



Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	51%	49%
PRG	16%	84%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20%	12%	15%	13%	13%	10%	10%	7%
PRG			16%	7%	24%	30%	16%	7%

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	97%	0.4%	0.5%	0.9%	0.04%		0.02%	0.02%
PRG	93%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.08%	0.02%		0.18%	0.02%	0.06	0.12	0.13		0.49
PRG					7%					

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:

**Reception staff approach patients opportunistically**

**Clinical staff approach patients opportunistically**

**New registration pack contains information on the group and how to get involved including information on under represented groups**

**Advertise in practice**

**Advertise on Jayex board**

**Advertise on prescriptions**

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:

**PPG members circulating in waiting room during busy times to obtain suggestions**

**Suggestions**

**Questionnaires**

**NHS choices**

**Review of complaints received and emerging themes**

**Friends and Family Test results**

How frequently were these reviewed with the PRG?

**On three occasions throughout the year**

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

**Review of practice complaints and suggestions revealed that the most common theme for dis-satisfaction was the use of the 0844 number for patients to contact the surgery.**

**Calls are more expensive than mainstream providers. The practice is tied to a complex contract, which sees one component start to expire in July 2016 but final expiry is January 2017.**

**Breaking the contract would mean a hefty payment to compensate for ending the contract prematurely.**

What actions were taken to address the priority?

**It was agreed that the practice should obtain 3 further quotes from telephone providers and should explore every possibility of using a geographical landline telephone number.**

**The practice manager arranged for further quotations from appropriate companies. Each of the quotations was rejected by the practice due to long and expensive contracts.**

**Dr Owen and Esther Jackson approached the CCG to ask for advice on how to move this project forward and were directed to Information and Business Support who were looking at new telephony systems (VoIP). The project would be jointly funded by the practice and CCG.**

**A further quote was obtained from the current supplier who also provided a possible and more realistic option.**

**It was agreed that one of these systems would be implemented at the practice and that, if necessary we would continue to run the old and new systems concurrently until the old contract and lease expire.**

**At present we are awaiting further confirmation from CCG and Bridgewater on whether there is sufficient capacity on the**

**VoiP system to take on extra practices.**

**A decision, by the practice in conjunction with CCG will be taken once full information is made available.**

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

**Telephone charges to patients would be in line with mainstream providers.**

**More telephone sets would be provided to enable more reception staff to join hunt groups at times of high demand. This provides improved waiting times for calls to be answered.**

**Outgoing calls to other practices and NHS agencies using the CoIN system are free of charge.**

**Improved call handling.**

**Improved and supported monitoring of performance.**

**Practice would be released from increasing pressure from patients, press and NHS England to change from an 0844 number.**

## Priority area 2

Description of priority area:

### **Review of the findings of recent CQC inspection.**

**One of the areas highlighted was that 4 of the cabinets housing patient medical records were broken. They could no longer be locked and so were insecure leaving the records open to inappropriate access. Initial plans were to move the records to a lockable room. This would be an expensive project and would be inconvenient for the retrieval of the records.**

What actions were taken to address the priority?

**Plans were discussed with PPG who agreed to inspect the current situation and then discuss any ideas.**

**PPG members visited the practice to examine the current status and to discuss any suitable actions.**

**After a brainstorming session and further discussion the following plan was formulated**

**Isolate the broken cabinets – could use for non confidential storage.**

**Condense records alphabetically into remaining cabinets and lock when not in use.**

**If insufficient space or further growth the practice could purchase an extra filing cabinet which could be housed in a lockable room to accommodate overflow records.**

**The plan was implemented**

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

**Records now kept securely and conveniently in reception area.  
Extra cabinet provided in a separate room to house overflow records. All records of nursing home patients were extracted from main body of records to store in the new cabinet. This allowed for more space for remaining records in reception and also means that all nursing home patient records are stored together.  
Confidentiality and safe storage obligations fully met.  
CQC requested action fully met.**

### Priority area 3

Description of priority area:

**To improve on the quality and quantity of patient support and education material offered in the waiting room**

What actions were taken to address the priority?

