**Adelaide Medical Centre**

**Patient Participation Group (PPG): Annual Report (April 22 - March 23)**

 [](https://www.google.co.uk/imgres?imgurl=http://www.cowleycounty.org/wp-content/uploads/Fromm-Bridge-Steve-Tredway.jpg&imgrefurl=https://www.tes.com/lessons/XFmE3C7-Egcb-w/bridges&docid=DWENDJdE_FdqfM&tbnid=f1P9C9KcsYTgQM:&vet=10ahUKEwiHtfimwbbVAhUEU1AKHSRYBR0QMwj9ASgaMBo..i&w=640&h=427&bih=549&biw=1097&q=images%20of%20bridges&ved=0ahUKEwiHtfimwbbVAhUEU1AKHSRYBR0QMwj9ASgaMBo&iact=mrc&uact=8)

1. **Introduction**

The Patient Participation Group (PPG) is a bridge between the patients of the Practice and the staff, both clinical and administrative.

Our over-riding aims are to:

* help improve the patient experience of the practice generally:
* communicate matters of interest relating to the practice to the patient:
* encourage patient engagement in the development of the practice.

This report covers the twelve months from April 22 to end of March 23. During this year COVID rules were gradually relaxed. Some different ways of ways of working were retained and the application of new technology brought new efficiencies and approaches . The report summarises our work during the year. An overview of the PPG work and more information about what we do and how we do it is on the PPG pages of the Adelaide Medical Centre website and in the PPG “yellow folder” in the patient waiting room

1. **The PPG meetings and membership**

During the year we met on zoom 6 times usually for an hour. Understandably some members found virtual meetings a challenge, so attendance fell a bit. We are very keen to get back to face-to-face meetings Sadly we felt unable to hold any open meetings. Lack of suitable space now makes face-to-face meetings harder to hold on site, especially during the day and meeting off site does not feel an attractive or practical solution.

The Practice Manager, Belgin Bozsahin, always attends, and the GP, Dr Cathy Katz attends regularly on an “as needed” basis Our pre COVID pattern was to meet for 1.5 hours slightly more often so our time together has reduced by about a third .This was principally out of regard for the work pressures on the Practice staff. The chair still meets regularly with the Practice Manager to plan the work of the Group.

During the year three people expressed an interest in joining though subsequently only one stayed with the group . One long standing member resigned. By the end of the year, we had thirteen patient members .

1. **Virtual Patient Engagement Group (VPEG)** formerly the Patient Reference Group (PRG)

This is an email list of patients interested in Practice news and in opportunities to be more involved from time to time but who do not wish to attend meetings. In addition to emailing out information about the Practice, the group also receives local health news and information about local open/zoom meetings and other patient engagement opportunities. This has continued over the year with more opportunities to be involved than last year. Currently the list is managed by the PPG chair and contact details are not shared with others unless permission has been given.

1. **Representation on the PPG and VPEG**

Last year we reported that in common with most PPGs, membership of the PPG and VPEG was not fully representative of the practice. However, both groups are very much more representative of the patient group in the age range that takes up the most significant proportion of services: older people. We also have members with long term conditions, physical disabilities, from BAME groups, with visual impairment and some younger people. While we most certainly do not ask about, nor expect to know, individual’s medical conditions most members are regular users of the practice and provide valuable feedback. As reported in previous annual reports, the PPG, after much repeated debate and efforts to recruit under-represented groups, chose to adopt a different approach about this lack of representation. We agreed to aim to have regular projects focusing on a less often-heard patient group. In the last three years no such initiatives were possible due to COVID but we hope to return to this approach when we can.

Meanwhile we are giving consideration to a recruitment drive for both the PPG and the VPEG

1. **Content of PPG meetings over the year 22-23 - summary**

Detailed notes of all meetings are on the practice website.

