

Patient Participation Group

Terms of Reference

The Group shall be called the Fern House Patient Participation Group.

1. Aims of the Patient Participation Group (PPG)

1.1 To facilitate good relations between the GP 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.

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.

1.3 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.

1.4 To act as a representative group to support the practice and influence local provision of health and social care.

1.5 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 reflect the patient profile and 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 members of the Fern House PPG. Removal of a patient from the patient 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.

PPG and PPG Committee

2.5 The Fern House PPG shall elect officers from among the members of the PPG and they will be known as the Fern House PPG committee. 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 committee 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. The PPG will extend an open invitation to practice staff to attend its meetings as agreed with the practice manager.

2.7 The PPG 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 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 A: 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

3.1 The PPG shall meet face to face no fewer than (2 -4) times a year. The PPG committee may meet more regularly for planning purposes and liaison with the practice staff if required.

3.2 In the absence of the Chair and Vice Chair, those members who are present shall elect a Chair from among the attendees.

3.3 Meetings are subject to a quorum of five members of the PPG. 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.

3.4 The PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.

3.5 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 considered.

3.6 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.

4. Annual General Meeting

4.1 Terms of Office of the officers should be for no more than three years and elected at the Annual General Meeting.

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 local media, in the surgery waiting room 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 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 committee 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 always maintain absolute patient confidentiality. 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. A sample Confidentiality document with declaration can be found in the PPG Information and Support Pack (Document 9) if one not already available in the practice.

6. Code of Conduct

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

7. Activities of the PPG

As required in the GP Contract 2015/16 sections 5.2.1 to 5.2.6, the PPG will:

7.1 Make reasonable efforts during each financial year to review its membership to ensure that it is representative of the registered patients in the practice.

7.2 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.

7.3 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.

7.4 Contribute to decision-making at the practice and consult on service development provision where appropriate, expressing opinions on these matters on behalf of patients. However, the final decisions on service delivery rest with the practice.

7.5 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.

7.6 Communicate information which may promote or assist with health or social care.

7.7 Explore overarching ideas and issues identified in patient surveys.

7.8 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.

7.9 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 considered.

7.10 Act as a forum for ideas on health promotion and self-care and support activities within the practice to promote healthy lifestyle choices.

7.11 Raise patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.