: SM and JR</p> <p><b>Appointments</b> – involves:</p> <ul style="list-style-type: none"> <li>- Appointment booking process</li> <li>- Reviewing the type of appointments available</li> <li>- How are Appointments Triaged?</li> <li>- Did Not Attends (DNAs) – How do we reduce them?</li> </ul> <p>Commitment received from: BW, PD and LD</p> <p><b>Patient Education</b> – Involves:</p>	<p>- Coordinate the sub-group kick-off meetings (Digital Access, Appointments, Education and Prescriptions).</p>	<p>- JD</p>	<p>- 21/02/19</p>
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		<ul style="list-style-type: none"> <li>- Improving Patient Knowledge</li> <li>- Changing patient behaviours</li> <li>- Providing proactive a service rather than reactive service</li> </ul> <p>Commitment received from: LR, CM and RS</p> <p>JD explained all sub group members will have full support and any input is massively appreciated. JD proposed at the beginning of each sub group we will agree some starting points, deliverables (what are we doing and what are we doing it for?) and outputs. LP explained all sub group members will have full access to practices with an “open door” policy. Members will be able to speak with staff and patients as they see fit.</p> <p>BW explains all these groups are interlinked and cross cutting so it how we communicate with one another is very important. He suggested LP/JD being the linchpins to ensure we do not duplicate effort / work. LP suggested for the people who cannot attend to send out bullet points for what will be discussed and the members can give feedback over email / telephone.</p>			
<b>7</b>	<b>AOB</b>	BB informed team of a spelling mistake on TV screen at Bluebell Lane Surgery.	BOM to update	BOM	10/02/2020
<b>8</b>	<b>Date and time of next meeting</b>	Next meeting is Thursday 5 <sup>th</sup> March from 5pm – 7pm at Maggie O’Neill Community Centre.			