

Chapelgreen Practice



Patient Participation Group Terms of Reference

The Group shall be called the Chapelgreen Practice Patient Participation Group.

1. Aims of the Patient Participation Group (PPG)

- 1.1 To facilitate good relations between Chapelgreen Practice (referred to as the 'practice' throughout this document) and patients by communicating patient experience, interests and concerns and providing feedback to the practice on current procedures and proposed new developments. To build two-way communication and co-operation between the practice and patients, other individuals and organisations in healthcare, and the wider community to the mutual benefit of all.
- 1.2 To work collaboratively and positively with the practice to improve services and facilities for patients and to act as a sounding board for practice staff on issues affecting patients, this includes an allocated work stream agreed by both parties in line with the practice strategy.
- 1.3 To act as a representative group to support the practice and influence local provision of health and social care.
- 1.4 To raise funds for the practice to assist in the purchase of additional equipment and services for the benefit of patients. (Optional)

2. PPG Structure and Membership

- 2.1 Membership of the PPG shall be open to all registered patients. Membership will where possible (and actively sought) reflect the patient profile (see Appendix 4: Patient Profile) and where possible be widely representative and inclusive of different genders, ethnicities, ages and abilities as required in the GP contract.
- 2.2 All registered patients of the practice are automatically eligible to be members of the Chapelgreen Practice PPG. Removal of a patient from the practice list will mean that he/she will cease to be a member of the PPG.
- 2.3 The PPG will be non-political and non-sectarian, and will at all times respect diversity and exemplify its commitment to the principles contained within the Equality Act.
- 2.4 The carer of a patient registered with the practice can be a member of the PPG even if he or she is not a patient at the practice (following appropriate checks).

PPG and PPG Steering Group

- 2.5 The Chapelgreen Practice PPG shall elect officers from among the members of the PPG and they will be known as the Chapelgreen Practice PPG steering group. These will include Chair, Vice Chair, Secretary and, if needed, a Treasurer. Other posts may be created by the Annual General Meeting on a proposal from the PPG.
- 2.6 The PPG and the PPG steering group shall both hold regular meetings. To maintain an active PPG, any PPG member who fails to attend three consecutive PPG meetings may be deemed to have resigned from the active committee and will cease to receive direct communications. The PPG will extend an open invitation to practice staff to attend its meetings as agreed with the practice manager.
- 2.7 The PPG steering group shall normally not exceed twenty members. Between the Annual General Meetings, the PPG may co-opt individual members if needed to ensure that the PPG is fully representative of the patient community.

Virtual PPG

- 2.8 To support the PPG and extend its reach, the PPG will establish an online group to be called the Virtual Patient Participation Group (VPPG). Any patient may volunteer to join the VPPG. The PPG will regularly contact the VPPG in order to obtain their views on specific matters. A member of the PPG will be made responsible for liaising with the VPPG and ensure that no one is excluded. There will be a standing item on the PPG agenda reporting any key themes, issues or suggestions that have been identified by any member of the VPPG to help ensure its members are engaged. Notwithstanding the above, any patient may send views and suggestions directly to the PPG.
- 2.9 Members of the VPPG will follow the same Code of Conduct as those in the PPG that meets face-to-face (see Appendix 1: Code of Conduct). VPPG members who are able to volunteer at the practice will also sign and abide by the Confidentiality Agreement

3. Management of the Face-to-Face PPG and the Virtual PPG

- a) The PPG shall meet face-to-face no fewer than four times a year. The PPG committee may meet more regularly for planning purposes and liaison with the practice staff if required.
- b) In the absence of the Chair and Vice Chair, those members who are present shall elect a Chair from among the attendees.

- c) Meetings are subject to a quorum of three members of the PPG (to be reviewed annually at the AGM). Apologies for absence should be sent to the Secretary or Chair prior to the meeting. In the absence of any apologies or available explanation, any member recorded as not attending three consecutive meetings will be deemed to have resigned from the Face-to-Face PPG. The resulting vacancy can be offered to another registered patient.
- d) The PPG may invite relevant professionals or patients to specific meetings, after gaining approval by the practice. Any such persons shall respect the confidentiality of the PPG.
- e) Decisions shall be reached normally by consensus among those present. However, if a vote is required, decisions shall be made by simple majority of those present and voting. In the event of a tied outcome, the Chair may exercise a casting vote in addition to his/her deliberative vote. Consideration of the views of members of the VPPG will be taken into account;
- f) The Secretary shall produce minutes of meetings to be considered and approved at the following meeting of the PPG and subsequently be sent to members of PPG and VPPG and made available to all via email or hard copies displayed in the practice.
- g) (**OPTIONAL if funds involved**) The Treasurer (if applicable) shall be responsible for all income and expenditure affecting the organisation and for the presentation of accounts at the Annual General Meeting.

