

# Standard Reporting Template

NHS England (Wessex)  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Emsworth Surgery

Practice Code: J82009

Signed on behalf of practice: *K.I. Mulvey*

Date: 24/3/15

Signed on behalf of PPG: *Strudwick*

Date: 24/3/15

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to Face and Email
Number of members of PPG: 466

# Standard Reporting Template

NHS England (Wessex)  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Emsworth Surgery

Practice Code: J82009

Signed on behalf of practice: Date: 24/3/15

Signed on behalf of PPG: Date: 24/3/15

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to Face and Email
Number of members of PPG: 466

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	47.7%	52.3%
PRG	37.6%	62.4%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	17.2	6.6	8.7	10.9	13.8	12.8	14.4	15.6
PRG	0	4.3	13.1	14.6	12.8	15.4	24.6	15.2

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	96.7%	0.25%	0%	1.3%	0.05%	0.11%	0.08%	0.14%
PRG	99.1%	0.43%	0%	2.6%	0%	0%	0%	0.2%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.15%	0.007%	0.05%	0.08%	0.20%	0.25%	0.14%	0.14%	0%	0.2%
PRG	0%	0%	0%	0%	0.2%	0%	0%	0.64%	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:

The PPG is well advertised in the surgery, by posters, in the Practice quarterly newsletter and the PPG has pages on the Practice website. There is also an effort to engage younger mothers at our weekly Baby Clinics.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? eg. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? Yes

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

The Practice has an exceptionally high elderly population which is reflected in the age of our PPG members. There are also a number of care homes under the care of the surgery. These patients are more difficult to reach as the staff in the homes complete the registration forms for patients which have information about the PPG attached and the staff nearly always liaise with the Practice on the patient's behalf. We are endeavouring, however, to send out the Practice newsletter to the homes now and there is always an article from the PPG Chair on those newsletters encouraging patients to join. It may often not be clinically appropriate, however, as some of the homes under the care of the Practice are high dependency homes.

We had one patient last year who was a member from a nursing home but at the present time do not have any.

2. Review of patient feedback

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

Sources of feedback include suggestions from the Practice suggestions box, patient questionnaires, feedback from emails to the PPG, feedback from complaints, feedback from the PPG committee, and since December the Friends and Family Test. We also ask every new patient who registers what their top three priorities are which they would expect from their surgery.

How frequently were these reviewed with the PRG? Once they are collated they are shared with the PPG as necessary whenever any feedback worth discussing becomes apparent either with face to face or by email with the virtual PPG.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Telephones. Over the past few months we have become much busier and it has become apparent from patient feedback that our telephone system has not been coping. Patients have been complaining that the phone has been ringing and ringing and no one is answering. In reality the phones are answered constantly and never ignored.

What actions were taken to address the priority?

The Practice called the system supplier in to discuss the problem and to see if we could significantly modify the system to enable the Practice to deliver a better service to patients. Most of the modifications the Practice was requesting were undeliverable by the present phone company.

The Practice has now met with other phone companies with a view to changing telephone systems to one which will deliver the level of service we require for our patients. The Practice is trying to push this through as quickly as possible.

In the meantime, receptionists have been doing a survey asking patients how difficult it was for them to get through. This has actually improved significantly recently possibly due to there being less demand. The Practice is committed though to looking at replacing the system with a more up to date and useful one.

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

This will be apparent when the Practice has changed telephone systems. It will be publicised to patients in the surgery and on the website, however, they should not be aware of the change, only in that it will deliver an improved service!

Priority area 2

Description of priority area: Prescriptions. The surgery seems to have constant problems with prescriptions going missing within the Practice and between the Practice and the pharmacies which often then involves patients having to go between the two or to call back for the prescription. The Practice processes around 750 – 800 repeat prescriptions per week and so the problem is a major one.

What actions were taken to address the priority?

The Practice has decided to move to EPS – electronic prescribing. We have requested to move forward with this to the Commissioning Support Unit and the appropriate meetings have now been arranged with a view to moving to electronic prescribing in June 2015.

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

Only time will tell what impact this has on patients but we are extremely hopeful that it will make a much more efficient and seamless service and the system is already being used successfully by other Practices. There would no longer be a need for patients to call into the surgery for repeat prescriptions and they would no longer go missing.



### Priority area 3

Description of priority area: The Practice has had many responses since we changed computer systems last September related to frustrations about booking online appointments. With the previous computer system it was easy to programme what appointments patients could book for. The Practice has successfully run personal lists for the GP's and so previously it was possible to book with the patient's own GP only but also other appointments as well with nurses or for blood tests, flu vaccs etc.

With the new system there is no facility for patients to book with just their own GP **and** for the nurses and the phlebotomist and so there were complaints because patients could no longer book these appointments. As the Practice runs several phlebotomy clinics a week this was especially a source of irritation to patients not to be able to book a blood test online. There was the additional problem in that one of the GPs has been off long term sick and we thought it unfair that this GP's patients were not able to book appointments online with another doctor.

This obviously was also increasing hugely the amount of telephone calls into the Practice fuelling the problem outlined in priority area 1.

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

This was not an easy change to make because it was far more involved with this computer system than the last. We eventually managed to reprogramme the system in a way that it would work for the patients and for the Practice. Therefore online access is now opened up so that patients can book with any GP or locum, with the nurses and the phlebotomist. It is hoped though that patients will still book with their own doctor where possible to aid continuity as this has always worked well in the past.

It has to be noted to patients that we still cannot open up all nurse bookings because it becomes too complicated with different nurses having differing specialities and skills but the more general nurse clinics and the baby clinics are now back available to book online.

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

Patients seem much happier with the improved online access. We are actively encouraging patients to return to using the online service which was so heavily utilised prior to the change of computer systems as there had definitely been a decline in the numbers booking online. This will be promoted again by the receptionists, the website, the Practice newsletter and notices.

The Practice will continue to monitor the online booking service and listen and respond to patient feedback.

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):

The Practice has continued to try to publicise the Minor Injuries Walk-in Clinic, 111, NHS Choices, the extended hours appointments offered and the quarterly Practice newsletter, the Quack. There was a less than satisfactory awareness that these were available.

The Practice has also worked hard along with the PPG Committee to publicise the Patient Participation Group and to encourage new members to join. The number of PPG members has risen in the last year from 411 to 467.

The waiting room at the main site has been re-decorated on patients' suggestions and new noticeboards have been put up for displaying information.

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?

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?

4. PPG Sign Off

Report signed off by PPG: YES ~~NO~~

Date of sign off: 24/03/15 *[Signature]* CHAIRMAN

---

How has the practice engaged with the PPG: VERY EFFICIENTLY, EMAILS, IN PERSON, COMMITTEE MEETINGS

How has the practice made efforts to engage with seldom heard groups in the practice population? YES, WE ALSO HAVE A LUNCHEON CLUB FOR LONELY OR DISTURBED PATIENTS

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 VERY MUCH

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

Do you have any other comments about the PPG or practice in relation to this area of work?  
 WE HAVE REGULAR MEETINGS BETWEEN THE PPG COMMITTEE MEMBERS, PRACTICE MANAGER AND A GP PARTNER. ALL PROBLEM AREAS ARE FULLY DISCUSSED.