

# Annex D: Standard Reporting Template

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

**Practice Name: Thatcham Medical Practice**

Practice Code: k81073

Signed on behalf of practice: Linda Lawson (Practice Manager)

Date: 30.3.15

Signed on behalf of PPG: David Weller (Chairman) and Helen Easson (Vice Chair)

Date: 30.3.15

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)

We have a Patient Participation Group (PPG). Meetings are held approximately every 6 weeks with additional meetings in the interim as required. Contact with members is also made by e-mail, telephone, face to face , as required.

We also have a Patient Reference Group (PRG), contact is made by e-mail with this group, they are also invited to attend PPG meetings including the AGM .

Number of members of PPG: We currently have 10 members on the PPG committee and a further 3 have expressed an interest. We have 222 patients on our PRG.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	9357	9207
PRG	81	141

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	3955	1566	2398	2777	2757	2167	1638	1301
PRG	0	6	27	36	49	44	41	19

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	3246	19	0	190		7		8
PRG	28	0	0	18				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	12	13	24	15	1	35	2			318
PRG					1	1				

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 produce a newsletter which is circulated to the local Town Council Office, nursing homes, library, schools, churches etc. This provides information about the PRG /PPG and an invitation to join either group.
- Over the past 3 years we have invited all new patients on registering with the practice to join the PPG/PRG.
- Patients are also invited to join via our website.
- Letters have been sent to local nursing homes, the children's centre and a local centre for patients with learning difficulties, inviting patients or carers to join our PRG/PPG.
- We ask for patient feedback on our website via monkey survey, we also have a survey that is designed specifically for patient feedback with learning difficulties.
- Our PPG hold an annual stall at Thatcham Festival. Information received from patients who visit the stall is fed back to the practice and further action taken as necessary.

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:

- Patient experience survey shared with PPG/PRG as part of the Productive General Practice Programme , a special open evening was held and PPG/PRG members were invited to review the responses and form an action plan.
- Monkey survey on- going via practice website , feedback shared at PPG meetings
- Complaints& compliments reviewed with the PPG annually.
- Two PPG members attend our bi monthly Primary Health Care Team Meetings and fed back to the PPG.
- Two PPG members attend West Berkshire Patient Panel meetings
- One PPG member normally attends Newbury Clinical Commissioning Group open meetings
- Our PPG holds an annual stall at Thatcham festival which provides information about the practice, whilst encouraging them to join the online appointments system. Feedback from patients who visit the stall is reported to the practice and further action taken as necessary.
- Feedback from the Friends and Family Test has been collated on a monthly basis since January. This was reviewed at the PPG AGM and will be reviewed at each committee meeting, a summary will be sent to our PRG group with an outline of any actions taken.
- Face to face and telephone surveys have been completed for patients who are most at risk of hospital admission on care plans , these will be shared at the next committee meeting.
- Enhanced access patient surveys have also been completed and results shared with PPG.

How frequently were these reviewed with the PRG? As above.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

#### **To improve telephone access**

What actions were taken to address the priority?

- Additional reception staff were recruited over the flu season to 'man' the telephones .
- Patients are now able to book telephone calls with the treatment room nurses and for medication queries with our prescriptions clerk.
- Online appointments have been actively encouraged
- The practice will be purchasing a new telephone system. Three companies have provided demonstrations to date and a further demonstration is pending. Members from the PPG will be invited to this.

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

- Easier access for treatment room and prescriptions queries has resulted in fewer complaints.
- This was publicised in house by our reception and nursing team, on the patient newsletter and website. We also publicise information on an Envisage screen for patients in the waiting room.

## Priority area 2

Description of priority area:

### **Improved access to GP appointments**

What actions were taken to address the priority?

A GP triage system was implemented as a pilot over two months in the autumn. This was aimed at building on the success of our 2<sup>nd</sup> on duty doctor triage system which was implemented the previous year.

All patients requesting a same day appointment were triaged by a GP and either dealt with by phone, offered an appointment or an appointment with another clinician as appropriate. Patients were called back within two hours.

Patients who were either not suitable to be triaged, or unable to take calls i.e. patients with impaired hearing, had an alert entered on their record that they were to be booked an appointment and not triaged.

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

- This was publicised in house, on the website, by leaflet and on the Envisage patient screen.
- This system was very popular with the majority of patients and reception staff.
- The pilot demonstrated that approximately 40% of patients could be dealt with by telephone. All patients were assessed by a GP on the day and given appropriate advice or an appointment. This freed up routine appointments and provided appropriate patient education about possible alternative sources of care i.e. the Nurse Practitioner or Pharmacist. It also reduced the number of patients who were asked to call back at 8.00am the next day for an appointment. However GP's found the high volume of calls was not sustainable over the winter months and the pilot was stopped. Lessons have been learnt and a revised system on a smaller scale may be considered in future.
- In the meantime additional NHS funding has enabled us to open on alternate Saturday mornings and provide extra appointments through the winter months. In addition a Clinical Matron has since been appointed and started work in March.

### Priority area 3

#### Description of priority area:

To promote electronic prescribing (EPS).

This enables a patient's prescription to be sent electronically to their chosen pharmacy. This could be a pharmacy close to the patients work address rather than a local pharmacist. Prescriptions can also be ordered on- line which enables a seamless system in which the prescription is processed, taking out the need for patients to make unnecessary trips to the surgery.

#### What actions were taken to address the priority?

- Further EPS training was provided for all relevant staff and clinicians.
- Electronic Prescriptions can be tracked and therefore any problems with delayed prescriptions are addressed with clinicians / pharmacists as necessary.
- Where appropriate to do so, patients are encouraged by their GP or Nurse to have their prescription sent electronically.

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

- EPS has been promoted on patients repeat prescription print-outs, the practice leaflet , newsletter, website and envisage screen
- We now have 761 patients who are signed up to EPS . We plan to continue to promote EPS over the next year.

## 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):

- 1) Access to GP appointments reviewed and the following actions taken ~
  - Pilot to extend the existing GP triage system.
  - Recruitment of a new Clinical Matron.
  - Alternative Saturday opening between October to March ( funding has since been approved to continue alternate Saturday opening for a further 3 months until the end of June)
  - Additional mid- week appointments provided under the winter resilience scheme.
  
- 2) Productive General Practice Programme in progress and the following actions taken~
  - Access to appointments reviewed. Two members of staff successfully completed phlebotomy training and are now providing additional blood clinic appointments.
  - We are currently working on the prescriptions modules.
  
- 3) Unfortunately the number of patients who do not attend a booked appointment (DNA) has increased to 3.8%. This is the highest rate in three years. We have now introduced text message appointment reminders for patients.
  
- 4) Enhanced infection control measures taken with new vinyl flooring in clinical rooms.

