

Annex D: Standard Reporting Template

[Name] Area Team Thames Valley Area Team - Oxfordshire
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Horsefair Surgery

Practice Code: K84040

Signed on behalf of practice:

Date: 25/03/2015



Andrew McHugh
Medical Practice Director
Horsefair Surgery - K84040
South Bar House
Banbury, Oxon, OX16 9AD

27/03/2015

Signed on behalf of PPG:



ERIC WOODHOUSE
CHAIR
HORSEFAIR PPG.

Date: 27/3/15

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

Does the Practice have a PPG? YES / NO
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to Face
Number of members of PPG: 10

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50%	50%
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	3309	1604	2449	2201	2793	1991	1809	1605
PRG	0	0	0	1	2	2	1	4

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	91.4%			1.3%				
PRG	90%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice		6.3%		0.1%		0.8%			0.1%	
PRG		10%								

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:

At 90% Brit White and 10% South Asian the PPG is broadly representative of our population in terms of ethnicity. In terms of age, the group is highly skewed towards the more elderly. This is understandable as the elderly make up the largest percentage of the regular users of the surgery services. The surgery does try to attract younger members through adverts on the surgery screens but these have not been very successful. GPs have tried to encourage younger patients to join but younger patients have different priorities - family, children, work etc.

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:

Banbury is a mixed town with significant areas of deprivation living cheek by jowl with extreme wealth. The PPG is drawn mainly from within Banbury and does not therefore represent the areas of extreme privilege. The PPG as constituted is reasonably representative of the active users of the surgery. We do need to try to engage one or two younger people.

2. Review of patient feedback

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

Your GP satisfaction surveys. These rated Horsefair as 1st out of 80 Oxon practices for satisfaction. This was put to PPG who felt this was a fair reflection. Patient satisfaction is a standing item on the PPG meeting agenda. The PPG is also shown live feeds from NHS Choices which shows

Horsefair as being 'Amongst The Best'. We are not complacent. The PPG has been advised that our patient satisfaction is causing dissatisfied patients from other surgeries to transfer to us. This is putting a strain on our access that will in turn affect Patient Satisfaction

How frequently were these reviewed with the PRG?

Standing item on the agenda every six months.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Improve Communication</p>
<p>What actions were taken to address the priority?</p> <p>We have appointed a Communications and Training Manager tasked with improving the quality and consistency of our message both internally and externally making sure that communication is specific to the target audience. We are using the Single Overriding Communications Objective worksheet. Control over content for surgery waiting room TV Screens has been given to Comms Mngr.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Patients should now be getting a more targeted series of messages when they sit in the waiting room rather than an ad hoc mish mash</p>

Priority area 2

Description of priority area:

Maintain and improve services

What actions were taken to address the priority?

Horsefair is justifiably proud of its innovative approach to developing new services. We have employed a pharmacy technician to manage repeat prescribing and to field appropriate medication queries from patients in a much more timely manner. We have also employed visiting emergency care practitioner. .

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

This has improved access times to patients with prescription queries and has significantly improved access times for patients requesting home visits. This has in turn reduced the pressure on Emergency Assessment Unit as they receive 'GP' admissions throughout the day rather than just between 12:30 and 15:00.

This will be published in Report on Practice Website under PPG tab

Priority area 3

Description of priority area:

Achieve stability for the practice for the short and medium term

What actions were taken to address the priority?

This objective arose out of the practice manager briefing the PPG on his nationwide survey into the state of General Practice. The PPG were genuinely concerned at the looming crisis in recruitment and retention and urged the practice manager to take whatever steps were necessary in mitigation.

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

The surgery has managed to recruit two very good GPs, despite local pressures on GP recruitment. It was pleasing to hear that the reason one of the successful candidates applied was because we had been recommended by the local deanery. With two good GPs, our ECP and our pharmacy technician we are well placed, as currently constituted to weather the coming storm. In addition to these measures, we have also recruited a full time HCA, with extended roles, we will introduce Nurse led triage to ensure that we can deliver Right Clinician, Right Time, Every Time. Reshaping our multidisciplinary team will give us stability through true resilience for the future,

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):

Free text

Last year's targets were:

1. Continue to roll out On line prescriptions to reduce pressure on telephone lines

This has been achieved and we have also moved to Electronic Prescribing and have (in consultation with PPG) asked patients to reorder repeat prescriptions via their community pharmacy. This is already having a significant effect on reducing telephone traffic thereby making it easier to contact the surgery by telephone.

2. Consider offering the ability to book appointments on line to reduce pressure on telephone lines.

This has been achieved. All routine GP appointments are now bookable on line. This is making it easier to contact the surgery by phone.

3. Continue to look for ways to manage the demands on GP and Nurse time to enable treatment to be delivered effectively, with continuity at the most appropriate level.

We have employed a pharmacy technician to manage repeat prescribing and an emergency care practitioner to take on appropriate home visiting. These two measures have significantly reduced demands on GP time. We have employed a whole time equivalent health care assistant to perform tasks that do not use the full skills of the nursing team. This will release nurse time. We are also nurse led triage to ensure patients get to see the right clinician at the right time - first time.

4. PPG Sign Off

Report signed off by PPG: **YES**/NO

Date of sign off: 27 March 2015

How has the practice engaged with the PPG:

Through twice yearly meetings.

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 manager has engaged with the BME community by attending evening meetings to talk about the delivery of primary healthcare.

The practice also tried to engage with specific disease groups. For instance we invited Stroke Association to one of our meetings to put forward the perspective of patients with Stroke. This was not a great success. It started well but the Association was unable to provide anyone to attend evening meetings.

The PPG was consulted about the proposal to cease taking requests for repeat medication over the telephone. The PPG offered a spirited defence of this valued service but acknowledged the potential dangers inherent with the system. Surprisingly, this change has resulted in no complaints possibly due to the willingness of the community pharmacies to take on.

North Oxfordshire has just been awarded the Prime Minister's Challenge Fund money to improve and enhance access to primary care. The PPG will be consulted extensively about these new proposals.

At the risk of seeming complacent, our patients tell us that they feel lucky to be with a friendly, caring practice. I hope we can continue to deliver that quality of service into the future.