* Regular updates **about staff changes and altered ways of working** eg more face-to-face consultations, the new improved telephone system and other IT developments .
* The new much improved **practice website**. PPG members contributed to and commented on the content / format and continue to do so.
* Updates on **vaccination programmes**
* Regular updates on the **work of the PCN** (Primary Care Network) - see addendum 1. This included consulting PPG chairs on a new contract for **managing extended access /out of hours consultatio**n across the PCN and a PCN co-ordinated and health and social care integrated approach to **managing Long Term Conditions**  - see addendum 1.
* **Physician Associates.** We sought reassurance on e.g. training, recruitment, supervision and risk management – see addendum 1.
* Understanding the role of the **Social Prescriber** - see addendum 1
* Conditions attached to the **prescribing of medication recommended by private doctors** where local guidance or regulation may be breached. An information leaflet for patients was made more readily available.
* **Friends and Family Test (F&FT) , complaints and incidents**. A key PPG role is monitoring the Practice’s performance in relation to the patient experience. In respect of complaints and incidents, the chair annually looks at these record and reports back to the PPG. The PPG usually annually receives a report on the F&FT results - see concluding section.
* Having a Practice **on-line consultation platform** is an NHS requirement. PPG members were invited to try one out on a pilot basis and to give feedback. The chair trialled and gave feedback on three platforms. Key considerations were patient friendly-ness and the potential for e.g analysis of patient activity. A choice of platform was made and will be in use mid-2023. Note: this is an additional resource to access services and does not replace existing means of access.
* **Managing donations to the practice.** The PPG was informed and consulted about two donations received during the year and was reassured about the procedures adopted . Both were aimed at improving the patient experience and treatment in terms of the environment and equipment.
* **Support to reception staff** in terms of asking how they are helped to manage difficult behaviour and occasional abuse.
* Camden GP **contracts managed by AT Medics/Operose** (not relevant toAdelaide).
* **Annual patient survey** . None was carried out in 22-23 but it is hoped to remedy this soon.

As last year PPG members were pleased to be kept up to date and were again very reassured about the approach the Practice was taking. There was a consensus that the Practice was once again to be congratulated for the way they were managing a changing and continuing challenging situation.

1. **PPG Objectives for 22-23**

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| **Included on last year’s report** | **Progress** |
| 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. | Partially achieved |
| Monitor the new, much improved, Practice website | Done and ongoing |
| Review the content of the PPG pages of the website and improve access to eg meeting notes, and reports | Done |
| Review use of the PPG noticeboard | In hand |
| Work towards face-to-face PPG meetings | Not achieved |
| Review frequency and duration of PPG meetings (in 21-22 agendas were longer than could comfortably be managed in a 1 hour) | Partially achieved . Shorter more varied agendas |
| Rethink notes of meeting to include eg action points and consider the value of re-instating the PPG action log - see addendum 2 | Done |
| Work towards the re-instatement of open patient meetings | Not yet achieved – under discussion |
| Work towards a new project with a seldom heard group. | Not achieved |
| Work on patient engagement across the five GP Practices in our PCN | Some progress and under discussion |
| Plan an annual PPG social event | Not yet done |

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1. **Concluding comments from the PPG chair**

Last year I said my role as chair of the PPG would be impossible without the supportive partnership I have with the Practice. This remains true. It is also true that it would be impossible without the patient group members who ask thoughtful questions seeking understanding of the bigger picture on behalf of others. They are valuable critical friends

We have regularly reviewed, with the Practice, the value of having a PPG and always concluded that it is added value and a genuine bridge between the practice and the patients as represented by the PPG members. The nature of meetings during 22-23 have, I believe, been a valuable sounding board for the Practice and also, via meeting notes on the website, provided an opportunity for the wider patient group to learn about how the Practice is managing and why certain decisions have been taken.

In conclusion, from a patient perspective, the PPG believes the Practice continues to be safe, effective, caring, responsive and well-led despite the challenges of a heavy workload and demanding NHS targets.

