

Annex D: Standard Reporting Template

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

Practice Name: Dr Kenyon & Partners, 19 Beaumont St Surgery

Practice Code: K84016

Signed on behalf of practice: *Matthew Epton*

Date: 24/3/15

Signed on behalf of PPG: *Christopher Watson*

Date: 17/3/15

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Email and face to face meetings.
Number of members of PPG: 23

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	53.8	46.2
PRG	31.8	68.2

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	8.4	32.2	26.8	10.3	8.0	6.4	4.7	3.1
PRG	0.0	0.0	9.1	4.5	4.5	40.9	4.5	36.4

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	26.4	0.5	0	12.1	0.1	0.1	0.2	0.6
PRG	78.3	0	0	21.7	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	0.4	0.4	3.6	3.1	0.5	0.2	0.1	0.1	0.9
PRG	0	0	0	0	0	0	0	0	0	0

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 have an extremely varied population of patients which includes students, families, and individuals, young and old. The group is a virtual patient participation group, which enables individuals with time/work commitments or patients with ill health to participate more readily. We do meet face to face occasionally and meeting notes are emailed to the group. Patients are recruited to the group using the following methods:

- Posters inviting patients to join the PPG are in Reception and all of the waiting rooms
- Registration forms and notices are in Reception and all of the waiting rooms
- The PPG is advertised on the website
- College Nurses have put up posters inviting students to join at the colleges
- Any patients who had verbal questions or comments to the Receptionists, GPs or Practice Manager were invited to join the PPG.
- A message inviting patients to join the PPG is on the right hand side of all prescriptions so that all patients, including those that do not come into the practice or visit the website, are aware that we were recruiting for a PPG.

**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**

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

There is a large student population registered with the practice. In addition to the methods used to reach the general patient population we have tried to recruit additional students to the PPG by having College Nurses put up posters at the colleges. Additionally the College Nurses were asked to try and verbally recruit for our PPG. We have found it difficult to recruit students to the group so three times a year all College Nurses attend a meeting at the practice with the Partners, managers and other clinicians. We have found this is a good way to understand the needs and concerns of this underrepresented group of patients.

2. Review of patient feedback

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

The following methods of feedback are reviewed: Friends and Family test (including comment box at the bottom of the FFT), comments received from the practice website feedback page, NHS choices, GP Survey, CQC, letters, emails, visits and telephone calls to the practice manager and comments made to GPs and Nurses.

How frequently were these reviewed with the PRG?

Feedback was reviewed with the PRG twice/year. Once by email and once in a face to face meeting.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Treatment Room 1 and Sluice Room are in need of refurbishment</p>
<p>What actions were taken to address the priority?</p> <p>Refurbishment of Treatment room 1 and the Sluice Room were completed. Both rooms were completely re-done. The floors were replaced with an antimicrobial surface that is capped and covered for easier cleaning and disinfection. The examination table was replaced and relocated from parallel to the wall to perpendicular to the wall, allowing for more varied procedures due to access from both sides of the table. New units for holding medical supplies were installed in the Treatment Room and Sluice Room. The upper cabinets extend to the ceiling for more storage and to eliminate any dust traps. A new tile splash back was installed in the Sluice Room. The desks and chairs were replaced. Finally, both rooms were repainted and redecorated.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The refurbishment of Treatment Room 1 and the Sluice Room will make it a more pleasant experience for the patients and as the rooms will be easier to clean, infection control will be quicker and easier for staff to maintain. The relocation of the examining table will allow for more varied procedures to be performed at 19 Beaumont St, making the services offered here more comprehensive.</p> <p>These actions were publicised on the practice website and on bulletin boards in waiting rooms.</p>

Priority area 2

Description of priority area: Refurbishment of the Treatment Room 2

What actions were taken to address the priority?

