

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	558	2	0	0	0	0	0	0
PRG	5	0	0	0	0	0	3	0

	Asian/Asian British 4					Black/African/Caribbean/Black British 0			Other 0	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	210	636	91	8	10	17	10	3	0	0
PRG	0	3	2	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:

PPG has been publicised online, on the practice web site, through word of mouth and face to face contact, publicised in patient waiting area and reception area. Practice has been inviting patients from all backgrounds to join in the PPG from different age groups and ethnicities.PPG consists of:

2 female white british members and 1 asian male of ages 65 -74
 One asian male, 2 british white female age 75>
 One female british white age 55 -64

One Bangladeshi male and 1 female Bangladeshi age between age between 25-34,
One female Pakistani female aged between 35-44

One female Bangladeshi age between 25 -34.

Practice is continuing to promote patient engagement throughout and would like more of these age groups <16, 17-24, 45-54.

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

Yes

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

We have a small number of patients residing in nursing homes and our PPG champion visits the patients accompanying the GP and the practice nurse on her routine visits. PPG has also been promoted online , word of mouth, through practice staff engagement champions, patient waiting area/reception area and through translators to target other minority groups. We have up to 15 patients who are registered at the practice and are :

Disabled

Blind

Learning difficulties

And need caring responsibilities

Hearing impairment

The practice is currently running a pilot scheme through Bradford Strategic Disability Partnership which allows these above mentioned patients to engage and communicate with the practice and share their experiences.

2. Review of patient feedback

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

The feedback has been presented face to face in the meetings and the PPG members usually present ideas as and whenever they are visiting the practice.

The options are available on the practice website to give patient feedback and the patients submit their ideas or queries. They also send back messages to the practice via NHS.net.

Patient also suggests ideas while they are at the practice.

How frequently were these reviewed with the PRG?

The practice has reviewed these via PPG meetings held on December 2013, 18th June 2014, 10th September 2014, 2nd December 2014.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **Open walk in clinic for Monday am. Access**

What actions were taken to address the priority?

After looking at GP capacity a Monday walk in clinic alongside a locum GP has been provided for the patients and has been up and running for the year and a half. Two GP's run a walk in clinic from 8:30 – 9:30 am every Monday morning. More slots have been added to the GP rota to allow booking of appointments via all routes including Systemonline.

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

The service was publicised via receptionists, posters practice website, prescription counterfoils, posters in the patient waiting area, Patient call screen. Fewer complaints regarding insufficient appointments received.

The patients walk in during the allocated time between 8:30-9:30 and be seen within 2 hrs. The waiting time is upto 2 hrs and is also displayed in the waiting room area.

Priority area 2

Description of priority area: **Improvement of National Patient survey uptake, Friends and Family Test ,**

What actions were taken to address the priority?

National patient survey was discussed as it was due to be sent out. PPG members were reminded to fill the surveys in and pass on their feedback about the practice.

Friends and Family test was introduced in September and the PPG was informed to give their feedback and to tell the family and friends about it.

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

Patients more satisfied with getting through to the practice

Publicised on Website of new improvements

Publicised via posters in the waiting room area, patient leaflet , practice engagement champions.

Priority area 3

Description of priority area:

Customer care.

What actions were taken to address the priority?

Customer service training provided and undertaken by all reception staff.

Answering the telephone within three rings. Staff advised to answer phone within 3 rings whenever possible and taking the customer care training providing by the CCG.

Present polite and courteous manner while engaging with the patients.
Treat all patients with confidentiality and according to their needs.

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

Less complaints regarding patient access, better understanding from the staff's perspective. Patients more satisfied.
Publicised on the practice website.



Progress on previous years

Year 1: 2009

- 1 Privacy in the patient waiting area was discussed, and a waste of wide open space was discussed and the seating area was re-arranged.
- 2 The practice started giving normal blood results over the telephone instead of patients coming in to see GP.
- 3 Patients found it difficult to access GP appointments as the lead GP was off sick and the practice was covered by locums. Dr P Jha after taking over the practice increased her sessions and this issue was resolved.
- 4 Telephone consultations call back was started at the patient's request.
- 5 Repeat prescription box was provided.
- 6 Telephone call back was stopped as the GP's found it difficult to get hold of patients, instead patients to call the practice was introduced and GP's to take calls for an hour each day.

Year 2 2010

- 1 Info on how to contact OOH was added in the patient leaflet distributed on reception desk at all times.
- 2 PPG requested a suitable seat to be placed for disabled patients and a chair was provided in the patient waiting area.

Year 3 2011

- 1 Pressure of GP appointments and demand pressures was raised, Patient survey was discussed and to reduce patient waiting time. Practice needs to be stricter with patients arriving late for their appointments and should be seen in the order they arrive in the surgery.

Year 4 2012

- 1 PPG agreed that patients have to give receptionist a brief description why they require GP appointments as pressure for appointments continues.
- 2 Number of Monday am telephone consultations were increased addition to the usual surgery to ease pressure on GP appointments.

Year 5 2013

- 1 To offer pre-bookable and on the day appointments.
- 2 Telephone consultations have been offered to patients at times agreeable.
- 3 The walk in sessions was introduced as a trial. National patient survey was discussed

Year 6 2014

- 1 Promoting patient engagement and involving patients in looking after their own health. Self Care was discussed and how to manage long term conditions.
- 2 SMS texting patients like the idea of receiving text messages as a reminder of their appointments.
- 2 Patients piling up their repeat medications when not taking was discussed , open days for patients , healthy lifestyle, FFT Promoting patient engagement.

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 PM or the PPG lead would facilitate meeting, take notes and minutes. The engagement champions/ practice manager has been promoting the patient engagement and PPG .We have been encouraging patients to get more involved and make decisions in their care

Practice has been receiving feedback through FFT other patient questionnaires. Face to face consultations.

The action plan was in agreement with PPG group members, decisions were made to prioritise improvements that were then discussed at the next meeting of any success or failure of results/outcome. The practice also share views on the patient feedback via community MDT meetings to get feedback from neighbouring practices in the same locality.

Patients complaining about access are generally satisfied with the extra appointments offered and complain less.

Peel park surgery being a smaller practice and it is predominantly having a younger population. The practice has tried extremely hard engage patients and invites them to join the PPG but have had less luck.

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

Date of sign off: