

Annex D: Standard Reporting Template

Oxfordshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Windrush Medical Practice, Witney**

Practice Code: **K84017**

Signed on behalf of practice: M Keen

Date : 02.02.2015

Signed on behalf of PPG: Madeline Radburn

Date: 12.02.2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES / NO																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) Email, telephone, group committee meetings and annual meeting with patients. Have your say box.																																					
Number of members of PPG: 13																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>7134</td> <td>7115</td> </tr> <tr> <td>PRG</td> <td>4</td> <td>9</td> </tr> </tbody> </table>	%	Male	Female	Practice	7134	7115	PRG	4	9	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>2392</td> <td>1436</td> <td>2004</td> <td>1837</td> <td>2040</td> <td>1647</td> <td>1591</td> <td>1302</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>3</td> <td>4</td> <td>3</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	2392	1436	2004	1837	2040	1647	1591	1302	PRG	0	0	2	0	0	3	4	3
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Detail the ethnic background of your practice population and PRG: Only 3314 patients have chosen to provide ethnicity.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	2871	8	None recorded	156	1	17	2	10
PRG	12							1

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	5	3	10	4	11	0	0	1	0	215
PRG										

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

All members are from the white ethnic group although one originates from the Middle East.

Four are in employment and nine are retired.

Two have children less than five years of age.

Two are caring for relatives to enable them to live independently.

Their experience is varied and useful incorporating senior posts in the Church of England, social work, journalism, local Government and three people who between them have over eighty years of experience working for the NHS.

The Patients' Group is open for any patient to join. Members meet every six weeks in order to provide a continuous feedback to the Practice on the variety and quality of the services provided by the Practice.

At present, two members are "virtual" members.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? **YES/NO**

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

A "Have you say" system provides an opportunity for patients to feed back concerns and ideas. We also receive comments via the NHS choices website, our in house complaint system, the Friends and Family Test and many written and verbal compliments.

This year we have also had CQC visit feedback and report.

How frequently were these reviewed with the PRG?

The patient group meets eight times a year and with the practice manager as necessary.

Friends and Family test results and comments are reviewed monthly.

The secretary of the patient group and the practice manager meet regularly.

The most appropriate member of the practice team will also attend the committee meetings, in 2014 /15 this has included doctors and the patient services manager.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Patient information.</p> <p>The patient group asked to have a second large patient information board in the waiting room to allow them to display more information about local services.</p> <p>They also reviewed and updated the practice leaflet and asked that we make this available to all patients by providing a laminated copy in the waiting room as well as to all new patients.</p> <p>They also reviewed the website to check that the information matched the practice leaflet and was current.</p> <p>The patient group were concerned that the Website colour and font were not ideal.</p>
<p>What actions were taken to address the priority?</p> <p>A new notice board provided</p> <p>Practice leaflet and Website updated</p> <p>A laminated copy of the updated Practice leaflet was provided for all patients in the waiting room.</p> <p>Patients were reminded that patients who find this difficult can use the accessibility link on the home page to make changes to their own pcs if they are having problems.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Patient information is current and easier to read.</p> <p>Carers information is provided.</p> <p>The patient newsletter continues to be an amazing source of information. This is published three times a year and over 900 printed copies are provided in the waiting room each quarter. Many are read in the waiting room and put back into the leaflet holder. A copy is also published on the website.</p> <p>Sign posting to local services is improved.</p>

Priority area 2

Description of priority area: **Confidentiality.**

The patient group was concerned about

- reception staff asking patients for confidential information in an open area.
- who was answering the telephone.

What actions were taken to address the priority?

Notices have been displayed in the waiting room and on the patient information screen reminding patients that they may ask the Reception staff to take them to a private interview room if they wish to speak confidentially.

The practice manager and the Patient Services manager spent time with the committee members to explain that incoming calls were taken on the reception desk but managed from the call room. Committee members were either shown behind the scenes or shown pictures of the admin area which includes a dedicated call room. This information was disseminated to patients via the patient newsletter.

Information about staff training and the implications for staff if they were to breach a patient's confidentiality (could lead to dismissal) were explained.

Result of actions and impact on patients and carers (including how publicised):

The patient group produced information for patients on this subject in their newsletters. Patients are now aware that calls are not taken on the front desk, but in a call centre and that staff wear headsets to help maintain confidentiality. Patients feel more confident when talking to the reception and admin team that their conversation will remain private and that they are not being overheard.

Priority area 3

Description of priority area: **Help for patients to understand why receptionists triage patients to the right clinician.**

What actions were taken to address the priority?

The practice spent time with the patient group committee and at the annual patient meeting explaining the expanding skill mix in the practice. As care is being moved from hospitals to practices nurses, assistant practitioners and health care assistants are providing services which were traditionally provided by GPs. We also explained/showed tools medical reception staff use to ensure that whenever possible the patient is seen by the right health care professional first time. To enable medical reception triage to be effective we asked the patient group to help us to encourage patients to answer questions, the answers to which patients have traditionally felt were not the business of a medical receptionist.

Information on this matter was published on the patient information screens, the practice website and in the patient newsletter.

Result of actions and impact on patients and carers (including how publicised):

Patients and carers have a better understanding of the training and work carried out by the medical reception team.

The reception team has found that since we have started to explain our triage system patients are more willing to provide the information they are asking for.

Patients are being seen in the right clinic by the most appropriate clinician, making access faster and freeing up GPs to see patients that only they can see.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

1. Ease of contacting the practice by telephone.

The practice continues to encourage patients to book appointments via the website to reduce pressure of calls.
The Dispensary no longer take repeat prescription requests via the telephone – line has been freed up for medication queries.

Medical reception team has been expanded and one extra incoming line has been introduced.

We have made minor illness and flu clinics appointments available to book on-line

2. Chances of seeing a doctor/nurse of your choice

GP appointments were increased. Locum employment is down.

Reception team underwent training to triage patients into clinics and patients are encouraged to support this change.

Streamlined chronic disease clinics have reduced number of occasions patients need to attend the practice.

We continue to encourage patients to use the website to book routine appointments in advance with their own doctor.

3. Erratic prescription pick up from the local chemists.

System to require pharmacies to sign for prescriptions has helped with this.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG: clinical and administrative staff have attended PPG meetings at the request of the Group to discuss specific issues. They have provided the facilities for the PPG's Annual Meeting as well as being available at the time to answer any queries from the audience. The Practice Manager's door is always open to the Secretary and Chairman of the PPG.

How has the practice made efforts to engage with seldom heard groups in the practice population? We have a comprehensive website, a public meeting once a year, our PPG publishes a quarterly newsletter, and our flu clinics were advertised in the local press. Whenever possible, patients are seen by their designated GP in order to maintain continuity and identify issues which may not be evident on ad hoc visits. All of our clinical staff make special efforts to ensure that patients with special needs who are difficult to reach are contacted by the most appropriate means for their circumstances. Where literacy is an issue we annotate notes to ensure that everyone working in the practice is alerted to this.

Has the practice received patient and carer feedback from a variety of sources? The patient group have 'your say box', NHS choices and the Friends and Family Test. Written accolades and a very small number of complaints.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes where appropriate.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? See progress on previous years.

Do you have any other comments about the PPG or practice in relation to this area of work? We appreciate the time which the PPG spend and the input which they have enabling us to make a difference to the patient experience within our practice.