

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	1222	21	0	63	4	2	17	38
PRG	80%			10%				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	22	22	5	16	65	12	26	6	5	146
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:

The group has been running now for almost 7 years. Approximately half of the group have been with us since the outset. Our original method of recruitment was by our chairperson spending time in the waiting room encouraging patients to become group members. Dr Doski also approached patients directly, as did reception staff. We have also advertised, and continue to advertise, by notices in the waiting room and on Well TV. We have made particular efforts to attract membership from our largest ethnic group who are Kurdish. We have one member representing this group but efforts to attract others have not been successful. In many cases our patients from this group are not fully conversant in English and this will hold them back. Two of our older members are no longer effectively part of the group, one leaving the practice to go into long term care and another no longer able to physically manage to attend. We take the opportunity

when patients make positive or negative comments regarding the surgery to ask them if they would like to be part of our patient group so their comments would have a wider audience. We have also previously agreed to alternative meetings between daytime and evening to give the opportunity to attend to those who will not go out in the evenings and those whose daytime activities preclude daytime attendance.

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:

The only group of patients that are disproportionately represented are those of Kurdish ethnicity, specifically from Iraq. This is because Dr Doski speaks both Kurdish dialects as well as Arabic and therefore attracts patients from this community. We have one patient panel member from the Kurdish community, and have tried to recruit more – including by direct appeal by Dr Doski.

2. Review of patient feedback

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

Feedback is encouraged and welcomed from all patients. We have a suggestion box in the waiting room in which both named and anonymous comments are encouraged. We also have a culture whereby we encourage patients to feel free to express their views, both positive and negative, informally. We also encourage patients to enter their views on NHS choices. We periodically review information that is publically available e.g. results of patient survey and

present these to the panel for discussion. We also share significant events where appropriate and encourage the group members to talk to patients to gather their views and feed these back at meetings.

How frequently were these reviewed with the PRG?

Feedback from various sources is discussed openly as a matter of routine at most meetings.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:
To increase patient list size.

What actions were taken to address the priority?

Patient group will use local knowledge to ascertain progress with the planned 650 homes to be built within the surgery catchment area. It is hoped that a proportion of these will become our patients in the future. The PPG will encourage new registrations by word of mouth and taking the opportunity should it arise to ensure that our open list status is known. We are now able to accept patient registrations and prescription requests and appointments online. This also addressed another of our priorities which is to use IT more extensively to benefit patients. We have also agreed to take out of area patients, with a view to increasing our list size but also to provide a service to patients who find it difficult to have a doctor local to their address.

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

It is not known at this stage if the new housing development will increase our list size, but we plan to ensure that when the time comes, the new residents will be aware of us. Since introducing the ability to order prescriptions online, we have received a steady stream of applicants for this service. Patient comments have been extremely favourable to date, and we see this as a positive action in terms of retaining current patients. One of the previous issues raised in terms of attracting and retaining patients was the availability of a female doctor. The position remains the same in that we are currently not able to afford this unless the

practice takes on enough new patients to justify extra input. Our practice leaflet has been updated to reflect that we now have online access. This will also be advertised, as will our open list status on our website that is currently being prepared. A copy of this report will be available on the patient's noticeboard and a summary of the main points will be included in the next newsletter.

Priority area 2

Description of priority area:

Increased use of information technology to benefit patients.

What actions were taken to address the priority?

Surgery converted mid year from EMIS LV to EMIS Web and used this opportunity to begin offering on line access for prescription ordering and appointment booking. Plans are now in place to extend this to full electronic prescribing so patients can order and receive prescriptions without having to come into the surgery. Full details of this will be published on our web site in due course, with an anticipated "go live" date of 1st June 2015.

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

This has resulted in a steady stream of registrations for on line access. There is some evidence to suggest that this has enabled us to retain patients who may have left to register elsewhere.

These and related services will be published as mentioned previously.



Priority area 3

Description of priority area:

Patient education

What actions were taken to address the priority?

Please note that all three priority areas are closely interconnected. Our PPG recognises that the key to managing an overstretched resource like general practice and the wider NHS lies in patient education to encourage self care and responsibility and considered use of the resources available. Discussions with the PPG highlighted how little is known by patients about the real cost of the services they use. They now use this knowledge to “spread the word” when talking to other patients as well as contacts who are not necessarily our patients. They have been supportive of the initiatives followed by the practice to encourage responsible use of the NHS. We have spoken directly with patients who have made obviously inappropriate use of A&E, especially those who attend then do not wait to be seen, and we have widely published in the surgery and through Well TV the best place to attend to receive the best care. We have also worked with nursing and care homes to try to develop a better understanding of when to use A&E and the ambulance service. We have taken part in any CCG initiatives designed to encourage proper use of the available services and fed back our progress in this to the patient group.

As we further develop our practice website, it is intended that self care information will be added in the format of downloadable and printable leaflets.

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

A&E attendances are rising rapidly year on year within the NHS nationally. The practice has substantially less growth in attendance than both national and local rates. We believe that this demonstrates some success in our multi-factorial approach to

managing excessive A&E attendance.

This information will be publicised in the same format as the other priorities.

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):

Below are some brief notes on how we have further developed previous priorities:

Our reception manager is now trained as a phlebotomist and can undertake some other health care duties. This extends the hours in which these services can be made available, and often saves a patient from having to make a return visit for blood taking. This has proved popular with both doctor and patients alike.

Over a period of time we have been offering a telephone consultation service. This has been further refined and advertised via our practice leaflet. It has become a popular service with patients who are seeking a short conversation to answer a query or who are seeking re-assurance, and it particularly helpful for those who struggle to visit the surgery and those who find it difficult to take time off work. It is cost and time efficient for the practice and can or course result in the patient being seen if necessary.

We did agree last year that we would extend the use of Well TV. Since then we have established that the TVs are now out of warranty and therefore their repair and purchase is no longer supported by the CCG. In view of this, and several changes of staff within the CCG, it has not been possible to extend usage at this stage. Our practice manager is a member of the Primary Care Development Group who in turn consider such matters, and at present there is some hopes that it might be made sufficiently economical to buy in a service from a commercial provider.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 26th 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?

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 has used various opportunities to attempt to recruit new members to the PPG as outlined elsewhere in this report with particular reference to harder to reach groups.

The mechanisms by which patient and carer feedback are obtained are detailed elsewhere in this report.

Our PPG was actively involved in prioritising and agreeing future action plans. It was also agreed that they were effectively ongoing rather than stand alone year long projects.

It is thought that patients and carers have benefitted in several ways from some of the changes we have brought about in agreement with the PPG. Some changes may have been contractual, but the PPG has still had some input into the detail of how this has been achieved. The most beneficial changes have undoubtedly been online access and it is anticipated that moving to full electronic prescribing will add to these benefits considerably. Although our list size had not as yet grown, there is some evidence that it has stopped shrinking. We have also made some contribution encouraging appropriate use of A&E and out of hours services.

