

# Annex D: Standard Reporting Template

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

Practice Name: Banbury Health Centre

Practice Code: Y02754

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? <b>YES</b>												
Method of engagement with PPG: <b>Email, face to face</b>												
Number of members of PPG: <b>4</b>												
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	<b>2334</b>	<b>2423</b>		Practice	<b>1054</b>	<b>527</b>	<b>1573</b>	<b>762</b>	<b>430</b>	<b>244</b>	<b>100</b>	<b>94</b>
PRG	<b>2</b>	<b>2</b>		PRG	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>

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	<b>250</b>	<b>4</b>	<b>0</b>	<b>119</b>	<b>26</b>	<b>12</b>	<b>8</b>	<b>1</b>
PRG	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	<b>133</b>	<b>86</b>	<b>12</b>	<b>32</b>	<b>88</b>	<b>1</b>	<b>0</b>	<b>25</b>	<b>1</b>	<b>3917</b>
PRG	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**From the options listed above it is difficult to get a sense of the patient population, for example we record ethnicity as British / Mixed British (2546) however on the table above these patients have largely been entered into “Any Other” as we cannot state which British category above they should be in**

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:

When we were establishing the patient group we sent letters inviting particular patients to join the group to try and target specific areas of our practice population to ensure we had a representative group (e.g ethnic minorities, young mothers, the elderly (not an exhaustive list)). 2 people responded to the invite and joined the group. The other 2 members responded to our Patient Participation Group Week campaign, when we put posters up in reception and the waiting room to encourage patients to join the group in June 2014. We provided leaflets containing more information about the group and how they could join. All patients were and are given the opportunity to join the group should they wish. We hoped that a combination of a targeted and specific campaign would be sufficient to give us a fair sized core group. We appreciate it is difficult for patients to give up their free time when they have other commitments which is why we highlighted the option of communication being done largely by email as we felt it would be least imposing, and encourage a variety of patients to join the group.

We also have a permanent feature on the website regarding the PPG to encourage people to join.

We also feature the PPG and encourage patients to join the group in our quarterly newsletter which is available in our waiting room, and in addition will soon be available online (along with previous editions).

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:

## 2. Review of patient feedback

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

**We had the results of the Patient survey in 2014; from this an action plan was created and published on the website.**

**We have also had feedback from the Friends and Family test (a national feedback programme introduced to allow patients to have their say and help improve care and the service). We have been collecting feedback since December 2014. We have sent a summary of the responses to our patient group and asked them to comment on the responses we have received and if they could suggest any improvements we can make to the service.**

**We also had HealthWatch carry out a survey here from 8<sup>th</sup> December 2014 to 18<sup>th</sup> January 2015, which looked at how and why people use Banbury Health Centre and what patients most want from the service so that they can plan well to meet patients' future healthcare needs. We had to send these surveys back to HealthWatch and are awaiting the results which we will then be able to discuss with the group.**

**The Friends and Family test is now the main way in which feedback is received. Some feedback was received via NHS Choices, which was reviewed by the manager and responded to.**

**We have emailed the patient group about various local meetings held for patient groups and forwarded emails to them as requested by the CCG about services and also informed them about meetings held by NOLG.**

**On a practice level we have asked for the group's feedback on issues that may affect the service they receive. We asked for the group's opinions and members of the group responded and provided valuable insight, this was then fed back to the locality/CCG meeting. We then provided the group with an update to say what decision was made about these issues.**

How frequently were these reviewed with the PRG?

**The Friends and Family data has been reviewed once with the PRG and we hope to do this on a quarterly basis. We heard from several members of the group who were very positive about the surgery and the services it delivers, however each provided an area in which the service could be improved which have been included in our Priority Areas below.**

**We have met opportunistically with members of the group, for instance when we had sent them emails on behalf of NOLG / CCG, as these members wanted clarification about the meeting and what it was about.**

**We hope to discuss The HealthWatch survey results with the group once we have received them from HealthWatch (still awaiting these results at the end of March 2015).**

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><b>Keeping patients informed when a GP is running late</b></p>
<p>What actions were taken to address the priority?</p> <p><b>It was commented in the Friends and Family test and by a member of the PPG that it would be nice to be told if the doctor was running late. If signing in on the self-check in it tells the patients an estimated wait time. If checking in at the desk patients are not always told if there is a wait time. We have asked staff to tell patients if the wait time is going to be more than 15 minutes.</b></p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p><b>We used a friends and family outcomes poster to publicise that if the wait is greater than 15 minutes when a patient checks in they will be told. We have found that patients like to be informed and told what is going on. Whilst waiting is not ideal, it cannot always be helped as sometimes the doctors have to squeeze in an emergency appointment or an appointment takes longer than the 10 minutes allocated.</b></p>

## Priority area 2

Description of priority area:

### **Having a named GP for continuity of care**

What actions were taken to address the priority?

