**Dr Virmani & Dr Bedi’s Practice Patient Participation Group (PPG), Whitwick Health Centre**

**Objectives for 2024 & Self-appraisal 2023**

**1. Summary.**

Dr Virmani and Dr Bedi’s PPG is an active and effective group with 14 members. Most members are retired and we are aware that we lack sufficient younger members but have been unable to recruit any more. We meet every 3 months together with the practice manager. We circulate the minutes of the meetings and the agreed actions, and they are posted on the PPG section of the practice website.

This report outlines the objectives for 2024 (see section 2) and the self-appraisal for 2023 by comparing the actions of the group against the PPG’s 2023 objectives and the terms of reference (see sections 3.1 and 3.2).

We are very fortunate that the partners have a clear vision of a progressive, caring, and patient focused practice. Hope, the practice manager, is very efficient at delivering this vision, through the hard work of the cheerful and caring practice team.

The practice encourages and welcomes our feedback, ideas, and views. The partners and Hope are fully committed to the PPG and proactively involve us in practice issues, taking forward our concerns and recommendations.

2023 has been another challenging year for the practice with long hospital waiting lists, ongoing delays in A&E, aging patients with co-morbidities, increase in patient demand and staff shortages in the wider NHS. The PPG met 4 times in 2023 and continued to support and challenge our practice, the North West Leicestershire Primary Care Network (NWL PCN) and the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB).

From the review of the PPG’s actions against the objectives and terms of reference in section 3, it appears that the main strength of our PPG is having a core of well-informed and active members. They are prepared to be involved and to contribute not only to the practice, but also to the other organisations in the NHS that affect our patients. We have a presence at several Leicestershire meetings and feed back information and initiatives to the PPG members and the practice. We liaise closely with other PPGs, the LLR ICB and the NWL GP Federation who run the NWL PCN.

An area in which some of the best PPG’s in LLR sometimes outperform us is in actively supporting patients through initiatives like walking groups, and befriending. However, we have not been able to find anyone who is prepared to lead on any of those activities.

**2. Proposed PPG objectives for 2024**

1. Meet every 3 months and publish the notes of our PPG meetings and actions on the practice website.
2. Review 2023 performance and agree objectives for 2024.
3. Retain minimum membership numbers at 13 and encourage all members to play an active part in the group, in line with our terms of reference.
4. Recruit 2 additional members who are IT connected, enthusiastic about the practice and prepared to take positive actions for the PPG and practice.
5. Review the NHS England Patient Survey for our practice and discuss any issues and appropriate actions with the practice manager to address any problem areas. Compare the performance of our practice with others in the area.
6. Write and submit a health information article monthly for the Whitwick and Thringstone Community Voice and arrange for it to be added to the section on health information on the website.
7. Continue to provide one or more representatives to the following meetings or events:

* Practice appraisal by the CQC, (if held)
* LLR ICB PPG Network
* Any LLR ICB meeting with patients
* NWL PCN PPG
* Loughborough Urgent Treatment Centre patient experience group (LUTC PEG)
* Any other relevant meetings or conferences that we become aware of.

**3.1 Comparison of the PPG's actions in 2023 against the PPG’s Objectives**

* *Meet every 3 months and publish the notes of our meetings and actions on the practice website.*

The PPG met on 12th January, 9th February, 20th April, and 14th September, in the health centre. Attendance was 7, 7, 8 & 11 members respectively. Roy’s structured agendas made the meetings effective, and the notes are on the practice website,

* *Review 2023 performance and agree objectives for 2024*.

This document fulfils this objective. It has been drafted by Paul, amended and agreed by all members and published on the practice website.

* *Retain membership numbers at 13 (minimum) and encourage all members to play an active part in the group in line with our terms of reference. Recruit 2 additional members who are IT connected, enthusiastic about the practice and prepared to take positive actions for the PPG.*

Membership started 2023 at 15 and we ended the year at 14. 2 members joined and 3 resigned. One member cannot attend meetings due to age and ill health. Another member is currently unwell, but we hope he will return to our meetings this year. All the members are IT connected and enthusiastic about the practice, and the majority are prepared to take some positive actions for the PPG.

