

R A T I F I E D

The Headcorn Surgery - Patient Participation Group

Terms of Reference Document

Key information (Not Ordered in Priority: every point matters)

Role

- To work with the practice to recognise the patient list diversity and represent their views and needs
- To provide both support and challenge to Headcorn Surgery in representation of it's patients views and needs
- To constructively - consider, review and challenge the practice on findings for improvement on both CQC inspections and localised patient surveys / assessments on behalf of patients
- To work constructively together with regard and respect for varying views and opinions
- To be committed to working collaboratively, cohesively and respectfully as a group, displaying a team spirit
- To have regard for the seven principles of standards in public life – Nolan Principles
- To support the Chair in their role
- To actively influence and contribute to publicising the work of the practice and in particular, new or reformed services and/or their delivery
- To act in the interests of patients to ensure communication/information/feedback is relayed both in a timely and effective way
- Proactively seek to communicate and share health & well-being information with both patients and wider audiences
- To work in collaboration with the Social-Prescriber(s) of our network, as and where appropriate
- To ensure the '**patient Voice**' is part of the process of planning, implementing and reviewing new and reformed services by: contributing to: producing and reviewing patient surveys, patient impact assessments (PIAs), literature, articles and distribute through various media on-line and public locations relevant to our practice geography
- To work in collaboration with our partner PPGs through The Ridge Network Chairs' Group to: support sub-group working, publicity reach, events, talks, and network specific projects e.g. network patient surveys – enabling the voice of Headcorn patients to influence network decisions
- Prioritise timely review of our PPG pages within our practice website and influence that of our networks website through our Chair
- Make recommendation and suggestion to both our practice and network with regard to content for wider patient information
- To maintain our patient suggestion box & noticeboard within the practice waiting area and raise any issues with the practice

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- To facilitate through inception, supporting thereafter through guidance, any sub-group(s) formed by the PPG
- To be proactive sharing survey outcomes with our network Chairs' group to inform network decisions on behalf of patients
- To endeavour to effect **positive culture change** with and for patients: working collaboratively with patients, citizens and professionals to achieve a *"You said – We did"* NHSE system approach, alongside, Social Cares, *"no decision about me, without me"*

Membership:

Membership is reliant upon being registered as a patient at the practice

- Officers of the PPG, will be a Chairperson, Deputy and/or Secretary
- Members work with the practice to endeavour to recruit / retain a diverse membership, reflecting the community it serves
- Any patient of the practice from 16 years upwards can be a member
- The practice, or members can approach and recommend patients to the PPG
- Participation of patients under 16yrs, will be considered on specific sub-groups, projects, talks, or events, where parents give their consent. An example, but not exclusive: services impacting younger people.
- Members agree to support any young person, for the duration of working with the PPG, with an offer of shadowing support
- Patients expressing an interest, by whatever referral route, should be directed to the Chair in the first instance
- Potential new members will be invited to attend an initial meeting as a "guest" and provided with a copy of both GDPR/Privacy Policy & Consent Form of the PPG
- Any member wishing to stand-down from the group, will notify the Chair, with as much notice as possible and agrees to adhere to our privacy policy
- All members are eligible to declare an interest in any role of the PPG, by submitting no later than two weeks in advance of an AGM, their **"expression of interest"** to the Chair, who will circulate with papers to the members, for their consideration
- Members will notify the Chair either in advance of meetings, or commencing, of any known conflict of interests
- Members will provide apologies in advance of any meeting they are unable to attend, to the Chair, *(if no Secretary or Deputy is in post)*

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Meeting
frequency

&

Behaviours

(including:
Committee/AGM
Special)

Meetings will be held Bi-Monthly at the Headcorn Community Hall: (once every two months)