Hilary Lance,

Chair Adelaide Medical Centre PPG

July 2023

**Addendum 1**

**Physician Associates (PAs)**

Physician associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors and surgeons providing medical care as an integral part of the multidisciplinary team. They support GPs in diagnosing and managing patients with oversight from a doctor. In the Adelaide Medical Centre they are support daily and trained by a GP. PAs are regulated by the GMC (General Medical Council)

**Social Prescribing**

A Social Prescriber supports those patients who formerly took up a lot of GP time dealing with social rather than medical issues and for whom the GP can do little more. The Social Prescriber acts as a link enabling people get non-medical support, such as day centres, charities, or community groups to improve their wellbeing and tackle social isolation.

**Managing Long term conditions**

* A Long Term Condition (LTC) is a condition that cannot, at present, be cured but is controlled by medication and other treatment/therapies.
* Mission statement – to achieve is person-centred, coordinated care that enables people to make informed decisions that are right for them and empowers them to self-care for their long-term condition(s) in partnership with health and social care professionals.
* In Camden services are commissioned at PCN level (Primary Care Network – see below) . They will focus on particular clusters of conditions, in the first instance, respiratory and metabolic.
* Some key elements
* emphasis on prevention, early detection, and an asset-based approach to care, building on people's abilities and motivations to live well and longer.
* Co-produce the approach and implementation with patients and health and social care staff.
* Focus on outcomes and emphasise improvement.
* Acknowledge the differential effort needed to achieve outcomes with different communities and invest in supporting improved engagement and delivery.

**Primary Care Network (PCN)**

PCNs are groupings of GP Practices totalling about 50.000 patients. They work together to provide more consistent outcomes for patient which are also more cost-effective . They increasingly share administrative functions and increasingly primary care targets are set at PCNs level rather than for individual Practices

