## Deane Clinic

## 2015/16 Patient Participation Enhanced Service

## Practice Name: Deane Clinic

## Practice Code: P82660

Date: 23/03/2016

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Signed on behalf of PPG: Mrs S Cooper – Chair

## 1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a	a PPG? YES										
Method of engagement v	with PPG: Face	e to face									
Number of members of F	PPG: <b>30</b>										
Detail the gender mix of	practice population	and PPG:	Detail of age	e mix of p	practice p	opulation	and PPG:				
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1947	1832	Practice	934	492	642	628	489	336	159	99
PRG	12	15	PRG	0	2	1	3	10	8	2	1

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										
PRG	12	0	0	0	0	0	0	0		

	Asian/Asian British					Black/Afric	Other			
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG	11	3	0	0	0	1	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:

We encourage patients from all groups to join our PPG. We distributed the application form in our practice and on our website. Our PPG members represent our practice population regarding their age, gender, ethnicity and disability.

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:

We received feedback from our patients by the following methods. Eg: Comment Cards, Complementary cards, Face to Face, Letters and Telephone.

How frequently were these reviewed with the PRG?

The group met 5 times this year. The meeting was always attended by the lead GP, Practice Manager and the Administrator. This facilitates the feedback from the patients which were dealt appropriately in a timely manner.

3. Action plan priority areas and implementation

Priority area 1
Description of priority area:
Lack of space in the existing reception area. This causes tremendous inconvenience for the patients, children and the carers. This can enhance the spread of infection to the vulnerable and elderly patients. There was a concern about the confidentiality as other patients since they can hear the conversation with the receptionist.
What actions were taken to address the priority?
We created additional reception area in our premises to accommodate patient with appointments and walk-in-clinic.
Result of actions and impact on patients and carers (including how publicised): Additional reception area created.

### Priority area 2

Description of priority area:

Our practice population had high low-socio-economic, deprived and illiterate patients. The children are vulnerable with high temperature due to viral infection and suffer from Asthma. The parents bring the children directly to the surgery even without checking temperature or not giving paracetamol or ibuprofen in order to bring down the temperature. When the patients arrive, our staffs check the temperature and giving appropriate mediation after consulting with the clinicians.

What actions were taken to address the priority?

We have created three additional observation cubicles with all necessary equipment. We provide nebuliser for Asthmatic patients and appropriate education for parents' further ongoing management and safety netting.

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

It's prevents Febrile Fits in the children. It reduced unnecessary A&E attendants. It reduced the unnecessary absences to the schools.

### Priority area 3

Description of priority area:

PPG requested to inform the local activity and services in our community to the new notice dedicated notice board.

What actions were taken to address the priority?

We bought a new notice for the PPG to display the notices and leaflets.

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

Our patients are now able to know and utilize other local community services. Eg:- Walking Groups, Asian Elders Group, Mums and children services etc......

## Progress

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

There is a dispute between Bolton CCG and the practice regarding Bolton Quality Contract, the calculation of the Global Sum, weighted patient list size, deprivation index and ASTROPU. The problem has not been resolved. We are waiting for the response from the CCG. This will help us to resolve the financial burden.

4. PPG Sign Off

Report signed off by PPG: YES
Date of sign off: 23.03.2016
How has the practice engaged with the PPG: Face to Face, Telephone and email.
How has the practice made efforts to engage with seldom heard groups in the practice population? We encourage the patients to join our PPG opportunistically.
Has the practice received patient and carer feedback from a variety of sources? <b>(ES</b>
Vas the PPG involved in the agreement of priority areas and the resulting action plan? <b>/ES</b>
How has the service offered to patients and carers improved as a result of the implementation of the action plan? Comfortable environment. Reduce unnecessary hospital visits / admission Flexibility
Do you have any other comments about the PPG or practice in relation to this area of work? <b>No</b>