



Dr Maassarani and Partners

Minutes of the PPG Meeting

Access – Meeting 1

16th October 2019

Upstairs Meeting Room, Melling Surgery

Present:

Lynn Rigby	PPG Representative	(LR)
Alan Lyons	PPG Representative	(AL)
Peter Wright	PPG Representative	(PW)
Sally McHugh	PPG Representative	(SM)
Lee Panter	Managing Partner	(LP)

Apologies:

Brittany O'Mahoney	Marketing and Communications Officer	(BO)
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Item	Minutes
Overview of Sub-Group Meeting	<p>The group held the meeting as a 'sub-group' meeting to the PPG. The sub-group is to focus on access and will meet on three occasions over a 10-12 week period (depending upon availability).</p> <p>The main aim is to review and critique how patients access services within the practice (both Towerhill Surgery and Melling Surgery) and develop a revised pathway for our patient population. The group agreed that once we have reviewed the current state (i.e. the current patient journey) then an action plan would be developed to take forward on behalf of the PPG.</p> <p>The group also agreed that more patients should be engaged to share their opinions on a revised pathway (or elements of the pathway) and this could be achieved through face to face meetings and via an online survey so we engage those harder to reach.</p> <p>LP suggested that the group could be broadened to include patients from other practice from the Maassarani Group, i.e. Cornerways Medical Centre, Bluebell Lane Medical Practice and Roseheath Surgery. The group agreed that this would be beneficial but wanted to initially focus on Dr Maassarani and Partners and then involve the other practices at a later time.</p> <p>The group agreed to focus on the following:</p> <ol style="list-style-type: none">1. How and when patients can/should contact the practice to request a service(s) (e.g. to book appointments, to request prescriptions, to follow up blood results etc)2. How and when the practice will manage and triage patient requests (e.g. contacting the practice at a certain time to chase a hospital referral)

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	<ol style="list-style-type: none"> 3. How the practice will manage requests from vulnerable patients (e.g. elderly population, learning disabilities, house bound, mental health etc) 4. How the PPG will receive feedback from the wider patient population regarding access (including the patient engagement event) 5. How the PPG will communicate access to the patient population (following patient engagement and the ratification of a revised pathway) 6. How the PPG and practice will implement the revised pathway to practice staff <p>LP proposed to use the first meeting to provide a high level overview of the practice in terms of how it works and provide an insight into the structure and functions of the admin and clinical teams. This overview would help the group generate an understanding of the practice and help to generate ideas and opportunities for service improvement.</p>
<p>Administration Team</p>	<p>LP presented the administration staff model, specifically how we as a practice calculate the staff requirements (capacity) to ensure we have sufficient team members to deal with patient demand</p> <p>LP explained that patient demand on the administration team impacts (and can be measured in) three main '<i>departments</i>'; telephone, reception and administration. Demand is perceived e.g. the number of calls, the number of econsults, the number of prescription requests etc</p> <p>AL asked about the possibility of measuring demand (e.g. bloods, referrals etc) so we understand when and for what reason patients make contact with the practice. Once we understand this we can measure the impact of the interventions the PPG put in place.</p> <p>LR highlighted the importance of having a mandated approach to providing a telephone protocol; this will ensure that all staff and patients will follow a rule set established by the practice.</p> <p>AL noted that the practice have invested in a IP based telephone system which will have many functions that the practice are not maximising. The practice could focus on these functions to enable increased efficiency which will in turn improve the patient journey.</p> <p>LR stated the need to ensure that staff are trained well and have the appropriate skills to deliver quality services. LR stated the importance of ensuring all staff provide a consistent and equitable service to all patients (e.g. through a call script and clear processes)</p> <p>LR also stated the importance of ensuring there is are escalation measures in place where staff can access a senior member of the team when knowledge is low or the patient request is outside of their skill set/knowledge/competencies.</p> <p>LR and AL highlighted the need to put basic measures in place that influences patient behaviours in a positive way (quick wins), e.g. adding a message on the blood form saying "please do not contact the surgery about your blood results, we will contact you if your results are abnormal"</p>

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Clinical Team	<p>LP presented the clinical capacity model (i.e. the clinical rota), specifically the various types of appointments available to patients, the roles of clinicians and the number of appointments per week.</p> <p>LP highlighted the number of appointments the practice are contracted to deliver (754 GP/ANP appointments and 269 PN appointments per week) and demonstrated that the practice provide many more than the contracted number.</p> <p>All members commented that it was good to see the different roles within the workforce and that we need to communicate to patients their capabilities in order to bring about behaviour change (within the patient population) when booking appointments etc.</p> <p>LP highlighted the new clinicians who have joined the team in recent weeks/months, specifically Nadeem Hassan (Physician Assistant), Sarah Maddison (Advanced Nurse Practitioner) and Jayne Byrne (Practice Nurse). LP explained that Sarah has expertise in sexual health and the practice was considering implementing a new service for the practice population.</p> <p>LR highlighted the importance of the patients understanding who the clinical workforce is and what their skills and knowledge are. This would help patients better understand why they do not always need to see a GP.</p>
Close	<p>The group thanked LP for providing an honest insight into the current structure and functions of the practice and found this to be helpful.</p> <p>LP thanked the group and said it was possibly the best patient meeting he has been involved in. LP highlighted that there was not only a lot of enthusiasm in the group but a lot of experience and expertise in the areas that are key, e.g. HR, telephone systems and protocols, information and technology.</p>
Date and time of next meeting	<p>All members agreed on next meeting and action planning as the focus:</p> <ul style="list-style-type: none"> ▪ Date: Monday 11th November 2019 ▪ Location: Melling Upstairs Meeting Room ▪ Time: 2pm – 4pm