- Frequency beyond this will be by prior notice - agreed by the group /practice and circulated by the Chair
- Notification of dates and times will be served a minimum of seven days in advance by the Chair, unless deemed an emergency
- A minimum of four meetings a year should be held
- All members will be expected to attend a minimum of three meetings a year, unless exceptional circumstances apply
- Any “personal or sensitive” information disclosed by a member at a meeting, whether deliberately, or inadvertently, will not be repeated without seeking confirmation from the member making it.
- Any member concerned about the recording of information they have disclosed, within the minutes, which they deem sensitive or personal, should request for it’s withdrawal at the time of it’s disclosure, or very shortly after, to the Chair
- Minutes will be compiled and registered by the Chair with the practice, once approved at the subsequent meeting, *(if without Secretary or Deputy)*
- Minutes are logged on the PPG pages of the practice website, by the practice
- All finances of the PPG shall be processed by the practice unless by prior agreement
- No expenditure will be incurred without agreement of the practice
- The practice will provide a report on expenditure to the AGM, for the PPGs consideration, *(should any have been incurred)*
- Any sub-group(s) of the PPG will provide a report to each meeting and at the AGM provide an annual finance report, *(if relevant)*
- The ToR will be reviewed annually at the AGM.
- Any recommendations regarding alterations to the ToR, will be received by the Chair in writing, no later than two weeks before the AGM and circulated with the agenda.
- Ratification of all decisions is by majority. The Chair holding a casting vote
- An AGM will be held once a year, at the same venue, unless anticipated attendance is higher than capacity.
- The AGM will be advertised 14 days prior, both within the practice and in prominent positions within the community (a minimum of 3 locations) both electronically and on public noticeboards
- The AGMs purpose is to report and reflect on the previous years work. To appoint the groups officers, receive an annual report from the practice and PPG sub-group(s). Also to discuss the focus for the group in the forthcoming year
- Any Special meetings will be called in exceptional circumstances and by request of no less than one third of the membership
- Special general meetings will be advertised (as all meetings – 14 days beforehand, both within the practice and the website).
- If the group needs to consider dissolution of the group, it will call a special general meeting
- If a decision to dissolve is confirmed by a majority vote, it will be logged in writing with the practice
- Any assets outstanding will be applied to conclude any outstanding debt or liabilities. Any assets thereafter, will be applied for

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the benefit of patients of the practice, as the practice determines

Also in attendance

The practice attends the meetings by providing a representative member, (Caroline Smith). A GP nominated by the practice will endeavour to attend meetings throughout the year

By Invitation:

- Guest Speakers will be invited by the Chair on behalf of the members
- Practice and network staff, e.g. GPs, CD, social prescriber(s), nurses and / or support staff
- PPG members from the network(s) including the Chairs' Group
- Stakeholders: e.g. health & social care professionals, VCSOs, patient/lay reps of the ICP/ICS

Quorum

- A Quorum will be **4 Members** of the group in attendance, which includes Special, or Annual General Meetings (Not including any practice staff in attendance)
- A member holds one vote and decisions are reached by majority of those present
- The Chair holds a casting vote, when voting leads to any division in decisions

Chair

- The Chair will provide leadership to the group
- The Chair will facilitate and support the membership by being their champion
- The Chair will strive to ensure the voice of the group is carried – from within the PPG, The Ridge PCN, ICP & through strategic patient & professional groups of the ICS and wider community stakeholders, by attending meetings and events on its behalf
- The Chair will prepare and invites members to propose items for the agenda, a minimum of two weeks prior to meetings
- The Chair will seek approval of the minutes with the membership, and when appropriate the practice
- The Chair will keep the practice representative, (*Caroline Smith*) informed of the work of the group and decisions
- The Chair will invite guests to meetings on behalf of the members
- The Chair will act as the conduit for effective and efficient flow of information between the group and the practice
- The Chair will support the membership to work cohesively and effectively as a group and will be its spokesperson

