

Dr H N Choudhary
Chase & Heath Hayes Practices
Patient Participation Group Terms of Reference

1. Introduction

General Practices have a responsibility to involve patients in relevant issues relating to the practice and to respond appropriately to patients' views and experiences.

Following the introduction of Practice Based Commissioning, GP practices also have a legal duty to engage with their patients in order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population.

The key roles of the group are to bring together patients, doctors, practice staff and local commissioners to:

- promote the wellbeing of patients and support the practice to provide a high quality of care and service delivery
- provide a locality support process for commissioners so that local needs can be identified

2. Role and Remit

The PPG will enable the practice to communicate and build positive relationships with its patient population. The core objectives of the PPG will be to:

- Facilitate and enable dialogue between patients and the practice team and promote patient involvement in the practice
- Facilitate debate among local residents and workers concerning health needs, health priorities and current service provision (In general this will need to be focussed on a specified geographical area, but also be aware of the South Staffordshire-wide agenda and issues that affect other commissioning groups)
- Provide a framework for the input of information relating to health commissioning priorities. A member may be co-opted onto the Cannock Chase District Patient Group (or equivalent) that meets every two months.
- Collect feedback from the community about current health service provision and suggestions concerning gaps and how services could be improved
- Ensure the needs and interests of all patient groups are taken into consideration - including people with specific illnesses or conditions, people with a disability and people from minority ethnic groups
- Ensure patients' needs are considered in the development of the practice systems e.g. appointment systems and telephone systems, providing information about and promoting understanding of such system amongst patients
- Support the Practice to achieve its health promotion aims
- Review and where appropriate provide advice and recommendations on the Practice's annual patient survey

3. Membership

The membership of the PPG will include:

- patient representatives
- GP Partner and other doctor representative
- representatives from the practice team: the Practice Manager and a person from the admin team
- representative from the commissioning group

Patient membership will be open to anyone registered with the practice.

Patient members do not need to represent other interest groups but efforts will be made to ensure a spread of membership in terms of age and gender.

4. Meetings

Meetings will be held at least 3 times a year and notice of meetings will be given at least 28 days beforehand.

Dates of meetings will be publicised in the practice waiting areas where a copy of the Group's minutes will be displayed for patients to read.

5. Management of Meetings

The group will initially be chaired by a practice representative although this can be delegated to a patient representative as the Group becomes established. For example, a practice representative, patient representative, chair and vice-chair will be appointed annually by the Group.

Meetings will be held on an alternating basis in one of the Practice premises.

A representative from the practice team will attend meetings to take minutes and organise agendas and papers

All members of the group will be contacted in advance and invited to raise items to be placed on the agenda

All patient representatives should contact the practice manager with any questions or issues

All members will be expected to respect rules of confidentiality and not discuss personal or sensitive information outside a meeting

6. Quorum and Decision-Making

At Group meetings a quorum will consist of 5 members. The PPG will aim wherever possible to reach decision by consensus. Where this is not possible the view held by the majority of those present will be the view that is agreed and taken forward by the group.

Amendment 1. 2015

In the event that a Serving Officer has been unable to fulfil their role for more than 2 Meetings, and has been unable or failed to communicate with the Committee with acceptable reason, for those 2 Meetings or more, the Committee, subject to Unanimous Agreement of The Practice and other Serving Members, will hold that that Officer be considered to have Resigned their Post.

Formal notification of such decision will be made in writing to the last recorded address of the defaulting Officer and will be considered Served on Posting.

Updated: November 2015