

Annex D: Standard Reporting Template

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

Practice Name: Eynsham Medical Group

Practice Code: K84006

Signed on behalf of practice: Teresa Young, Practice Manager

Date: 23 March 2015

Signed on behalf of PPG: Group is a virtual patient reference group

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, Email, Other (please specify) Email/website																																					
Number of members of PPG: 83																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 50%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">49.2%</td> <td style="text-align: center;">50.8%</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">36.1%</td> <td style="text-align: center;">63.9%</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.2%	50.8%	PRG	36.1%	63.9%	Detail of age mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 8%;">%</th> <th style="width: 8%;"><16</th> <th style="width: 8%;">17-24</th> <th style="width: 8%;">25-34</th> <th style="width: 8%;">35-44</th> <th style="width: 8%;">45-54</th> <th style="width: 8%;">55-64</th> <th style="width: 8%;">65-74</th> <th style="width: 8%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">19.0%</td> <td style="text-align: center;">7.4%</td> <td style="text-align: center;">8.7%</td> <td style="text-align: center;">11.9%</td> <td style="text-align: center;">16.3%</td> <td style="text-align: center;">13.3%</td> <td style="text-align: center;">12.9%</td> <td style="text-align: center;">10.5%</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;">3.6%</td> <td style="text-align: center;">16.9%</td> <td style="text-align: center;">25.3%</td> <td style="text-align: center;">20.5%</td> <td style="text-align: center;">28.9%</td> <td style="text-align: center;">4.8%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	19.0%	7.4%	8.7%	11.9%	16.3%	13.3%	12.9%	10.5%	PRG	0%	0%	3.6%	16.9%	25.3%	20.5%	28.9%	4.8%
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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	98%							
PRG								

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

The highest proportion of our adult patients lies in the age group 45 – 54 years old with 55-64 year olds a close second; the lowest proportion of patients lies in the age group 17 - 24 years. Our recruitment to the group reflects the demographic spread of our patient list quite well although we still haven't yet had success in reaching the age groups <24 years. Our practice list demography from a gender point of view is 50:50 and as yet we haven't been able to match this exactly within the group where the balance male to female is currently 36:64. We are trying to encouraging more men to join the group via the practice's website as well as publicity in the practice through our patient information screens. Our members too have come largely from those in the practice who usually attend at the Eynsham Medical Centre (EMC) and we would like to encourage more to join who normally attend at our branch surgery at Long Hanborough (LH). A full and accurate ethnic profile of the practice's population is not available through clinical coding and so it is not possible to assess the group's correlation against this criterion; however, coding aside, the practice is believed to have an extremely low level of ethnic diversity that would not have a statistical bearing on such a small group.

We have been trying very hard to balance the gender ratio as well as attracting members from the "24 and under" age group; however, so far this has not shifted significantly. To make our services more appealing to younger people and people who work full-time we have ensured that our new website is compatible with smart phones and tablets, and we have increased the services available online to patients.

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

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

Since we have a higher than averages number of elderly patients we have redesigned our website to offer more services than before, and we try to tailor the information on the website to reflect the patient population. This should enable housebound or less mobile patients to access our services more easily. We are also very amenable to offering advice on the telephone to patients who are struggling with using the website or EMIS Access. We also link in with local groups to 'get our message out' to the population, for instance we use parish newsletters to advertise our flu clinics, and for the last 2 years we have set up flu clinics in one of the village halls.

2. Review of patient feedback

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

Patient surveys in the surgery, including the friends and family test feedback. Patients are also able to complete the friends and family test on our website, or email comments to the practice through a feedback form on the website. We also respond to all complaints and carry out a review of these at the end of the year.

How frequently were these reviewed with the PRG?

The patient reference group is always asked to comment on results of any surveys carried out in the practice; it is always consulted prior to significant changes in the practice (eg the creation of our new website).

