



Dr Maassarani and Partners

Minutes of the PPG Meeting

Access – Meeting 2

11th November 2019
Upstairs Meeting Room, Melling Surgery

Present:

Lynn Rigby	PPG Representative	(LR)
Alan Lyons	PPG Representative	(AL)
Peter Wright	PPG Representative	(PW)
Lee Panter	Managing Partner	(LP)
Abbey Gore	Primary Care Transformation Manager	(AG)

Apologies:

Brittany O'Mahoney	Marketing and Communications Officer	(BO'M)
Sally McHugh	PPG Representative	(SM)

Item	Minutes
Welcome and Introduction	LP introduced AG to the group and asked if she could join to support the project moving forward – the group welcomed AG and agreed to her involvement. LP stated that AG had been employed to work across the Maassarani Group as a Transformation Manager which in brief would involve the implementation and mobilisation of various 'projects' and services. AG has vast experience in project and programme management and is an excellent addition to the organisation.
Action Planning – Areas of Focus	<p>LP provided a brief overview of what was discussed during the previous meeting. All members agreed that the key elements of the discussion need to be translated into actions and formalised into a work plan that aims to bring about a patient pathway that focuses on equity of access for all.</p> <p>The group discussed the following items that should be included in the groups action plan:</p> <ol style="list-style-type: none"> 1. The waiting room experience 2. Notice boards and screens 3. The role of the receptionist 4. Practice website (including services available and team members) 5. Administration telephone triage (including escalation procedures) 6. Patient communication (especially those who do not use the internet) <p>LR stated that the practice should revisit the patient charter with a view to including the groups work and the new services recently introduced, e.g. eConsult. All though that this was an excellent idea and would set the scene for the 'agreement' between the practice and the patient and the patient and the practice.</p>

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	<p>The Waiting Room All agreed that the waiting room is an important environment that could be improved in Melling Surgery and Towerhill Surgery. AL explained that it is very difficult to identify where the practice is in Towerhill PCRC as the signage is not great and this would be difficult for patients who are not high users of the practice and not familiar with the building. LR and PW explained that privacy is hard to achieve in Melling Surgery as there is no private room for the receptionist to talk to the patient and as the waiting room is so small, all patients can hear your personal business. LR suggested that the group could look at improvement to the layout of reception as part of the plan to improve privacy.</p> <p>Notice Boards and Screens AL and LR also stated that there are lots of posters on the walls in both locations and no consistent message which is very confusing to a patient when sitting waiting for their appointment. Both locations are quite messy and this needs to be reviewed with maybe key themes being communicated to patients across the year as a strategic plan – this is something that the PPG could be involved in.</p> <p>AL stated that the communication screens present a real opportunity to get key messages across to patients and we need to exploit this. LP explained that BO'M knows how to access the server to the screen but was unsure what types of media we could add or use. AL explained that he would understand if he was given access to this software/hardware.</p> <p>Receptionist All agreed that the receptionist plays an important role in the practice as it's the first face that a patient will see when coming in for their appointment (or other service). All agreed that this role could be expanded to improve the patient experience.</p> <p>Practice website The website is currently being reviewed and redesigned which presents a real opportunity for the group to be involved in the way it is structured and the information that is added.</p> <p>Administration telephone triage As the majority of patients contact the practice via telephone the group agreed that this role will need to be reviewed with a view to improving aspects such as performance, communication and escalation. The group agreed that the staff are friendly and generally provide a good service, however this is inconsistent.</p> <p>Patient communication It is vital that patients understand the various types of services, what's on offer to them and more importantly the correct way in how to and when to engage with the practice. There are various ways in which the group can support achieving this. PW stated that we should always consider patients who do not use the internet as they would be vulnerable and even more so if we proceed to grow the use of digital services.</p>
<p>Phase 1 - Baseline Review</p>	<p>The group agreed that Phase 1 of the project should focus on collating evidence of the 'current state', i.e. what currently happens in the practice, in relation to the areas of focus.</p> <p>LP agreed that this would be an excellent idea and would enable full access for the group members to come into practice and evaluate processes, procedures,</p>

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	<p>assets (such as technology) and the environment we operate. LP explained that he would explain to staff at a future meeting an overview of our project and how it would benefit the practice; all agreed that this is crucial so that the practice staff realise that the group members are not there to scrutinise but to support in the short and long term (as a partnership).</p> <p>The following actions were agreed:</p> <ol style="list-style-type: none"> 1. LR and PW to evaluate the waiting rooms, the reception areas and the notice boards and provide feedback. LP suggested we have an evaluation format so we assess against a criteria. 2. AL to review the IP telephone system in terms of how it is set up, how it is (or not) used, the opportunities for improved working (including the relationship with the performance team) 3. LP to send AL and AG the X-on documentation (telephone supplier) to enable a greater understanding of our specification. 4. AL and AG to review the hardware and software related to the screens and what controls we have to add various types of media. 5. LP to provide the group with the patient charter 6. All to review the patient charter and identify where this could be improved in terms of improved communication. In addition, the group to focus on how we can get these key messages out to our patient population. 7. All to independently review the practice website against a set criteria - for discussion at the next meeting. LP to provide the assessment criteria for agreement.
<p>Date and time of next meeting</p>	<p>All members agreed on next meeting and action planning as the focus:</p> <ul style="list-style-type: none"> ▪ Date: 27th November 2019 ▪ Location: Towerhill Surgery ▪ Time: 5pm – 6.30pm