Refurbishment of Treatment room 2 was completed. The floors were replaced with an antimicrobial surface that is capped and covered for easier cleaning and disinfection. The examination table was replaced and relocated from parallel to the wall to perpendicular to the wall, allowing for more varied procedures due to access from both sides of the table. New units for holding medical supplies were installed with the upper cabinets extending to the ceiling for more storage and to eliminate any dust traps. A new tile splash back was installed. The desks and chairs were replaced. The windows were replaced with double-glazed windows and a new Eco-Electric radiator was fitted. Finally, the room was repainted and redecorated.

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

The refurbishment of Treatment Room 2 will make it a more pleasant experience for the patients and as the room will be easier to clean, infection control will be quicker and easier for staff to maintain. The relocation of the examining table will allow for more varied procedures to be performed at 19 Beaumont St, making the services offered here more comprehensive. Double-glazed windows and the new Eco-Electric radiator will make the rooms much warmer and more comfortable for the patients. The Eco-electric radiator is removable for easy cleaning.

These actions were publicised on the practice website and on bulletin boards in waiting rooms.

Priority area 3

Description of priority area:

The practice premises are no longer fit for purpose. We wish to apply for funding to develop a fully-costed business case and application for the next wave of premises funding announced by the coalition government. The proposed new premises will house four city centre GP practices with the potential of providing 8am-8pm, 7-day general medical (GP) and primary care services for approx. 30,000 registered patients. Our current premise consists of two four-storey adapted town houses, originally constructed in the 1820s. Although deemed to be of historical merit, they are all tall, narrow, terraced structures and pose considerable challenges for the delivery of modern, accessible healthcare. Due to the design of the buildings, this space is used very inefficiently – for example the upper floors are inaccessible to many patients and so are not generally used for healthcare purposes. Access for disabled, less mobile patients, wheelchair users and parents/carers with pushchairs is a particular concern and a current barrier to the provision of an extended range of primary care services for these groups. Due to planning and design restrictions, street-facing wheelchair access is not possible to any of the buildings and all front entrances have stepped access, which is also problematic for pushchairs. There are no lifts available inside the buildings and ground floor consulting space is very limited.

What actions were taken to address the priority?

We have developed a project initiation document (PID) to apply for approval from NHS England to move to a business case stage for the procurement and development of primary medical care premises. The purpose of the PID is to ensure that NHS England and other stakeholders are aware and can commit to support, in principle, the development of the proposed scheme. We have developed the PID to include three other surgeries, 27 Beaumont Street, 28 Beaumont Street and 9 King Edward Street. Confirmation of our application from NHS England has been received and we are now waiting to hear if it has been successful.

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

We have successfully made our application on time to take advantage of the Government initiative, the Primary Care Infrastructure Fund, to try and obtain new premises for the surgery. A new surgery would eliminate accessibility issues patients experience at the current surgery location and provide the opportunity to extend opening hours and to provide a host of additional community service working in partnership with other organisations. Our plans have been discussed with our PPG and progress has been publicised on the practice website and on bulletin boards in waiting rooms.

Priority area 4

Description of priority area: The website is outdated and could be more user-friendly.

What actions were taken to address the priority?

The website was checked for accuracy and errors were corrected. A new section advertising College Nurse Surgery times has been added to inform students of other sources of medical assistance. A working group was setup, including a GP Partner, the Patient Services Manager and the Practice Manager to develop a newly designed website.

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

The website is now up to date and accurate allowing patients to have access to reliable information about the practice via the website. The creation of the working group is facilitating the organization of a new web provider and design of the new website. Having a more up to date and user friendly website will be a benefit to all patients looking for information, booking an appointment, requesting a repeat prescription or wanting to make a comment. This action was publicised on surgery waiting room bulletin boards and on the website.

Priority area 5

Description of priority area: Appointment waiting times and making an appointment with a named GP on short notice was noted to be an issue by a small minority of comments from the FFT and other sources.

What actions were taken to address the priority?

A working group was set up to examine the appointment system currently used to determine if any improvements can be made. The group includes Drs Silvester, Haynes and Riley, Practice Manager Matthew Epton and Patient Services Manager Christine Jacob. We have carried out an analysis of the types of calls the on-call doctor receives each day. We are trialling a system whereby we have two duty doctors taking calls at peak times and then reverting back to a single duty doctor for the rest of the day. To improve continuity of care, part time GPs have started a "buddy system". The idea being that if a patients "usual GP" is not working that day then the patient will preferably see the GP's "buddy" rather than any GP.