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Improving patient access.</p>
<p>What actions were taken to address the priority?</p> <p>Improving access has been challenging this year, with our increasing list size but very little increase in funding to support this growth we have had to look at imaginative ways to address this problem, and we are still looking. GP triage was introduced some time ago, and the GPs feel that it is an effective way of dealing with high demand. It gives them the opportunity to prioritise their work and to resolve many issues over the telephone. This saves the GPs time and in most cases obviates the need for patients to come to the surgery. We also hope in the next year to expand the role of other members of staff; using nurses in many more roles than before. We are also considering using paramedics instead of GPs to visit patients in certain circumstances or to see patients in minor ailments clinics.</p> <p>We are encouraging patients to view their test results on line instead of GPs having to contact them by telephone. This cuts down significantly on telephone calls and gives the GPs more time to deal with other tasks. It also enables patients to obtain their results at a time convenient to them instead of having to wait by the telephone for the GP to call.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Patients have got used to the triage system and know that urgent matters will be dealt with by a GP on the day. Patients are now able to access results on line. Patients may still opt for a face to face or telephone appointment, but they will generally receive their results faster if they access them on line. This does not remove the responsibility of the GP to contact a patient when an abnormal result is returned. Furthermore, if more patients opt for the electronic system because it is more convenient for them, there will be more appointments for those who choose not to use it. The clinicians have been advising patients when they come for blood tests to check their results on line.</p>

Priority area 2

Description of priority area:

Improving the service provided by our reception staff.

What actions were taken to address the priority?

Patients have in the past raised concerns regarding the poor level of service offered by some of our receptionists; however, we have noted this year an increase in the number of positive comments regarding the service provided by our reception staff. We would like to think that this is because we are putting greater effort into recruiting the right people and giving them sufficient training and support to equip them to carry out the job. We know we still don't always get it right, but we would like to feel that we get it right more often these days. We have also recently appointed a senior receptionist, to deal with the day to day running of the reception area. She will also deal with any immediate issues which are able to be resolved on the spot.

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

We are pleased to note that this year we have received numerous favourable comments from patients and other agencies regarding the improved performance of our reception team. We hope to build on this, particularly since we know we are likely to receive a CQC inspection in the next year.

Priority area 3

Description of priority area:

Increased use of technology.

What actions were taken to address the priority?

Our new website is now fully up and running and, we hope, provides a large number of our patients with remote access to the surgery. Whilst we realise there are some patients who still prefer to speak to someone face to face or on the telephone, we feel that electronic communication is an essential part of everyday life for many people and we should therefore be in a position to offer it to those who wish to take advantage of it.

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

We have received significant feedback regarding our website and EMIS Access, which has not always been positive. We have acted on every comment, either by trying to improve the website or by passing the comments on to EMIS to address. We feel that we continue to be receptive to comments from all our patients, and any comments coming to us through the website are responded to usually within a couple of working days. That is not to say that we treat comments coming to us through other media with any less gravity, but by making ourselves more accessible we hope that problems will be resolved more quickly.

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 same issues tend to be raised each year, although sometimes the emphasis changes. Patient access is always on the agenda and last year we completely changed our appointments system in an attempt to improve access, which it appeared to do for a short time. Patients who ask to be seen on the day are always contacted by a GP and assessed. The GP may then decide to see the patient that day, make them an appointment the next day or deal with the matter over the telephone.

We previously received some adverse comments about our unmanned reception desk at Eynsham. Due to the design of the building this is difficult to resolve without rebuilding the reception area, which was built in such a way as to address concerns regarding confidentiality; however, we have increased our staffing levels to improve the availability of reception staff so that patients shouldn't need to wait too long to be served. Furthermore, we have installed electronic check in screens to alleviate the pressure on reception.

We also try to keep our patients better informed about the practice by use of our website and electronic information screens in our waiting rooms.

4. PPG Sign Off

Report signed off by PPG: YES – the content of this report was circulated to the PRG for comment.

Date of sign off: 23 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?

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?

The practice endeavours to seek input from patients of all walks of life by patient surveys, the friends and family test and inviting comments using the patient information screens at the surgery and the website. The PPG was consulted at the start of the year regarding our priorities and we have sought their comments regarding this report.

We believe we are responsive to patients' comments and are more accessible now with our new website. All feedback both positive and negative is acknowledged and used to inform our decision making; we regularly discuss complaints and take time to look at how we can improve our performance. Forming an action plan has focused us on areas of particular concern, and has given us an opportunity to gather suggestions on how to address these matters.

Finally, we are exploring the possibility of metamorphosing our virtual patient reference group into an actual one. There is some support amongst the existing virtual group, but it is still very early days.