* *Continue to provide one or more representatives to: -*
* *A Care Quality Commission (CQC) inspection*
* *LLR ICB PPG Network*
* *NWL PCN PPG*
* *Loughborough Urgent Treatment Centre Patient Experience Group* (*LUTC PEG)*
* *Any other relevant meetings or conferences that we become aware of.*

The last CQC inspection was in December 2021when on of our members met with the CQC. The assessment was “good”. There have not been any inspection this month.

Jenny has attended the meetings of the LUTC PEG that have been revitalised this year. She reported back to our PPG on new initiatives like using iPads for patients input their own symptoms for self-triage.

Paul attended the PPG Network meetings organised by the LLR ICB on 26 Jan, 23 February, 30 March, 27 April, 8 June, 27 July, 5 October, &t 30 November. All but 3 were online. He played an active part understanding and questioning the issues and developments and sharing the information with our PPG members.

Paul attended all the NWL PCN PPG meetings on 20 Feb, 17 April, 12 June, 29 August, 24 October & 12 December. He questioned and supported the NWL GP chief operating officer (COO), supported the other NWL PCN PPGs and cascaded the information to our PPG members.

Paul attended the LLR ICB Patient Safety Conference at Wigston on the 15 September and had a very useful discussion with directors of several health organisations like DHU. He also had the opportunity for a substantial discussion with Caroline Trevithick, interim CEO of LLR ICB, about winter preparedness of UHL.

Paul attended an online meeting and grading sessions on access to virtual wards on 15 November. This was organised by LLR ICB and Clinical Practice Research Datalink (CPRD) which is part of Medicines and Healthcare products Regulatory Agency (MHRA).

* *Challenge NHS Property about their poor energy management of the health centre and help to move NHS Property and the practice towards adopting a “greener” way of working.*

Lou has been trying to persuade NHS Property to make environmental improvements in line with their own policies, and to address their failure to appropriately manage Whitwick Health Centre. However, limited progress has been possible.

* *Undertake the practice’s patient survey of all the patients visiting the practice on a single day. Analyse the comments, identify any issues and discuss appropriate actions with the practice manager to mitigate any problem areas.*

We decided that our survey would be less statistically significant and unable to cover as many issues as the NHS National Patient Survey of all practices, which is carried out by an independent organisation for the NHS. Consequently, we decided to focus our attention on reviewing our practice’s results from the national survey, comparing them with those of other local practices and discussing the issues raised with the practice manager and the NWL GP Federation manager

* *Write and submit a health information article monthly for the Whitwick and Thringstone edition of the Community Voice.*

Karin wrote topical articles that were published in every edition of the Community Voice. In 2023 these covered:

* January How serious are palpitations?
* February Managing asthma
* March How to help your doctor to help you
* April How to look after your mental wellbeing
* May How social prescribing works
* June Where are we on vaccinations?
* July Mobile phone for health
* August Dementia carers
* Sept Menopause
* October Sepsis
* November Staying well in winter
* December Understanding coughs

Over the past seven years Karin has written 77 health education articles to the community voice, all of which have been being published.

**3.2 Comparison of the PPG's actions in 2023 against the terms of reference**

The terms of reference define the vision, objectives and deliverables of what has to be achieved. The PPG’s performance against the terms of reference is as follows:

3.2.1. ***Contribute to practice decision-making and consult on service development and provision***

Hope, the practice manager, developed a new and improved website and invited the PPG members to review it. The suggestions that we made were all accepted and implemented. The PPG section includes the PPG minutes, objectives, annual appraisal, a library of 25 of Karin’s health education articles and encouragement to join the PPG.

The practice is also considering building a new Health Centre, and Roy, Ray, Karin and Paul have suggested possible locations in Whitwick and Thringstone.