**We currently have 2 vacancies for GPs so are using a higher number of locums at the moment than would normally be utilised for covering annual leave etc. To increase registered patient access to regular GPs we have given the locums more of the unregistered slots making more appointments available for our registered patients with our regular salaried GPs.**

**The wording of the feedback suggests that patients like to see the same GP to provide continuity of care rather than the administrative step of having a named GP who they then may or may not see on each visit depending on their availability.**

**We have also put up posters to promote the fact that if a patient wishes to have a named GP then this may be requested, however due to the rotas and working hours of our GPs their named GP may not always be available, especially if an urgent appointment is required.**

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

**Clearly patients like to have continuity with their medical care and there is no argument regarding the benefits of this. However *any* patient can see *any* GP no matter with whom they are registered and therefore there is an element of patient selection/choice even when they have been allocated or selected a named doctor; this choice can be influenced by GP availability on the day that the patient wishes to attend their appointment.**

**As mentioned previously we are using locums at present to maintain the 8am-8pm service and make up the shortfall**

**caused by the vacancies currently in place. Any patient with particular and specific needs has always been allocated a named GP and we plan for this to continue in the future. Should any patient express a desire to be registered with a specific GP then we can undertake to do this.**

**Once our shortfall has been met, we would anticipate revisiting this and allocating more of our patients a specific GP.**

**We have advertised the possibility of having a named GP in our waiting room on our patient information board. We also included continuity of care as a feature in our newsletter and explained the steps we have taken to improve this.**

### Priority area 3

Description of priority area:

#### **Health Information in the waiting room**

What actions were taken to address the priority?

**A member of the PPG requested that the health information provided by the local council (Cherwell District Council) be on display in the waiting room to inform patients of health information that may be important to them. We currently play Radio 2 as patients like to have some entertainment whilst they were waiting, and in addition it provides a background noise which contributes to patient confidentiality (by obscuring conversations at the desk). We are hoping to change the display so that we still have music on but also have the health information displayed as visual material on the television screen if this is possible to achieve.**

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

**This priority was only brought to us at the end of March 2015 and we are now in the process of researching the possibilities before being able to implement the action. We are currently investigating how we can have the Health Information displayed whilst having the radio playing at the same time. We hope to have this done by the end of April 2015 at the latest.**

**Patients will then be kept informed of local and national health information whilst they wait for their appointments.**

**The TV is on display in the waiting room so it will be noticed by patients as they sit waiting for their appointments.**



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):

n/a

#### 4. PPG Sign Off

Report signed off by PPG: **NO – However the PPG were involved in developing the priority areas which formed the action plan so are aware of the report and the action plan. The patients in the PPG have been sent a copy of this report for them to comment on and approve but this has not been received back as yet.**

Date of sign off:

**How has the practice engaged with the PPG:**

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

We have provided the friends and family feedback in alternative languages that are common amongst our practice population – Polish and Urdu – to encourage those whose first language is not English to engage with the feedback. We have also made the FFT available both in surgery and online to encourage people to complete the survey. We also included a PPG leaflet in new patient packs. Our list is currently closed, but we hope to include the leaflet in the new registration packs again once the list has reopened.

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

We have received feedback from a variety of sources – FFT at surgery reception, FFT online, Health Watch Survey at reception desk, Health Watch Survey online, Complaints and Accolades. Patients are also able to leave feedback on the Banbury Health Centre Facebook page, which we also use to communicate key information to patients. Patients are also able to leave comments on NHS Choices.

**Was the PPG involved in the agreement of priority areas and the resulting action plan?**

We emailed the PPG about the Action Plan and developing the priority areas for which they contributed to 2/3 of the priority areas, the 3<sup>rd</sup> area being highlighted purely through the FFT responses. We have emailed them a copy of the report for them to provide comments on.

**How has the service offered to patients and carers improved as a result of the implementation of the action plan?**

Patients are now better informed in reception regarding their waiting time to see their clinician. Although they are informed electronically at the time of check in, those patients checking in at the desk were not previously told regarding any waits. In addition, waiting times may change after check-in due to unforeseen events or delays and reception staff have now been encouraged to tell patients when they can expect a delay of 15 minutes or more. Patients are able to request an appointment with a certain GP; this is for routine appointments only as emergency appointments will be booked with the next available GP. This improves continuity of care for patients who have long term conditions. We have also allowed patients to request a named GP.

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

We consulted with the PPG to develop an action plan based on the priority areas.