

# Annex D: Standard Reporting Template

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

Practice Name: Montgomery House Surgery, Bicester

Practice Code: K84038

Signed on behalf of practice: Dr Ben Loxton-Edwards

Date: 15/3/15

Signed on behalf of PPG: Mr Ian Kilshaw

Date: 15/3/15

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

Does the Practice have a PPG? <b>YES</b>																																					
Method of engagement with PPG: <b>Face to face meetings. We had 3 x meetings during this reporting year.</b>																																					
Number of members of PPG: <b>10</b>																																					
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 style="text-align: center;">49.8</td> <td style="text-align: center;">50.2</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">60</td> <td style="text-align: center;">40</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.8	50.2	PRG	60	40	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%;">&lt;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%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">18</td> <td style="text-align: center;">8</td> <td style="text-align: center;">14</td> <td style="text-align: center;">13</td> <td style="text-align: center;">15</td> <td style="text-align: center;">13</td> <td style="text-align: center;">10</td> <td style="text-align: center;">9</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">10</td> <td style="text-align: center;">50</td> <td style="text-align: center;">40</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	18	8	14	13	15	13	10	9	PRG	0	0	0	0	0	10	50	40
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Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	17	0.02	0	2	0.07	0.06	0.04	27
PRG	70%	10%	0	10%	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.45	0.03	0.03	0.1	0.4	0.22	0.1	0.22	0.01	0.51
PRG	0	0	0	0	0	0	0	0	0	10%

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:

**We wanted to extend the invite to join the PPG to all patients in the practice to ensure we had a representative group. We found the best way to do this was to use the plasma screen in the waiting room and the practice website as our two methods of recruitment to the PPG.**

**By inviting all patients via the plasma screen which is clearly visible in the waiting room and the website we have ensured the PPG is representative of the practice population in terms of gender, age and ethnic background.**

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? **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:

**The friends and family test was the main source of feedback. This survey can be completed by all patients by visiting the practice website and completing it online. We also displayed paper copies in the waiting room for patients to complete when they attended the practice. We also had some feedback from the individual GPs' Patient Satisfaction Questionnaires. At the first PPG meeting we discussed using the friends and family test as the main source of feedback this year. In previous years we had used a much longer questionnaire with questions directed at particular priority areas. This year we simplified things by using just the friends and family test and allowed free text so that patients could comment on anything.**

How frequently were these reviewed with the PRG? **On two occasions**

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

**The length of time before the next available appointment has been identified as a priority area.**

What actions were taken to address the priority?

**The practice is appointing another 6 session salaried GP to provide additional appointments. In the meantime we are using locum GPs.**

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

**Due to the various changes occurring to General Practice we face a tough recruiting environment. Despite this we hope to appoint a GP by the end of March 2015. This will provide access to another  $6 \times 15 = 90$  GP appointments per week for patients and carers.**

## Priority area 2

Description of priority area:

**There were comments in the friends and family test regarding the difficulty in getting through to the practice on the telephone.**

**We are aware that telephone access can be difficult during the busiest period of the day (08:30 am to 09:30 am).  
The practice has also experienced problems getting lines out during this time.**

What actions were taken to address the priority?

**We currently have 8 phone lines to the practice.**

**We hope to reduce some of the telephone wait by providing an additional 4 phone lines.**

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

**Our Practice Manager, Sarah Arnall, has been tasked with acquisition of the extra phone lines.  
This will reduce the wait when calling in and reduce delay in calls out during the busy morning triage.**

### Priority area 3

Description of priority area:

**A reduction in the long waits in the waiting room to see late running GPs.**

What actions were taken to address the priority?

**We have added more catch up slots for GPs who habitually run late.  
We have performed an audit to make sure GPs are not starting their surgeries late.**

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

**By adding extra catch up slots for GPs who habitually run late we have helped them keep to their appointment times. This provides longer than 10 minute appointments for patients and carers and reduces the impact of late running.**

## 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):

At the meeting on 10<sup>th</sup> March 2014 we agreed on the implementation of the proposed changes listed below.

### **Priority area A) Technology**

- on-line appointment booking
- phone app to book appointments (Emis Access)
- on-line repeat prescriptions
- Email invitation for chronic disease clinics

The practice agreed to promote on-line appointment booking , the phone app and on-line medication ordering.

These are currently being promoted on the plasma screen. In due course the practice will promote this on the website.

The practice agreed to look into email invitations for chronic disease clinics.

There are rules around the invitation for chronic disease clinics. These rules are set out by the Department of Health and thus we must work within them.

From our understanding at least one yearly invite to a chronic disease clinic has to constitute a letter to the patient's address. The 2 subsequent invites can be by email, telephone or text.

**PROGRESS: We have sent out a text message to over 3,000 patients to encourage use of online appointment booking and repeat prescription requests. There is now some information on the on the website for these online services. (See - Further Information and click on Information Technology)**

### **Priority area B) Communication**

The practice agreed that Doctor and Nurse profiles on the website would be a good idea. This would allow patients to book appointments with the most appropriate clinician directly. The practice agreed to add profiles during 2014.

**Progress: Brief Doctor profiles have been added to the website.**

## PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 20/03/2015

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

**We invite all patients to join and engage with the PPG. This is achieved by a blanket invite to join. This invite can be found on our website and on the plasma screens.**

Has the practice received patient and carer feedback from a variety of sources?

**Yes, we have reviewed the friends and family test results.  
We have also received feedback from GPs' Patient Satisfaction Questionnaires.  
These PSQs identified the late running surgeries as a priority.**

Was the PPG involved in the agreement of priority areas and the resulting action plan?

**Yes, the PPG met on 9/3/2015 to discuss the priority areas and the resulting action plan.**

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

**We will be offering more appointments and have improved telephone access for booking appointments.  
We have also reduced waiting times in the waiting room for GPs who habitually run late.**

Do you have any other comments about the PPG or practice in relation to this area of work? **No**