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

The set-up of the working group allows the practice to continually re-examine the patients' needs and demand on the service when booking appointments. A rolling process of review will allow for the optimum allocation of resources. This will reduce waiting times and make sure that the most clinically urgent patients are prioritised. The system will result in improved continuity of care. This action was publicised on surgery waiting room bulletin boards and on the website.

Priority area 6

Description of priority area: It can be difficult for working mothers to take time off work to see the midwife at the times the midwife clinic is currently held.

What actions were taken to address the priority?

The Lead Commissioner, Children, Young People and Maternity Services of Oxfordshire County Council was written to on behalf of the PPG to enquire about the possibility of having midwife clinics during extended hours to help working mothers.

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

The Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are now aware of the issue and we await their response. This action was publicised on surgery waiting room bulletin boards and on the website.

Priority area 7

Description of priority area: Signposting is poor for disabled and pushchair access to the practice building.

What actions were taken to address the priority?

A sign was put on the front door (where there is a set of steps leading up to it) directing patients to the back of the building where there is an accessible entrance. A sign was put outside the midwife's room noting the accessible entrance at the back of the building. This information was also put on to the practice website and the new patient's leaflet. Additionally, warning signs of uneven surfaces within the surgery property were put up in the appropriate places.

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

It is clear now where patients can find an accessible entrance to the surgery and where care should be taken as the floor is uneven. This action was publicised on surgery waiting room bulletin boards and on the website.

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):

2013/2014 PPG Priority Areas and progress to date:	
Priority	Progress
1. Review how we communicate the process by which our appointments are allocated. Publish this to the patient population.	The procedure for allocation of same-day appointments was posted on bulletin boards throughout the surgery. This has cleared up any confusion about the process. It has also assured patients that urgent same-day appointments will always be given if clinically appropriate.
2. Publicise our website address.	The website address is in the quarterly newsletter, has been posted on bulletin boards throughout the surgery, is on all hard copy correspondence and in the new patient leaflet.
3. Refurbish the surgery as some areas are in need.	A rolling program of refurbishment in the surgery has begun, priority based on necessity. <ol style="list-style-type: none"> a. The fire safety system has been updated. A new fire detection and alarm system has been installed. New emergency lights have been fitted throughout the building and all of the doors were retrofitted with intumescent fire seals. b. The next potential steps for refurbishment of the surgery were discussed with the PPG and surgery Partners and action plans decided.
4. Fit lever operated taps in the patient toilets.	Lever operated taps were installed in the larger ground floor toilet at the rear of the surgery. A lever operated tap will make it easier for any patient with any difficulty with hand movements to operate the tap. As funds become available, the other taps in the patient toilets will be fitted with lever operated ones.
5. Assess the patient's ability to pick up prescriptions from the Lloyds pharmacy in Botley.	This was discussed with the pharmacy and prescriptions are sent to Botley at least 3 times per week.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 17/3/2015

The report was signed-off by the PPG and their various answers are collated below:

How has the practice engaged with the PPG: By email, invitations to regional PPG meetings and in-person practice meetings.

How has the practice made efforts to engage with seldom heard groups in the practice population? Through various ways explained in the above report. The students are the most difficult to engage in our PPG but the three meetings a year with the College Nurses helps the practice learn the needs of this group.

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? Through ways explained in the above report.

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

Member CW comments: Having recently attended the Thames Valley and Milton Keynes PPG Workshop I am aware that there is a wide variation within our area in the dynamism and proactive response of the PPG members to their responsibilities. I think 19 Beaumont Street comes out fairly high in the list, but there are a few outstanding examples from which we could learn.

Member JR comments: I think this is excellent. If the detailed arguments in the PID are as compelling as those listed under Priority Area 3, then I think NHS England must surely grant funding.