



Patient Participation Group – 2014/15

Details of the gender mix of our practice population and PPG:

%	Male	Female
Practice	2756	2806
PRG	2	7

Detail of age mix of our practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1059	479	686	824	819	676	627	392
PRG						3	1	5

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Details of the ethnic background of our 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	5127	41		75	6	8	4	20
PRG								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	22	31	1	14	1	9	4			3
PRG										

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The steps we have 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 are listed below:

We have tried to attract parents by utilising the Practice nurse within baby clinics and posters are displayed in the clinic room.

Health Promotion event – verbal info offered at end of event.

Newsletters

Posters in reception

PPG - word of mouth

Poster in local playgroup

Poster in local library

There are no specific characteristics of our practice population identified which would mean that other groups should be included in the PPG. ie:

University areas in which we would need to include the student population.

The sources of feedback that were reviewed during the year include:-

Suggestion slips

E;Mail feedback

PPG discussion

General verbal feedback – passed to Practice Manager via the surgery team

NHS choicesfeedback

Feedback is an agreed item on the PPG agenda and is discussed at every meeting.

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Priorities agreed for 2014/15

Priority area 1
<p>Description of priority area:</p> <p>Communication with younger patients</p>
<p>What actions were taken to address the priority?</p> <p>PPG felt patients are more likely to take notice of posters drawn by children so a Primary School was contacted and children were engaged in heart health from primary school – posters developed by the children to promote Healthy Hearts displayed in reception area and linked with Heart Month.</p> <p>Chlamydia screening promoted more heavily and instructions placed in each toilet.</p> <p>Ad-hoc promotion is now carried out within consultation but discreet credit card sized cards are now used for the patient to give to reception, rather than ask for the test.</p> <p>Screening has now increased from 7 screens in 2013 to 51 in 2014</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Patient feedback is that they ARE more likely to read a child's poster than a regular NHS poster so we feel the message is getting to our patient population using a more engaging method and the children have been educated in a fun and engaging way, with regards to health.</p>

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Priority area 2

Description of priority area:

Communication with 18+ years

What actions were taken to address the priority?

The Practice Manager detailed what is available at the practice at the very first PPG meeting and outlined the background of the practice. The PPG identified areas from what is available and it was agreed that they were not advertised and well known.

Newsletters include services available to them ie: Family planning inc IUCD and Implants / Chlamydia screening
Posters and information were developed and are available within reception

Availability of the on line access has been increasingly promoted. (Appointments and Prescriptions and more recently a summary of their records has been detailed.)

Our extended opening hours are more widely advertised for those that work and it was found that in fact, patients were only aware of the availability of this, when it was verbally offered by reception.

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

We have experienced an increase in the use of on line access. Increasing numbers of patients are now able to contact us when we close (especially helpful if they work)

Extended hours utilised by people that work and unable to attend during normal opening hours. This has then made appointments available throughout normal working hours.

EPS2 – Electronic prescribing (Where the patient orders the prescription and it goes electronically to the chemist of their choice)

When the surgery agreed to implement EPS2, the PPG was utilised for the communication of this. The build up and preparation work was seamless. The “go live days” went well and we are now operating at 63% of our prescriptions being processed using EPS2.

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Priority area 3

Description of priority area:

Communication around Health Promotion / screening

What actions were taken to address the priority?

The Practice Manager outlined the areas of screening that is available and the measures taken to increase uptake in Bowel Screening. (When we are informed of someone not responding to the Bowel screening kit, we ring the patient and attempt to convince them to participate.

A Health Promotion event was organised for 28/2/2015 and work around this event has taken place throughout the year. It was decided to involve Stonefield St Surgery and their PPG and have 50 patients per surgery. Both surgeries involved their PPGs in the actual event (on the day)

46 attended from MVP
5 cancelled
13 did not cancel and did not attend.

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

Posters were placed in local shops in the village
Invites were sent to 365 patients (These were patients that are due to invited for screening and those that have not responded to the kit in the past)

The increase in Bowel screening has increased from 50.03% 2013/14 to 50.36% 2014/15

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In the previous year, we had only recently started to form the group and as such – priorities were not identified and worked upon until April 2014. Forming the group itself was an achievement for the practice.

This year, the group is established with:-

Chairperson

Vice chair

Agreed terms of reference

Agreed priorities for the Practice

The same patients remain members of the group and we have recruited a couple of new patients along the way. Their passion for the practice is demonstrable in their enthusiasm shown throughout 2014/15

Moving Forward:-

CPR event planned and discussions around this are underway. 11 “Annie” dummies have been donated and the search is on for a trainer to deliver this training to our patients.

Further Bowel Screening event planned with Bowel Screening being the main focus but other speakers to join the session (based upon what patients have asked for in their feedback forms)

Feedback summary 28/2 and event information/schedule available at the Practice.

We are always looking for new patients to join our group. If you are interested, please inform reception.

There is no commitment to attend each and every meeting and you are able to attend as little or as often as you like

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