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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	6							
PRG	67			1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG		4								

**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:**

As the above reflects, patients who compromise Apsley PPG tend to be of a certain age (normally retired) and primarily a white British background. This does mean that patient perspective is occasionally biased BUT members of the panel are generally very good at considering the needs of the patient population as a whole and it helps that they often have children and grandchildren who constitute the missing demographic as it were. In addition those within the Panel are very involved in their local community through the Church, Politics and local schools and therefore are more sensitive to the needs of BME patients for example than one would expect.

Having said this, the Practice recognises this is insufficient. The PPG is advertised on both the Practice website and also the in-

house Television. In addition all new patients are asked at the point of them undergoing their new patient medical whether they would be interested in joining the patient panel- particularly if they are a young person, have a family or are from a different ethnic origin. Unfortunately, these patient groups often have limited time and/or language difficulties which make attending regular meetings and listening and contributing to discussions potentially difficult. For this reason, the Practice tries to obtain as many patient e-mail addresses as possible and contact patient's periodically (at least annually) to keep them updated with regards to results of patient survey's and to encourage them to contact the surgery with their views (replacing the outdated patient comments box which historically sat in the main reception)

**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:**

Please see above comments.

As stated the Practice does have a large proportion of BME patients. Measures to recruit such patients include specifically targeting patients at their point of registering and more general advertising (Practice Website, Facebook and in-house Television) but none of these methods have been successful. In the past the Practice has had BME representation historically but the 3 members on the panel had to forego this 1 due to poor health 1 due to the commitments of a young family and another due to work pressures.

## 2. Review of patient feedback

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

- 1) No specific survey done this year (The Practice was conscious that as a number of these were done externally patients could possibly be getting apathetic to this. This has been replaced by the Friends and Family Scheme which commenced in December of this year
- 2) Patient complaints and the various formats which these are received (Choices, PALS, Facebook, in writing)

How frequently were these reviewed with the PRG?

As the Practice has recently submitted the 1<sup>st</sup> batch of results regarding the Friends and Family test all patients for whom the Practice has e-mail details for (effectively our PRG) have had an e-mail summarising the feedback. The Friends and Family Test has been discussed during minuted Practice/PPG Meetings.

### 3. Action plan priority areas and implementation

#### Priority area 1

##### Description of priority area:

- 1) Improve patient uptake of annual influenza vaccination

##### What actions were taken to address the priority?

- 1) PPG members assisted with the 'administration' of clinics- helping patients fill out patient health questionnaire's, ushering them to specific area of waiting room to minimise patient traffic, removing appropriate clothing etc all of which The Practice hoped would make the process more seamless. Whilst in surgery, the mere presence of PPG members drew attention to the flu campaign (which panel members were keen to additionally promote as well) and also their supportive role for the Practice.
- 2) The usual channels which the Practice utilises to encourage patient uptake (Practice website, Facebook, Repeat Prescriptions and calling patients directly to make appointment for those at risk providing patients wanted this.

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

Flu uptake 2013/14= -549 patients deemed 'at risk' have received their flu vaccination compared with last year's 481 patients.

-For Patients aged 65 and over 570 have received their flu jab compared with 574 last year.

These figures demonstrate that the PPG have played an important role in co-ordinating clinics and promoting the need for patients more susceptible to flu to be vaccinated. In addition to this, the proactivity of the group actually encouraged a couple of patients to join the panel but unfortunately when this was followed up by the PPG chair these individuals sadly weren't able to honour the commitment of joining.

Now that the Practice has these figures patients for whom we have e-mail contact details have been notified to keep them aware of the work the PPG has and is doing in addition to general publication on the Practice Website.

## Priority area 2

### Description of priority area:

- 1) Try and reduce number of patients DNA'ing (not attending) for Childhood Immunisations

### What actions were taken to address the priority?

- 1) Marilyn spoke to health visitors during their regular meetings with the Practice to reinforce the current problem with attendance and to request Health Visitors promote these during routine contact with parents/legal guardians
- 2) Sister Rushton has also spoke to Health Visitors and reminded them although immunisation clinics are during set times on a designated session if guardians aren't able to attend the Practice will be as flexible to accommodate such patients during 'unscheduled' sessions.
- 3) PPG and Practice Team to tag onto baby clinic on Tuesdays and both will be present at upcoming session on Tuesday 10<sup>th</sup> March between 1 and 3 pm to try and promote the importance of attending for immunisations amongst family's/guardians of children registered at the Practice. In addition the Practice hopes to utilise this event to promote the importance of attending for cytology screening for women in the post natal period as currently patient uptake isn't what it normally is.

