

## Annex D: Standard Reporting Template

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

Practice Name: Dr G C Moncrieff and Partners

Practice Code: K84052

Signed on behalf of practice:  Date: 31/03/2015

Signed on behalf of PPG: See PPG sign off (page 9) Date: 31/03/2015

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) Principally email with occasional face-to-face meetings on specific issues											
Number of members of PPG: 120											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	50	50	Practice	18	9	15	14	16	12	8	8

PRG	40	60	PRG	0	3	13	14	17	28	20	5
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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	87.7	0.5	0	6.7	0.3	0.2	0.3	0.4
PRG	94.5	2.4	0	0.8	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	0.8	0.2	0.1	0.5	0.9	0.6	0.2	0.1	0	0.5
PRG	0	0	0	0.8	0	0.8	0	0	0	0.8

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:

Noting that the logistics of a large group would preclude meaningful meetings, and that access to meetings for some patients would be difficult due to work/home/access commitments, the practice invited patients to join a “virtual” group. The PRG uses email and the practice website to exchange ideas and opinions. An email address on NHS.net was set up specifically for communication between the practice and the PRG. The aim was to reach as many patients as possible, whether regular users of the services or those who attend very infrequently. The patient demographic of the practice population was audited to provide a benchmark against which PRG membership could be measured, to attempt to produce as close a representation as possible to the total population. All patients who had registered for the SMS messaging service were sent a text, inviting them to join the PRG. The NHS Choices site refers patients to the PRG information on the practice website. A dedicated page for the PRG was set up on the practice website, posters,

membership form post boxes, electronic screen promotion and word of mouth by receptionists at the surgery all contributes to the recruitment process. Patients registering with the practice are also invited to join the PRG, also any patient changing their contact details. Contact with nursing and residential care homes yielded a further source of representation on the PRG.

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:

April 2014. Email consultation with membership on items arising from Patient Survey and indication of prioritisation

April 2014 MSK Review paper – consultation with PRG membership by email and invitation to respond

April 2014 OCCG “Mystery Shopper “ programme – invitation to participate

July 2014 NEL Forum – Invitation to stand as Chair of NEL Patient forum (Mike Hobbs standing down)

August 2014 Invitation to Patient Forum Meeting - The future of General Practice and Primary Healthcare services in Oxfordshire

November 2014 Consultation on text of second question for Friends and Family Test, and consultation on priority areas for action following practice patient survey

November 2014 Shared results of consultation on Friends and Family Test

October 2014 – Mar 2015 Various via feedback form on refreshed practice website.

How frequently were these reviewed with the PRG? See above for details



### 3. Action plan priority areas and implementation

Priority area 1
Description of priority area: An audiology clinic to have hearing aids serviced by NHS professionals
<p>What actions were taken to address the priority?</p> <p>Being progressed by the practice through the NELG Commissioning Meetings with a single point of assessment for hearing aids as part of the wider ENT clinic. This service had been available in the locality until the retirement of the GPSI leading the ENT service. Discussions now being held with hospital trust and others to provide a local ENT clinic. This is an ongoing live project with the NELG members.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The service has not yet reached the stage where there is a definite start date for provision. Details of progress will be circulated to PRG members once milestones have been set out.</p>

## Priority area 2

Description of priority area: Reduction in inappropriate GP/Nurse appointments by signposting of alternative NHS services to patients. This to improve access to appointments to GP/Nurses, particularly for patients with long term conditions.

What actions were taken to address the priority?

The practice introduced a "Minor Illness" section on the practice website ([http://bicesterhc.co.uk/minor\\_illness.aspx](http://bicesterhc.co.uk/minor_illness.aspx)) offering advice to patients on where to seek the most appropriate care. The page included links to the NHS Choices website and videos to advise and illustrate care available. Within the practice, waiting area display screens include a section of rolling pages advising on the options available to patients, supported by posters and leaflets produced as part of the OCCG "Choose Well" campaign (<http://www.oxfordshireccg.nhs.uk/your-health/choose-well/>)

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

Whilst the message is clearly reaching patients at the surgery, it has unfortunately not succeeded in reducing the current demand for primary care services. The practice and the PRG will engage in more consultation on possible further action to reinforce the alternatives available to patients, supporting the campaign still running (as of March 2015) by OCCG.

### Priority area 3

Description of priority area: Expansion of telephone consultations already introduced and to include electronic consultation (e.g. Skype / email).

What actions were taken to address the priority?

The pilot introduction of telephone consultations by some GPs at the practice was shown by the 2014 patient survey to be a well received initiative. The last patient survey showed that 77% of patients who had a telephone consultation would consider accessing their GP in this way again. 95% of those using a telephone consultation reported that the GP had been able to manage their problem by telephone.

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

The practice has now increased the number of telephone consultations available to around 10% of total GP availability per week. The practice website includes information about all consultations available (<http://bicesterhc.co.uk/making-appointments.aspx?t=1>), supported in the practice by posters and the waiting room display screens. Patients calling the reception office for an appointment will be offered the opportunity to take a telephone consultation where it is appropriate.

The Department of Health has been championing the use of electronic consultation as a way to improve access to primary care and the clinical system providers are being actively encouraged to come up with viable, secure solutions to enable this next step. Rollout of this generally will depend upon the tools provided by the clinical system provider, and necessary assurances of security and confidentiality.

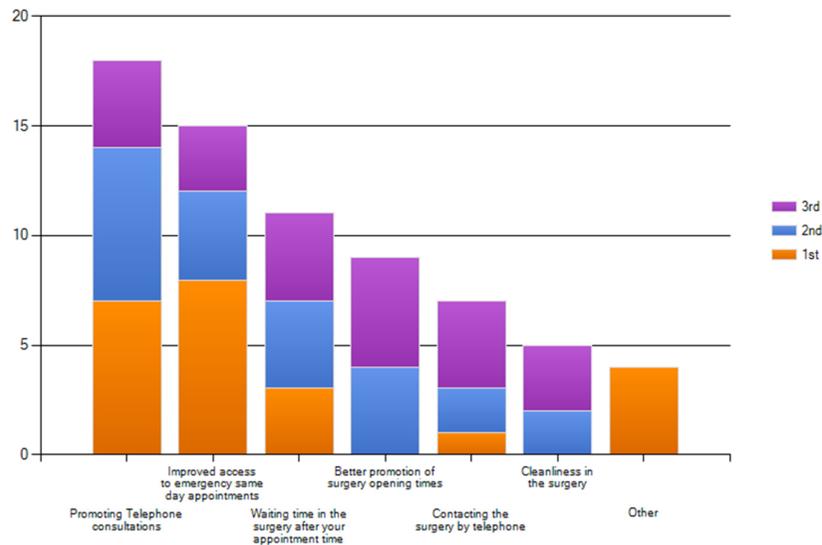
In the meantime the practice is participating in a trial of remote consultation for patients with leg ulcers which is now in the process of being set up. The system utilises the NHS internal (N3) data network to ensure security. Patients will come to the practice and be able to be "virtually" examined and discuss their problem with a hospital consultant who will see and be seen via CCTV and large screens. The practice will use the experience of this trial in future provision of remote GP consultation.

## 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):

### 2013/14 Patient Survey – PRG

After looking at the results of the Patient Survey, please indicate your first, second and third choice of areas for the practice and the PRG to work on together to improve patient experience. These are suggestions, but if you feel the Patient Survey results indicate another area which should be considered, please add it in the "other" box.



The previous year's feedback from the PRG revealed that telephone consultations were the main area patients wished the practice to develop. We have continued to improve availability, ensuring that we do not adversely affect access for patients who still prefer or require face-to-face appointments.

Same day appointment access has been highlighted on the appointments section of the practice website (<http://bicesterhc.co.uk/making-appointments.aspx?t=1>), as well as being offered to patients where appropriate when they call the surgery. The steady growth of demand for such appointments over the past 12 months indicates that many patients are aware of the "same day" access, although we still receive anecdotal feedback that access to a GP on the day is difficult. The practice will continue to provide the best possible access for urgent care.

Despite trying hard to manage patient and clinician expectation, the project to reduce the delays to patients with a booked or "on the day" appointment has not been successful. The mix of problems presented by patients is not always immediately foreseeable and therefore GPs or nurses find that they have to spend additional time with a patient in order to provide a good quality of care. The focus of this project is therefore being shifted to provide better information for patients so they may make an informed decision about continuing to wait for their appointment, or rearrange for another time or day.

#### 4. PPG Sign Off

Report signed off by PPG: No responses received from the PPG by 31/03/2015 therefore no expressions of dissent.  
Date of sign off: 31/03/2015

**How has the practice engaged with the PPG?** Principally email with occasional face-to-face meetings on specific issues.

**How has the practice made efforts to engage with seldom heard groups in the practice population?** An email address on NHS.net was set up specifically for communication between the practice and the PRG. The aim was to reach as many patients as possible, whether regular users of the services or those who attend very infrequently. The patient demographic of the practice population was audited to provide a benchmark against which PRG membership could be measured, to attempt to produce as close a representation as possible to the total population. All patients who had registered for the SMS messaging service were sent a text, inviting them to join the PRG. The NHS Choices site refers patients to the PRG information on the practice website. A dedicated page for the PRG was set up on the practice website, posters, membership form post boxes, electronic screen promotion and word of mouth by receptionists at the surgery all contributes to the recruitment process. Patients registering with the practice are also invited to join the PRG, also any patient changing their contact details. Contact with nursing and residential care homes yielded a further source of representation on the PRG.

**Has the practice received patient and carer feedback from a variety of sources?** Feedback received through PPG email, Friend and Family Test and also via refreshed practice website

**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?** The practice has now increased the number of telephone consultations available to around 10% of total GP availability per week. The practice website includes information about all consultations available (<http://bicesterhc.co.uk/makingappointments.aspx?t=1>) , supported in the practice by posters and the waiting room display screens. Patients calling the reception office for an appointment will be offered the opportunity to take a telephone consultation where it is appropriate

**Do you have any other comments about the PPG or practice in relation to this area of work? None**