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July 2023

**Post Covid Action Log updated 5.07.23 Addendum 2**

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| **No** | **Date raised** | **Action** | **Who** | **Status** | **Comment** |
| 1/22. | 7.9.22 | The PPG asked for information on numbers of Adelaide patients affected by issues of scripts from private doctors | Belgin/  Cathy |  | Info not readily available |
| 2/22 | 7.9.22 | Above issue to be raised at CPPEG | Hilary | Done | Feedback on Nov 22 agenda |
| 3/22 | 7.9.27. | Clarification re PAs and repeat scripts | Belgin | Done | See notes of 18.1.23 meeting |
| 4/22 | 7.9.22 | PPG members urged to try out PATCHS for an admin query or to make an appointment | All | Done | Some members tried it out to their satisfaction |
| 5/22 | 7.9.22 | Reception staff to be reminded to tell the patients if their appointment is with a Phys. Ass. and PAs to be reminded to tell the patient who they are. | Belgin/  Cathy | Done |  |
| 6/22 | 16.11.22 | Removal of screens from waiting area | Belgin |  | Partly achieved |
| 7/22 | 16.11.22 | The PPG asked for their warm thanks and appreciation to be passed onto the donor. | Belgin | Done |  |
| 8/22 | 16.11.22 | On- line consultation platform – better data about how the Practice performs Keats and Adelaide are piloting a new technology initiative | Belgin | Done | Awaiting feedback from pilot, initial feedback see notes of 18.1.23 meeting  Update info at PPG mtg 8.3.23 awaiting decisions at PCN/Camden level  “ Footfall” agreed live in June 23 |
| 9/22 | 16.11.22 | Phone PPG member to update about on- line consultations and PATCHs | Hilary | Done |  |
| 10/22 | 16.11.22 | User friendly information for the website on the work of the Physician Associates + a poster in the waiting area. | Belgin | Part done | To be item on an open evening |
| 11/22 | 16.11.22 | Information on the exact hours  of extended access | Belgin | Done | On website |
| 12/22 | 16.11.22 | Medication prescribed by private doctors and transfer of care -  foreword patient leaflet to PPG and VPEG members. | Hilary | Done | Info also on website and noticeboard |
| 13/22 | 16.11.22 | Circulate CPPEG consultation paper to PPG when available | Hilary |  | Still awaited at end Feb 23  On March CPPEG agenda  Still awaited as at May 23 – held up by restructuring |
| 14/22 | 16.11.22 | Hampstead Group Practice (HGP) questions re Physician Assistants- send to PPG when Qs answered | Hilary |  | Still awaited at end Feb 23. No further info at 8 3.23 |
| 15/22 | 16.11.22 | Check Careline information is available at reception and on the website | Belgin | Done | On website and poster for patient area |
| 16/22 | 16.11.22 | Issue with call back telephone system , warn reception staff to be sure to pick up call back promptly | Belgin | Done |  |
| 17/22 | 16.11.22 | Clarify roles of social prescribers, community pharmacist and care navigator role | Belgin | Done |  |
| 18/23 | 18 .1. 23 | * PPG to be informed about the equipment purchased by the balance of the recent large donation which funded the redecorations. * Another patient wants to set up a fund to help patients in need . Belgin to discuss with the patient. * PPG would like sight the/a protocol for managing donations * PPG asked for their thanks to be forwarded to the patient | Belgin | In hand  Done  Done  done | Update at PPG mtg 8 March still awaiting full details of all purchased  Updated at July PPG meeting  Belgin has agreed purchase of equipment with the donors and passee on the PPG thanks  Protocol - PPG informed of the recording and logging processes and satisfied this has been done for both donations |
| 19/23 | 18 .1. 23 | The Practice has suggested that a survey is conducted about the patient experience of PAs | Belgin | In hand | Discussed at PPG mtg 8.3.23. see action |
| 20/23 | 8.3.23 | Propose arrangements and content of patient survey in light of PPG discussion | Belgin + Hilary | In hand | Further discussed at May23 & July PPG meeting s |
| 21/23. | 8.3.23 | PPG members to suggest speakers for PPG meeting | All | In hand | Suggestions awaited  At May meeting agreed care navigator be invited |
| 22/23 | 8.3.23 | Circulate docs for May PPG meeting | Hilary | done |  |
| 23/23 | 8.3.23 | Read and reflect on above docs prior to meeting and contribute at mtg | All | done |  |
| 24/23 | 8.3.23 | Explore possibility of some Practice performance comparative data be shared with PPGs | Mark |  |  |
| 25/23 | 10.5.23 | Plan PPG face to face meeting | Hilary & Belgin |  |  |
| 26/23 | 10.5.23 | Plan PPG open meeting | Hilary & Belgin | In hand |  |
| 27/23 | 10.5.23 | PPG noticeboard PPG member to take over responsibility in consultation with Hilary and Belgin | Natasha | Natasha | Under discussion |
| 28/23 | 10.5.23 | Care Coordinator JD to be circulated to PPG members | Belgin |  | Overtaken by events and Job role being revised uly 23 |
| 29/23 | 10.5.23 | PPG asked for their thanks to be conveyed to the donor for new chairs | Hilary | done |  |
| 30/23 | 10.5.23 | Annual patient survey – reinstate. Agree last Q and plan distribution | Belgin & Hilary | In hand | Under discussion |
| 31/23 | 10.5.23 | Agenda for July PPG to include  Presentation by Care Coordinator – Belgin to invite  Mark to present update CPPEG ToR | Belgin & Hilary  Mark |  | Overtaken by events  Care coordinator leaving and job role to be revised |
| 32/23 | 10.5.23 | Plan next open meeting main topic PAs role and supervision | Belgin & Hilary | In hand | Under discussion |
| 33/23 | 10.5.23 | PCN wide patient engagement  Hilary is leading work with David and Belgin | Hilary | In hand | Under discussion |
| 34/23 | 10.5.23 | Check blood pressure machine in reception working correctly | Belgin |  | New machine for wating are to be purchased |
| 35/23 | 5.7.23 | “Geriatric” chairs to be purchased \_ second hand to be explored | Belgin |  |  |
| 36/23 | 5.7.23 | Hilary and Belgin to discuss ideas for additional question for 2023 survey | Hilary  Belgin |  |  |
| 37/23 | 5.7.23 | Open meeting set date and venue | Belgin Hilary |  |  |
| 28/23 | 5.7.23 | Check info on revised national complaint procedure on website | Belgin |  |  |
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