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

Because the PPG event has taken place so close to the end of the Financial Year it will be very difficult to assess what impact that has had on uptake for childhood immunisations and the Practice doesn't envisage being able to do so until at least 3 months from now (approximately the end of June 2015). Having said this, like all initiatives there has to be a starting point and both the Panel and the Practice are very keen to work with patient cohort who we often struggle to engage with: families and in particular working families. Apsley's PPG Chairperson has produced a report summarising the event which again will be e-

mailed to all PRG members.

A summary of the event produced by the PPG chair will be publicised on the website and e-mailed out to all patients for whom the Practice has e-mail details for specifically for publication of newsletters etc.



### Priority area 3

#### Description of priority area:

- Look at further ways to encourage new PPG members to join

#### What actions were taken to address the priority?

See above (pages 2-3). This has always been a priority for the PPG but the recruiting process has been difficult. As historically a few people have wanted to join the panel with their own 'agendas', the PPG chair suggested that patients expressing an interest to join the panel be invited for an informal interview to meet some of the group and learn about the terms of reference etc.

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

As the recruiting of new members isn't a new issue for either the Practice or the PPG and as this is already publicised through multiple sources (Facebook, The Practice Website, Practice Television, personal promoting of the group) there doesn't seem the need to re-publicise this.

## 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):

Last Year, themes raised in the patient survey focused on patients making appointments. Patients complained:

- 1) That they couldn't see the same GP
- 2) That they didn't like receptionists trying to ascertain what the reason was for a patient wishing to see a GP.
- 3) That the receptionists can sometimes be rude.

Through a great deal of patient education as to why a receptionist needs to ascertain (broadly) what the reason is for a patient seeing a GP (to ensure that is booked with an appropriate clinician according to an appropriate timescale) all 3 inter-related complaints have improved. Patients are hopefully more aware that if their medical problem is routine they can see their preferred GP ensuring continuity. Now patients are more prepared to be asked a little bit of information relating to their medical problem they are more co-operative and this is reflected by no formal complaints raised regarding any aspects of appointment making in the last 12 months.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 27 March 2015

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

The PPG have regular bi-monthly meetings with the Practice Manager and secretary where patient/practice issues are discussed and the wider health issues relating to hospital/national matters. We have also worked together on various initiatives.

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

As documented previously, the practice uses the Practice website, Facebook, the Practice TV, multi-language literature and personal approach. Historically, a prominent member of the Asian community was approached to promote the uptake of breast screening, which unfortunately, Asian ladies are more reticent to embrace. The PPG are, at the moment working with the Health Visitors to go to a venue where ethnic minority ladies attend a fitness class, in order to promote baby Immunisations and cytology screening. Of course, this can also be an opportunity for ladies to discuss other issues. This we are also hoping to do at pre-natal clinics.

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

Yes. As in previously mentioned sources. In addition, all PPG members, particularly myself, have made it well known to staff that we are available to speak, in confidence to anyone wishing to raise any concern that they may have and do not feel able to approach the staff themselves. We have also spoken to patients personally when in the waiting room helping with the flu clinics and general PPG promotion times.

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

Yes. The PPG agreed that the flu clinics are of major importance and we wanted to try and help both the patients and staff in the smooth running of the sessions and consequently, were able to address some of the issues. The baby immunisation poor uptake is clearly a concern and consequently, this, we felt was of high importance. This area we are hoping to develop further as

previously documented.

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

There was a higher uptake of the flu vaccinations in a more efficient time scale. It is too early to tell yet if our plans for the baby immunisations and cytology uptake come to fruition and improve.

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

We are a very small PPG and as such cannot undertake the tasks as we would like to. Despite efforts by both parties, we struggle to recruit new members, however, we support both our patients and staff as well as we are able.