**Practice is located in a multi-purpose LIFT building which is facilities managed. There is no wall space available to hang a notice board therefore we have no notice board available to the practice and its patients and it is forbidden to stick anything on the walls, doors and other surfaces.**

**There is a strong need for improved patient education material and for a vehicle to provide feedback in the waiting room on various campaigns and initiatives.**

**A TV screen allowing patient education as well as feedback particular to practice, CCG, public health and local health economy would be perfect.**

**An application for full / partial funding was made to WBCCG via Business Information.**

**Funding has become available. We are to receive a 42" TV screen which will be housed on the wall over the reception desk. We will be able to use pre-loaded public health information, advertise our own campaigns and services, provide feedback and news. The system also doubles as a patient call system.**

**A survey of our site was done on 35 March and we are due for installation in April 2015.**

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

**We will have a new and more sophisticated patient call system.**

**We will have the ability to advertise practice services and campaign eg flu and other vaccination clinics, over 75 health checks etc.**

**Public health information which could include current health risks eg meningitis, ebola etc**

**We will have the ability to provide information**

**Eg Self help for minor illnesses**

**Choose Well campaign**

**Active Living**

**Friends and Family Test**

**We will also provide feedback on other local services and their use eg A&E attendances**

**We will be able to provide important feedback on DNAs and other practice news.**

**We will also be able to promote our PPG.**

Progress on previous years

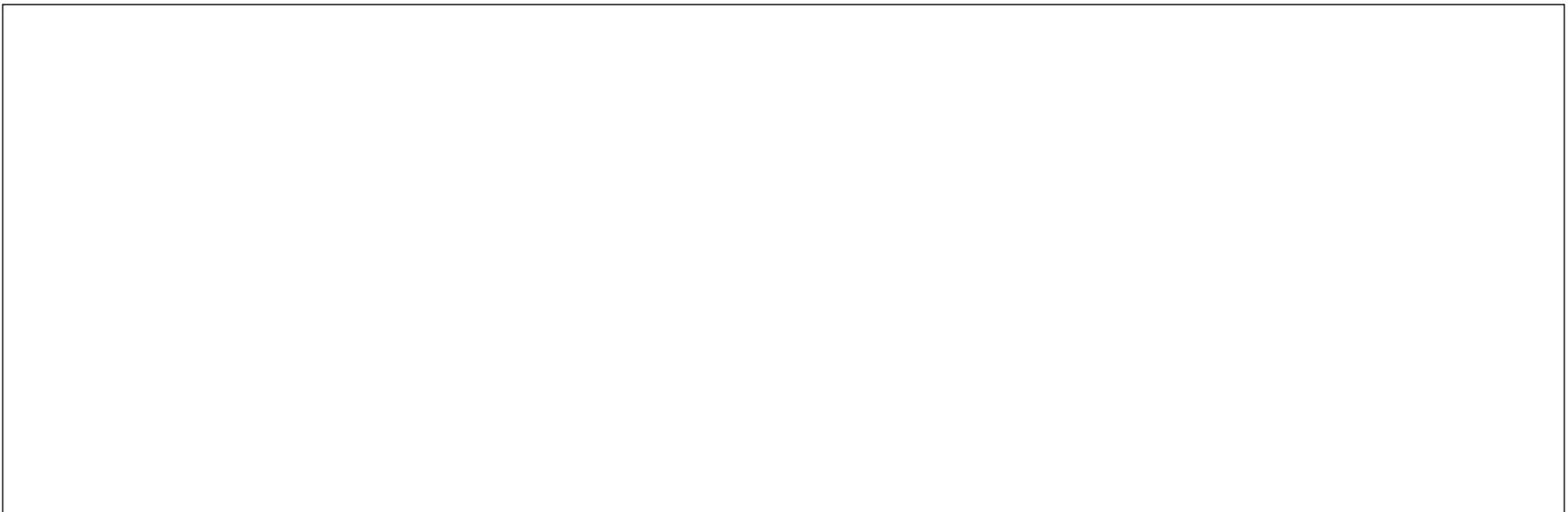
If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

**Reception staff training - In conjunction with Preston College and WBCCG 5 staff members currently undergoing apprenticeship qualifications 3 in customer services and 2 in health informatics.**

**Access – practice currently taking part in Primary Care Foundation Programme.**

**Increase group membership – we have gained 3 new members during the past year. PPG members have spoken to patients in the waiting room to promote the group.**

**Improve patient understanding of when to attend A&E – PPG members have spent time in our waiting room speaking to patients about appropriate use of local services, DNA rates, practice news, wasted medication**



4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG:

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

**PPG members have held information session, speaking directly to patients. Practice staff promote the group whenever appropriate.**

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? **As detailed above.**

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

**We ensure that there is always GP representation at PPG meetings.**

**We encourage use of external patient forums.**

**We promote the local health walk provided by Active Living Team.**

**Dr Gary Young (PPG) and Esther Jackson attend Network PPG Link meetings (6 meetings per year).**

**The practice would like to thank our PPG for their interest, involvement and support, especially the practical support provided during the past year to help us meet CQC obligations.**