

Annex D: Standard Reporting Template

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

Practice Name: SIBFORD SURGERY

Practice Code: K84065

Signed on behalf of practice: *Janice Source*

Date: 31.03.2015

Signed on behalf of PPG:

Date:

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																																								
Number of members of PPG: 7																																								
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;">1391</td> <td style="text-align: center;">1266</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	%	Male	Female	Practice	1391	1266	PRG	4	3				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 style="text-align: center;">472</td> <td style="text-align: center;">311</td> <td style="text-align: center;">230</td> <td style="text-align: center;">250</td> <td style="text-align: center;">461</td> <td style="text-align: center;">411</td> <td style="text-align: center;">283</td> <td style="text-align: center;">239</td> </tr> <tr> <td>PRG</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">5</td> <td style="text-align: center;">2</td> <td> </td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	472	311	230	250	461	411	283	239	PRG						5	2	
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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	985	4	0	17	1	0	1	1
PRG	7							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0	0	0	22	3	0	0	0	0	0
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:

We are always looking to recruit new members and have posters up in the waiting room and on the website. Our group has doubled in size over the last 2 years.

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:

We reviews the following with a survey:

Access for appointments, reception staff, telephone access, doctor consultation, nurse consultation, dispensing services, waiting room environment, confidentiality, overall quality of care and our website.

How frequently were these reviewed with the PRG? twice per year

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

The PRG felt that there was not enough publicity on how to get patients to OOH GP's rather than A&E.

What actions were taken to address the priority?

We put more notices in the waiting room, raised the profile on our website to call 111 and suggested to the CCG to ensure that 111 call handlers made appropriate referrals to GP's in OOH rather than A&E.

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

The PPG felt that it was most definitely a positive outcome provided we get the back up of 111.

Publicised in house.

Priority area 2

Description of priority area:

Online access to records, prescriptions and appointments.

What actions were taken to address the priority?

In line with contractual agreement this is now in operation.

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

Publicised in house to promote registration to online services. All the PPG had signed and a fair few other patients too.

Priority area 3

Description of priority area: Third party prescribing and over ordering of medicines.

What actions were taken to address the priority?

We have enlisted the work of Wardles to help us prevent over ordering on third party ordering such as catheters and stoma care. This seemed to be working well. We embraced the big drive of over ordering of repeat medicines by attaching the leaflet to each order sent out.

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

Definite improvement on third party ordering and we would hope that patients only order what they need following the campaign.

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 survey we do each year continues to improve. Patients are happy to take part and are always complimentary, they seem happy to be involved.

Out of hours has always been an issue and I would hope that we have educated, at the very least, some of our patients to phone 111 and attend GP OOH rather than A&E. But this often falls to the call handler at 111. I have raised concerns with our CCG to reflect these concerns.

Complaints are regularly reviewed and although the numbers are small (often just 1 or 2 per year) – the PPG feel that they are handled correctly.

The PPG felt that we should offer lots more info on our website, in particular a 'useful numbers page' – this was done in the first year and continues to grow year on year. The PPG felt that in some circumstances, such as addictions, patients may prefer to call the necessary organisations direct.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 31.03.2015

How has the practice engaged with the PPG:

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

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

Was the PPG involved in the agreement of 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?

Do you have any other comments about the PPG or practice in relation to this area of work?

Our practice is very small, only having iro 2600 patients. Whenever the PPG and PM meet all items thereafter are discussed with the two partners.

It is assumed that seldom heard groups can access our website and find anything they require. Equally the doctors here are very approachable and I believe that these patients would come in and see the doctors or communicate with a member of the team.

We do an annual survey to patients who attend the practice. We also placed a notice in the local newspaper and on the website that if any patient wished to do the survey then to call in.

Any new procedures are discussed with the PPG and their views listened to. Their input is very valued.