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- The Chair, if to be absent, will in advance, appoint a deputy, (*if a secretary, or deputy is not in post*) - in consultation with the group, prior to any forthcoming meeting(s)
- If the Chair is unable to attend at short notice, the membership will appoint one from their number to Chair the meeting
- Members will take any “**matters of concern**” to the Chair. Should that relate to the Chair, then a representative of the group will be nominated to approach the Chair, if unresolved, they have the authority to approach the practice, for their consideration
- The Chairs role, along with all other roles, will be ratified each year
- The current Chairs’ intent to stand-down, must be disclosed six weeks prior to the AGM, to the membership in writing
- Nominees from the group may be proposed one month in advance of the groups AGM through the Chair, but as a minimum the Chair must receive nominations from members within two weeks of the AGM, for circulation with the AGM papers. They need to provide a written, “**expression of interest**” detailing their reasons, skills and time they could bring to the role
- The above applies to any role within the PPG e.g. Secretary or Deputy
- A member may stand for 4 consecutive years in a position
- Ratification of a Chair is based upon a ‘**majority decision**’ – if not established, then members will be asked to “**express their interest as a candidate**” as indicated above, to the next meeting
- Should the PPG fail to appoint – until such time it has, the PPG will nominate from the membership, a Chair at meetings
- Should the PPG fail to appoint to the Secretary or Deputy role, the Chair will fulfil those duties

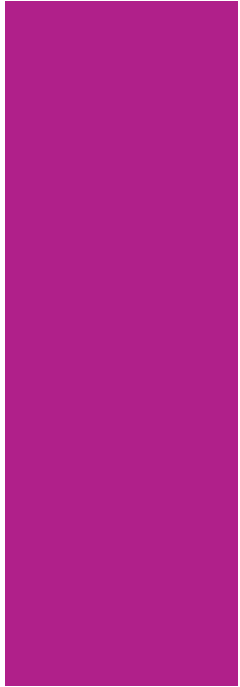
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- The group will work collectively and abide by majority decisions of the group
- The group agree to work collaboratively as a group and with their network PPGs Chairs group, to inform and engage patients on network services and information
- The group will support the Chair in their leadership & facilitation of the group
- Members will use the group as the forum to discuss initial individual proposals of work, or projects intended to proceed as PPG initiatives.
- Priority proposals to be recommended to the network of PPGs – will be conveyed by the Chair on the groups behalf – proposals confirmed, will come under the umbrella of the network
- PPGs own individual initiatives and authority will not be overseen / governed by the PCN group, but could be, if at any point becoming part of the network activity
- The group will receive proposals / updates / information at meetings, by the Chair, on behalf of the network and the practice
- The members agree to receive updates/information between meetings, but endeavours to keep this to a minimum will be strived for by all and supported by the Chair
- All members agree to work within the Privacy Policy forming part of the practice GDPR Policy
- The group may create and support community sub-groups e.g. Singing for Health Group
- Any sub-groups of the PPG will provide an update report to its meetings
- The group has the power to constitute sub-groups / task and finish groups – such groups could work on individual projects or programmes of work informing the core group. These may include, by agreement, external parties called advisors; e.g. network PPG members with specific experience, or skills, professionals or stakeholders
- No “**Advisor**” to the group, will have voting powers, or decision making rights, or responsibilities
- The PPG is committed to ensuring they treat patients, carers’ the public, VCOSs, health and social care professionals, fairly, equitably and reasonably and that there is no discrimination against Individuals, or group participation on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. The PPG will endeavour, when working with wider groups, sub-groups, or supporting workshops and working in partnership, that these principles are supported. Likewise, wherever in their power, work to include “**hard to reach groups**” and deploy methods of engagement designed to expanded, not contract, inclusion
- The PPG may upon occasion, be privy to confidential information. Discussions around such information may not always result in any changes, or decisions; therefore, sharing information outside of PPG meetings could be highly contentious. It is paramount that information about services both nationally and locally is correct before sharing. This avoids misinterpretation and the

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potential for alarmist, or harmful reporting by the media, or through word of mouth. The PPG is therefore required to respect the confidential nature of disclosures alerted to the group as “*sensitive.*” Should a member be unsure if information shared is sensitive, and therefore cannot at this time be shared, please seek clarification from the Chair, or the practice