4. Annual General Meeting

- 4.1 Membership of the Face-to-Face PPG should be for no more than three years and elected at the Annual General Meeting. The same time limits shall apply to the terms of office of the officers. (**In the circumstance of having in excess of 20 members**).
- 4.2 The Chair of the PPG will convene an Annual General Meeting open to all registered patients and carers before the end of the selected month each year. The date, venue and time shall be published at least one month prior to the meeting by means of a notice in the surgery waiting room, social media and on the surgery website.
- 4.3 Any specific “officer” posts of the PPG Committee will become vacant on an annual basis with the option of self /other nomination for the positions and a process of voting by other members of the wider Face-to-Face PPG and Virtual PPG.
- 4.4 Officers of the PPG and members of any Working Group will ideally notify the Chair at least one month prior to the date of a convened Annual General Meeting if they intend to step down from their position. Membership and the appointment of specific roles will be agreed at the Annual General Meeting.

- 4.5 Any member of the PPG who wishes to nominate him/herself for an “officer” position on the steering group or working group, such as Chair or Secretary or any other official role, should advise the incumbent Chair of their proposed intentions at least two weeks prior to any Annual General Meeting. This should be by submission of a completed Nomination Form endorsed by two existing PPG members.

5. Confidentiality

- 5.1 All members of the PPG (including the Face-to-Face and Virtual Groups) must be made aware of the need to maintain absolute patient confidentiality at all times. Any member whose work on behalf of the PPG includes work in the practice or consulting with other patients or members of the public should sign and return a copy of the practice's Confidentiality agreement before undertaking any such activity.

6. Code of Conduct

All PPG members must abide by the Code of Conduct shown at Appendix 1.

7. Activities of the PPG

The PPG will:

- a) Make reasonable efforts during each financial year to review its membership in order to ensure that it is representative of the registered patients in the practice.
- b) Obtain the views of patients who have attended the practice about the services delivered by the practice and obtain feedback from its registered patients about those services.
- c) Review any feedback received about the services delivered by the practice with practice staff and relevant members of the PPG with a view to agreeing the improvements (if any) to be made to those services.
- d) Contribute to decision-making at the practice and consult on service development and provision where appropriate, expressing opinions on these matters on behalf of patients. However, the final decisions on service delivery rest with the practice.
- e) Act as a sounding board to provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary, also helping patients to understand the practice viewpoint.
- f) Communicate information which may promote or assist with health or social care.

- g) Explore overarching ideas and issues identified in patient surveys.
- h) Maintain a PPG area in the waiting room of the surgery with up-to-date information on current activities and opportunities for patients to comment(e.g., via a suggestion box). The PPG will, where possible, regularly meet and greet and engage with patients in the waiting area.
- i) Act as a forum for staff to raise practice issues affecting patients, or for input into any operational issues affecting staff, so that patients can have their views on practice matters taken into account.
- j) Act as a forum for ideas on health promotion and self-care and support activities within the practice to promote healthy lifestyle choices.
- k) Raise patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.

8. Signed agreement

These Terms of Reference were adopted by Chapelgreen Practice PPG at the meeting held at (venue / date) and may be reviewed according to emerging needs.

Signed by:PPG Chair
 Dated
 AndGeneral Practice representative.
 Dated.....

Appendix 1

PPG Code of Conduct

The PPG Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian, at all times respecting diversity and exemplifying its commitment to the principles contained within the Equality Act.

All Members of the PPG (including the Virtual PPG) make this commitment:

- A. To respect practice and patient confidentiality at all times.
- B. To treat each other with mutual respect and act and contribute in a manner that is in the best interests of all patients.
- C. To be open and flexible and to listen and support each other.
- D. To abide by the seven Nolan Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.
- E. Not to use the PPG as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
- F. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
- G. Otherwise to abide by principles of good meeting practice, for example:
 - 1. Reading papers in advance
 - 2. Arriving on time
 - 3. Switching mobile phones to silent
 - 4. Allowing others to speak and be heard/respected

Appendix2

Sample meeting agenda

Chapelgreen Practice PPG

Meeting/Annual General Meeting

Day/Month/Year | Venue | TIME (allocate time per item)

1. Apologies for absence
2. Approval and adoption of pre-circulated minutes of day/month/year
3. Matters arising
4. List items for discussion (to include update on finances, if appropriate, and feedback from Virtual PPG)
5. Review of Action Plan
6. Any Other Business, including topics introduced by the chair/group
7. Date of next meeting: Day/Month/Time
8. Meeting to close by 00:00

If you are unable to attend please contact:

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Appendix 3 Equality

Equality Act 2010

Q: What is the purpose of the Act?

A: The Equality Act 2010 brings together a number of existing laws into one place. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. Simplifying legislation and harmonising protection for all of the characteristics covered will help Britain become a fairer society, improve public services, and help business perform well. A copy of the Equality Act 2010 and the Explanatory Notes that accompany it can be found on the [Home Office website](#)

Q: Who is protected by the Act?

A: Everyone in Britain is protected by the Act. The "protected characteristics" under the Act are (in alphabetical order):

- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Gender

Sexual orientation <https://www.gov.uk/equality-act-2010-guidance>

Appendix 4 Patient Profile

Age Profile

20-29 10.4%

30-39 11.1%

40-49 12.6%

50-59 14.5%

60+ 32.1%

Sex Profile

Male 49.6%

Female 50.4%

Ethnicity Profile

British or Mixed British 78.3%

African/Caribbean 0.9%

Indian/Pakistani/Asian 0.9%

Any other Background 0.5%

Not Stated 19.4%