**Proposals for the PPG work programme for 2022-23 and beyond**

**Aim:** To achieve a:

* manageable
* flexible
* realistic
* practical
* reality based approach to the work of the PPG

**Patient Participation Group (PPG)**

The PPG is a bridge between the patients of the Practice and the staff, both clinical and administrative. We might also be likened to a critical friend, or the canary in a mine, or a safety net, providing a monitoring approach to the patient experience of the practice. We are an informal group of committed volunteers. Alongside us we have an extended email group - the Patient Virtual Engagement Group (VPEG).

Our over-riding aims are to:

* help improve the patient experience of the practice generally
* learn about matters of interest relating to the practice and its patients
* encourage patient engagement in the development of the practice

While the work of the PPG is not to deal with individual complaints, members usefully draw on their own experiences to highlight areas of good practice: improvement; or of concern.

**The context of our work**

Any PPG work programme must take realistic and practical account of:

* The workload of the practice and the huge pressures GPs and all the staff are under
* Financial constraints
* The bombardment of directives/targets from: NHS England; NCL ICS (North Central London Integrated Care System); Camden ICB (Integrated Care Board); Objectives/targets of the of the PCN (Primary Care Network); GPs contractual requirements.
* The above includes: primary care contracts with PCNs rather than with individual GPs practices; incentives for greater use of e.g.IT and

online consultations; and employment of a widening range of trained ancillary staff

* HR issues e.g. recruitment and retention difficulties, staff vacancies and illness
* The national trend for more GPs choosing to be salaried or employed as locums, rather than being a partner of the Practice
* The national and local trends for more flexible part-time working by GPs
* The building of backlogs on the NHS system

In addition political directives and strategies give rise to unrealistic patient expectations, increased demand and anxiety.

The above means that all patients are experiencing increasingly different ways of accessing and receiving clinical care and treatment. This subtly impacts on the work of the PPG by often reducing our scope for modifying new working practices. So, while our aims remain unchanged, our role is shifting to one of how we can best support the maintenance of good safe and standards of clinical care within such a challenging environment.

The best way we can support our GPs, other clinical staff and the admin team is by being well informed, understanding and being fully mindful of the pressures and challenges that the practice team faces. Compromises have become inevitable.

**PPG Objectives for 22-23 (see the annual report 21-22 for details)**

These low-key objectives (see attached appendix) focus on how we function within the changing context and on issues arising from the practical challenges of the “covid years” and their repercussions. The objectives include some aspirations from previous years, some procedural issues and ongoing monitoring . Some items will be led by the chair in discussion with the practice manager

M**ore substantive potential PPG agenda items**

Some of these are topics we have touched on in the past, but they merit revisiting either to ensure we are better informed or to seek reassurance on specific issues. The challenge is how to frame and programme these potential agenda items in such a way we can do justice to the subject within very limited time frames. We need to decide on priorities for attention

Social prescribing.

This has been on a recent PPG agenda, and it could make a good topic for an open meeting - when we can eventually reinstate these.

This non-clinical and creative approach to health and wellbeing not only enables, at times, exceptional outcomes for patients, it also reduces pressures on the GPs.

The PPG agenda focusing on three aspects might be helpful

a) an update on how our care coordinator Barbara Kinscher-Petryszyn, is developing links with sources of support locally for Adelaide patients

b) further examples of how patients have benefited from the approach and

c) the GP perspective of the impact on the clinical staff workload.

Notes:

* Care- Coordinator Barbara Kinscher-Petryszyn, works across all five of the Practices in our PCN
* The National Council for Creative Health has a GP special interest group. Any clinician with a special interest in promoting this approach might find this website of interest <https://ncch.org.uk/gp-sig-for-creative-health>

Physician Associates

It has been pointed out that “relationship continuity within primary care is a proven determinant of health: it is associated with better recognition of health conditions, adherence to medication, reduced hospitalisation, and increased preventative care and decreased mortality”.

The recent new approach to employing Physician Associates has resulted in both a high degree of satisfaction amongst some patients but also legitimate concerns by others.

Concerns raised are about:

* triage
* training
* supervision
* patient safety and managing risk
* a perceived loss of continuity of care / relationship
* reduced patient choice
* ready access to a GP and in particular timely access to a GP of one’s choice.

Prescribing anti-depressants

The jury is still out on the use of anti-depressants. Many patients rely on them, others want to come off them because of the side effects. Providing more patient focused talking therapy is shown to reduce the need for them in some patients. Prof Joanna Moncrieff’s work suggests reducing the prescribing of anti-depressants.

As an unqualified volunteer group, the PPG is no in a position to take a clinical stand on this. However, a better understanding of the current Camden guidelines and the Practice’s approach to managing depression would be valuable, with input from the community pharmacist, Breeda Maceoin, who works for all five Practices in our PCN.

Other topics

The above is not an exhaustive list of what we may consider. Other items will come up as they always do, from ongoing PPG meetings, items members want to raise and feedback from the Practice about service development . Access to the building, reception, the physical appearance of the waiting room, lack of space , the telephone system, communication methods , use of new technology, test results and more are all ones we return to regularly. New opportunities for patient engagement or consultation will arise from the e.g. the Integrated Care System (ICS), the Primary Care Network (PCN) and from the Practice itself.

HL/ August 2022

Appendix

**PPG Objectives for 22-23 - arising from annual report for 21-22**

In the light of revised ways of working, reviewing the processes for achieving feedback from, and responding to, the wider patient group ie not just the PPG members. This includes: capturing suggestions; comments on services; complaints; significant untoward events; use of F&F Test (including the text follow up system recently introduced); patient survey.

* Monitor the new, much improved, practice website
* Review the content of the PPG pages of the website and improve access to e.g. meeting notes, and reports
* Review use of the PPG noticeboard
* Work towards face-to-face PPG meetings
* Review frequency and duration of PPG meetings (in 21-22 agendas were longer than could comfortably be managed in a 1 hour)
* Rethink notes of meeting to include eg action points and consider the value of re-instating the PPG action log
* Work towards the re-instatement of open patient meetings
* Work towards a new project with a seldom heard group
* Work on patient engagement across the five GP Practices in our PCN
* Plan an annual PPG social event. [This suggestion came out of a thoroughly enjoyable face-to-face outside get together we had to say thank you and goodbye to David]