

# Annex D: Standard Reporting Template

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

Practice Name: [Windrush Surgery – Banbury](#) Practice Code: [K84024](#)

Signed on behalf of practice: [Dr Simon Bentley](#)

Date: 26 March 2015

Signed on behalf of PPG: [Mr Howard Searle](#)

Date: 26 March 2015

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

Does the Practice have a PPG? <a href="#">YES</a>																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) <a href="#">Face to face</a>																																					
Number of members of PPG: <a href="#">11</a>																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 40%;">Male</th> <th style="width: 40%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3857</td> <td>3859</td> </tr> <tr> <td>PRG</td> <td>3</td> <td>8</td> </tr> </tbody> </table>	%	Male	Female	Practice	3857	3859	PRG	3	8	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: 10%;">%</th> <th style="width: 10%;">&lt;16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>164</td> <td>604</td> <td>959</td> <td>1019</td> <td>1143</td> <td>807</td> <td>844</td> <td>691</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	164	604	959	1019	1143	807	844	691	PRG	0	0	0	1	2	3	2	3
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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:

Practice survey commissioned from CFEP – UK Surveys  
Ipsos Mori – National GP surveys

How frequently were these reviewed with the PRG? - **Once**

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Increase the number of available appointments, home visits to be carried out earlier in the day.</p>
<p>What actions were taken to address the priority?</p> <p>We employed a full-time Emergency Care Practitioner.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The ECP is able to visit earlier in the day making it easier for admitting patients or getting them treated/medicated sooner if necessary.</p> <p>This results in an increased availability of GPs for more complex patients.</p> <p>This service is published on the website, initially notices were displayed in the Surgery and reception staff inform callers that they have the option to see an alternative but appropriate clinician instead of a doctor for some visits.</p>

## Priority area 2

Description of priority area:

Increase the number of available appointments.

What actions were taken to address the priority?

We successfully trained a Practice Nurse to V300 (non-medical prescribing) level.

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

The Nurse now runs daily, book-on-the-day clinics for urgent minor illnesses. In her place we appointed a new full time Practice Nurse. This allows us to offer between 6 and 10 additional appointments a day.

This service is published on the website, initially notices were displayed in the Surgery and reception staff inform callers that they have the option to see an alternative but appropriate clinician instead of a doctor for minor illnesses.

### Priority area 3

Description of priority area:

Improve the process for dealing with repeat prescriptions to enhance safety, accuracy and improve meeting of deadlines.

What actions were taken to address the priority?

Commissioned a report from a respected community pharmacist to review and offer options to improve our performance in this area of work. Additional and uninterrupted staff time allocated to handle both repeat and dosette scripts. Trials of batch prescribing were initiated.

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

Significant reduction in the number of complaints and delays in preparing repeat and dosette scripts – happier patients and staff! GPs spend less time hunting down and signing ad-hoc scripts and therefore have more time for patients.

This has not been publicised.

## 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):

Previous year's submissions have already outlined progress on the issues raised in previous years.

There are a couple of things we can now add to those including –

- Approval (finally) from Oxfordshire County Council (OCC) to mark out a 'disabled' parking bay in the road at the front of the surgery. This has taken 3 years and various committee cycles to achieve due to neighbour objections and political inertia in the face of that. We communicated directly with the Portfolio Holder (Senior Councillor and Member of the Executive) at OCC to finally achieve this.
- Upgrades and alterations to the building have started in a modest way with preparatory works to relocate the communications room and paper patient records to the first floor.
- There is a new website, although its launch has been delayed but is anticipated to be completed by April 2015.
- We are offering co-morbidity clinics/appointments to reduce the number of visits poorly patients have to make to the surgery.
- We have initiated access to patient records electronically.
- Provided electronic means for patients to notify us of smoking status and other lifestyle choices will follow.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: [26 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? - [No](#)

Has the practice received patient and carer feedback from a variety of sources? - [Yes](#)

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? – [See above](#)

Do you have any other comments about the PPG or practice in relation to this area of work? - [No](#)