3.2.2. ***Provide feedback on patients’ needs, concerns and interest.***

We explained to the practice the difficulties patients were having in getting through on the phone and the difficulty getting an appointment. The practice took these issues seriously, installed a new cloud-based phone system that gave the caller their position in the queue and identified the caller to the practice by their phone number. This enabled them to prioritise vulnerable customers and display the patients details immediately the phone was answered. The practice ensures that sufficient staff are available to answer the phone, especially at busy times. The result is that patients are usually no more than second or third in the queue, and that most urgent cases are offered an appointment on the, day if they phone early in the morning.

We also reviewed the results from the NHS National Patient Survey, comparing them with those of other local practices and discussing the issues raised with the practice manager.

3.2.3. ***Challenge the practice constructively whenever necessary***

We raised the errors and some inappropriate aspects of the welcome phone message which the practice manager then shortened and made accurate and appropriate. We also pointed out that the follow-up text messages did not make clear whether the appointment was face-to-face or on the telephone. This was also quickly corrected. We provided continual and well-deserved support and encouragement to Hope, our excellent new practice manager, throughout the year.

3.2.4. ***Communicate information about the community which may affect health care***

Paul has asked the NWL GP Federation COO why so many NWL practices have opted out of being “research practices" and aren't providing data to MHRA’s CPRD, why several practices do not have PPGs in line with the NHS contract and what action is being taken to deal with the discrepancies between practices that are evident in the NHS patient surveys.

3.2.5. ***Give patients a voice in the organisation of their care***

When patients have contacted us with their concerns about arranging an appointment or organising treatment, we have explained the challenges that the health service and our practice are facing and the way the practice is structured to meet these challenges. This is usually about the way appointments are allocated or the receptionists signposting to the most appropriate clinician. If this does not address their problems, we encourage them to meet and discuss any ongoing concerns with the practice manager.

We have encouraged computer literate patients to use the NHS app or systmOnline to make appointments and view their history and test results. To help with this, Hope ran a workshop for PPG members to make them familiar with NHS app, systmOnline and Engage Consult, Karin wrote an article for the Community Voice on the subject and Hope will give support to patients who require it.

*3.*2.6 ***Promote good health and high levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine***

Karin has written 12 monthly articles for the Whitwick &Thringstone Community Voice on various health matters as detailed in section 3.1.

We arranged for LOROS to give a presentation to the PPG on 14 September and we put some LOROS literature in the waiting room to provide information to interested patients. Sarah planned to have a coffee morning in the health centre in November to raise funds for LOROS, but this had to be cancelled because of covid.

Paul cascaded the PowerPoint presentations from the PPG network and the PCN PPG to all the PPG members. These covered a wide range of issues explaining how healthcare is delivered locally. Paul encourages questions and is always available to answer them.

3.2.7. ***Influence the provision of secondary healthcare and social care***

Paul attended the online workshop on the 15th of November to consider the equality of access to the various virtual wards operating in UHL. This was run and conjunction with CPRD of the MHRA and consisted of a structured workshop with sub-groups that score various aspects of accessibility to the virtual wards.

3.2.8. ***Give feedback to NHS Trusts***

We were represented at all the LLR ICB/PPG Network Meetings and fed back our PPG’s concerns over the delays in cancer treatment exceeding two weeks to ICB managers. We also urged them to encourage practices that do not have a PPG to commit to forming one, in line with the GP contract.

Paul raised the concern of long delays in emergency treatment at UHL during the busiest periods with Caroline Trevithick the interim CEO of the ICB during a meeting with her on the 15th of September, and was assured that UHL had improved the patient flow through the hospitals and provided more facilities in A&E.

3.2.9. ***Liaise with other PPGs in the area***

Paul attended all the NWL PCN Locality PPG meetings in 2023 and played a proactive role managing the contact details and sharing best practice with the other NWL PPGs as well as sharing their ideas with our PPG.

By always attending the PPG Network Meetings we were also able to liaise with PPGs across Leicester Leicestershire and Rutland.

3.2.10. ***Appoint a Chair and Secretary annually***

Paul Siddals, Roy Hill & Sarah Storer were elected Chair, Secretary and Minute Secretary on 12 January 2023.

*Paul Siddals, Chair. 3.1.2024*