

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

Date: 15<sup>th</sup> January 2020

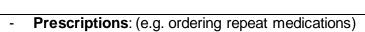
Time: 5pm to 7pm

**Venue:** Bluebell Lane Medical Centre – Meeting Room

Attendees:		
	Patient representative - Cornerways Medical Centre	BW
	Patient representative - Dr Maassarani and Partners	LR
	Patient representative - Bluebell Lane Surgery	IG
	Patient representative - Cornerways Medical Centre	JR
	Patient representative - Dr Maassarani & Partners	AL
	Patient representative - Roseheath Surgery	SA
	Patient representative - Bluebell Lane Surgery	BB
	Patient representative - Cornerways Medical Centre	KM
	Patient representative - Cornerways Medical Centre	CM
	Patient representative - Cornerways Medical Centre	AM
	Patient representative - Bluebell Lane Medical Centre	PD
	Patient representative - Bluebell Lane Medical Centre	LD
	Patient representative - Dr Maassarani and Partners	SM
	Healthwatch	PM
	Managing Partner	LP
	Transformation Manager	AG
	Communications Lead	ВО
	Transformation Consultant	JD
	Practice Operations Manager – Bluebell Lane Medical Centre	TC
	Practice Operations Manager – Cornerways Medical Centre	JC
	Practice Operations Manager – Dr. Maassarani and Partners	KM
Apologies:	·	
	Practice Operations Manager – Roseheath Surgery	SQ



Min no	Item	Key discussion points	Action	Owner	Deadline
1	Introductions	The group members introduced themselves.		-	-
2	Terms of Reference (ToR)	AG presented the Maassarani Group Joint Patient Participation Group Terms of Reference – the group agreed to the ToR in principal. The group agreed that it should meet on a quarterly basis, with work stream based sub-groups meeting more regularly. It was also agreed that the site specific PPGs will feed into the joint PPG.  BW suggested that once the ToR were signed off by the PPG then a Chair and Deputy Chair should be elected. BW suggested that any patient who would like to express an interest should do so and we can agree at the next meeting. LP to ask in the email to all members.	LP to amend ToR accordingly  LP to email all members and ask who wishes to expresses an interest for the role fo Chari and Deputy Chair.	AG	06/02/20
3	What does Access mean to you?	The group were asked what access means to them and to 'shout out' key words for discussion.  The words that were 'shouted out' and discussed can be seen in Appendix A in the form of a word cloud.			
4	"What does good look like"  &  "How do access services?"	LP asked the question, "what does good look like to you as patients" in relation to accessing GP services.  The group agreed that the key ways of accessing general practice are via the reception desk, telephone, patient access/NHS App, or through a clinician (during an appointment).  LP stated that the practice are reviewing their access model and wanted the patients to be a key part of future service development and redesign. Following discussion about access, the group agreed key themes and these were as follows:  - Telephone access - Digital access (e.g. eConsult, NHS App) - Appointments: (e.g. booking and accessing an appointment, DNA's)	Practices are contractually obliged to provide vs how many they do provide.	LP	03/02/20



- **Patient education**: (e.g. improving patients knowledge and changing behaviours through effective communications)

LP discussed how the practices within the Maassarani Group are measured contractually for access (in terms of appointment availability) and highlighted that each practice has access as a contractual standard in the Primary Care Quality Premium (PCQP) which is a Knowsley specific contract. LP highlighted that each practice is performing over the minimum requirement. The minimum requirement is as follows:

- 70 appointments per one thousand patients per week for a GP or Advanced Nurse Practitioner
- 25 appointments per one thousand patients per week for a Practice Nurse

As the group has agreed to spearhead and lead on shaping access model, the following recommendations were captured from group members:

- Patients should always come first;
- The manner and tone of staff members is very important, even when dealing with patients who are hard to manage;
- Staff should be appropriately trained in customer service and this should be ongoing;
- Regular audits should be undertaken and the patient group could be involved in the assessment of telephone calls (via the telephone recording system);
- Staff members should be given a break after a challenging episode with a patient (either by phone or face to face);
- Patients expect to be called back at the time they are told they are going to be called back.
- Key performance indicators (KPIs) should be set for staff and the practice to provide focus and quality of service. This would include a wait time on the telephone of no longer than 5 minutes.
- The telephone system should be assessed and maximised as its currently being underutilised;
- Staff should have the ability to be able to see how many patients are

		<ul> <li>in the queue at any one time. A wall board should be used or staff should have an additional screen to use as a visual.</li> <li>LP confirmed the Maassarani Group would build a dashboard to measure all key performance indicators that were agreed and the PPG could assess performance on an ongoing basis.</li> <li>The group recommended that the current telephone access model required further review which should be supported and co-produced by</li> </ul>			
		patient representatives. LP agreed and stated that the practices were pulling together project teams to review this and patients are an integral part of this process.			
		The group have decided that the PPG representatives would report back their findings to the main group for discussion and review.			
		AL, LR & IG expressed interest in joining the practice project team for the "Telephones" sub-group. AL has experience in telephone IP systems, IG has experience of managing call centres with corporate organisations and LR has experience of managing call centre for the DWP. This was agreed by all.			
5	AoB	The group agreed that the meeting time of 5pm to 7pm was ok but requested a larger meeting room. (Action). LP suggested the Apostle Church on Liverpool Road, all agreed this was a good location and central in the Borough.	BO to scope another meeting location for the next MGJPPG	ВО	03/02/20
		The group decided as the MGJPPG is newly formed and there are many works streams then they should meet every three weeks for the first few meetings. This was agreed by all.			
		BW suggested members should provide their expressions of interest to LP for the different work streams (Telephone Access, Digital Access etc) via email (which will be included in the email circulated withi the minutes).			
6	Next Meeting	Next meeting is 6 <sup>th</sup> February 2020 at 5pm. Location to be confirmed by BO.			