

# Annex D: Standard Reporting Template

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

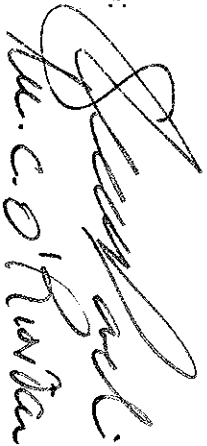
Practice Name: Summertown Group Practice

Practice Code: K84011

Signed on behalf of practice:

Date: 27 March 2015

Signed on behalf of PPG:



Date: 27/03/15

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

Does the Practice have a PPG? YES

Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face meetings with email between meetings

Number of members of PPG: 28

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	52%	48%
PRG	60%	40%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20%	19%	15%	12%	12%	9%	7%	6%
PRG			4%		18%	12%	38%	28%

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Practice	33	1		15	<1	<1	2	2
PRG	92	4						

Detail the ethnic background of your practice population and PRG:

	Asian/Asian British							Black/African/Caribbean/Black British		Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	2	<1		2	4	2	1	3	<1	5	
PRG	4										

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:

28% of our patient population withheld their ethnic origin. Of the remaining 72% the breakdown is shown in the table.

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:

We have a large student body, approximately 3,000 patients. We hold surgeries at all of our educational establishments and attend regular meetings about student welfare at these establishments. These meetings consider changes to how the practice delivers health services to the students. We have sought participation from our university students. Although we would like student representation on our PPG we do not feel the students lack a voice because the health needs of our student population are largely catered for at their schools and colleges and not at the practice.

## 2. Review of patient feedback

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

NHS Choices; ad hoc feedback through the meetings; FFT data

How frequently were these reviewed with the PRG?

Once (NHS Choices); where appropriate for ad hoc information; FFT data (once) – plan to share this quarterly (monthly data is on display in the practice).

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Practice website. It was felt that the practice website should be made more patient focused and easier for patients to navigate. Associated with updating the website was the wish to improve 'signposting' of how patients should access the practice, i.e. when is it appropriate to use an appointment, what matters can be dealt with in a telephone call.

What actions were taken to address the priority?

A member of our PPG prepared updated content for the website based on discussion with the practice manager. The new content is ready but has not yet been implemented.

We have started to create the guidance on how patients should think about accessing our services. We will review this in the PPG before implementing it.

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

The website has not yet been updated. The new wording for the website was used as input in the most recent update of the practice leaflet (March 2015). Also some of the starting thoughts on the guidance to patients for accessing our services was incorporated.

Priority area 2

Description of priority area:

Repeat prescriptions. After appointments this area generated the next highest number of complaints and difficulties for the practice.

What actions were taken to address the priority?

We sought input from the PPG along with input from our local pharmacies and our own staff. In particular we were interested in patient views on the different ways in which repeat medications could be requested and to what extent we may be able to streamline these. The result of these inputs was a series of changes to way that requests for repeat medications are processed and a plan to encourage, but not to force, patients to use request routes that give better results. For example patients have 3 on-line routes to request repeat medications – email, electronic request via our website and electronic request via patient access. Email causes the highest number of problems because the patient request is all 'free form' and email requests do not always include all of the information the practice needs. We now have a standard email response when we require more information. This response includes information on Patient Access.

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

I think we have reduced the number of prescription errors from the sources that we have tackled. Our process is not yet as good as it should be and we will continue to work on it to reduce problems with prescriptions.

Priority area 3

Description of priority area:

College and school nurse access to EMIS. The practice holds surgeries at 4 colleges and 3 schools. All of these establishments now have remote access to EMIS that the doctors use when holding surgeries. We believe that it is in the patients' interests that at least some of the college and school nurses have access to EMIS – they look after the students when our doctors are not there. There is an information governance concern with this in that it is not possible to partition patients in EMIS – someone with access to EMIS has access to all of our patient notes. The practice has sought guidance on this from the information governance commissioner and the NHS. None of the responses has provided a solution that the practice felt was suitable.

What actions were taken to address the priority?

The practice felt that it was important that the PPG had input to the decision whether to grant college and school nurses access to EMIS and if access were granted what form the access would take and the safeguards that would be put in place. The issue was discussed at a PPG meeting and together with the PPG we agreed an acceptable protocol for granting access.

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

PPG feedback has helped with a difficult issue and enabled the practice to develop a solution that balances patient care and confidentiality. The practice has prepared the documents and set the protocols and will soon engage with the colleges and schools to implement this.

## 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):

The most significant improvement implemented was the change to the appointment system. Appointments, particularly routine appointments, caused the highest number of patient complaints and difficulties for the practice. The proposals for this were reviewed and agreed in the March 2014 meeting. The changes were implemented in June 2014. We reviewed the changes in August 2014. The PPG felt that appointments were working better. The number of complaints about appointments has fallen. At the end of 2013 a patient would need to wait 8 to 9 days for a routine appointment with any doctor. Today this time has fallen to 3 to 5 days.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27<sup>th</sup> March 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? The practice approached patients from different groups when it first set up the PPG. The practice continues to make efforts with these groups, for example its student population

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

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

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Yes, for example the improvements to the appointment system

Do you have any other comments about the PPG or practice in relation to this area of work? The PPG is moving forward in the correct spirit and it has made valuable contribution to helping the practice. Still have work to do to make the PPG representative of the patient population.