

## **Arran Medical Group PPG Terms of Reference**

### **1. INTRODUCTION**

#### **1.1. Purpose of the document**

The purpose of this document is to set out the scope of the Patient Participation Group and provide guidance on how the group will function.

#### **1.2. Underlying principles of the group**

The Patient Participation Group will promote positive change in health services for the local community by adopting the following key principles:

- Openness
- Honesty
- Transparency
- Listening to one another and doing what we say we will
- Agreed and consistent ways of giving and receiving feedback
- Learning from each other and respecting each other's contributions, and
- Joint commitment to ongoing health improvement.

#### **1.3. Scope of the group**

- Create a Patient Participation Group that is representative, equitable and, where possible, covers all sections of the practice population.
- Discuss and agree action plan with the practice. The plan should contribute to practice decision making and service provision and development.
- Provide feedback on patients' needs, concerns and interest and challenge the practice constructively whenever necessary.
- Assist the practice and its patients by arranging voluntary groups/support within the community.
- On behalf of the practice, communicate information about the community that may affect healthcare.
- Give patients a voice in the organisation and delivery of their healthcare.
- Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventative medicine.
- Assist in the provision of secondary healthcare and social care locally.

## **2. ROLES, RESPONSIBILITIES AND CODE OF CONDUCT**

### **2.1. General membership**

- Application to the Patient Participation Group will be open to any patients of the practice.
- The term of membership will be for two years in the first instance.
- Individual members contact details will be stored on a database and will be kept in line with data protection guidelines.
- Any potential conflicts of interests should be declared by members.

### **2.2. Expected outcomes**

- Mutually enhanced health provision.
- Better informed public.
- Improved communication between practice and its patients.
- Increased public representation on decision-making bodies for health services.

### **2.3. Selection of chairperson**

Selection Process: Nominations will be taken and in the event of more than two nominees for the positions then members will secret vote. The chairperson position will be awarded to the nominee with the highest number of votes.

Term of Office: The length of the term of office to be agreed by the members by democratic process. The group may also ask the chairperson to step down before their term ends where the agreed code of conduct/working agreement has been breached.

### **2.4. Code of conduct**

It is important that members can contact each other in between meetings. This will be done by providing members with each other's contact details, as agreed by each individual.

The pace of the discussion/activity should be determined by the group.

It is recognised that members will be from all walks of life and therefore experiences and subsequent views will be varied across the group. Each member is expected to respect the views of other members, while accepting they may not necessarily agree with these.

The members need to recognise the importance of fostering an environment where individual members feel confident in expressing their own views, in the knowledge that they will be listened to.

Informal chatting before and after a meeting is a useful way for members to get to know one another, however, when a meeting is in progress this is deemed unacceptable.

Members need to appreciate that sometimes, for a variety of reasons, members are not able to actively contribute to discussions. Sometimes people will need to take timeout of a meeting and this is acceptable.

### **3. MEETING ARRANGEMENTS**

#### **3.1. Frequency**

This will be as required and agreed by the practice and the group.

#### **3.2. Duration**

The meeting will be set for a maximum one and half hour period unless otherwise agreed.

#### **3.3. Times**

As agreed by group members.

#### **3.4. Venue**

The meetings will be held at the practice.

#### **3.5. Agenda**

The agenda and previous minute should be received two weeks in advance allowing time for the members to receive and read the information.

Any items to be included in the agenda should be sent to the chairperson and administrator in advance of the agenda being issued.

#### **3.6. Meeting chair arrangements**

It will be the responsibility of the chairperson to chair the meeting in a responsible and accountable fashion with the interests of the group in mind.

With the full knowledge of its members, respond to letters and invitations on behalf of the group and sign off on any official correspondence on behalf of the group.

Liaise with the group administrator to compile agendas and check minutes of meetings before distribution.

#### **3.7. Minute/Action points and reports**

Key points, agreed actions and full names of responsible people will be the agreed approach.

Minutes will be taken by the person providing administration support to the group.

Information presented in minutes and reports is expected to be understandable and as far as is possible, jargon free.

#### **4. ACCESS TO INFORMATION AND APPROPRIATE USE OF INFORMATION**

**4.1.** Members will ensure proper use and handling of information e.g. confidentiality, data protection etc. This will be undertaken in accordance with the General Data Protection Act 2018.

**4.2.** The practice needs to support the members with the provision of information and this will include information being available in different formats e.g. websites etc.

**4.3.** Where information is deemed to be confidential, the practice should make this known to the members.

#### **5. SUPPORT FOR THE PATIENT PARTICIPATION GROUP**

##### **5.1. Administrative support**

Administrative support should will be provided by the practice and will cover:

- Be the point of access and focus for communications – this will include access to the members by members of the public.
- Produce the agreed agenda and minutes.
- Arrange meetings (venue, refreshments etc).
- Process claim forms.
- Ensure web-based information is maintained and kept up to date.
- Collect and disseminate information as and when required.
- Attend meetings to take minutes.

##### **5.2. Financial support**

Financial support is to include all administration, publicity development and training costs. All barriers to participation should be removed.

##### **5.3. Training and development for Patient Participation Group members**

The practice needs to respond to the identified development needs, which the members may have.

#### **6. COMMITMENT TO EQUALITY AND DIVERSITY**

**6.1.** The practice will encourage representation of people from diverse backgrounds, but where this is not possible strategies will be put in place to support communication and participation through links with established community groups in the practice locality.

#### **7. REVIEW OF THIS AGREEMENT**

**7.1.** The agreement will be a standing agenda item.

Note: The group is not a channel for raising individual complaints. The practice has a formal complaints procedure for individual complaints. Also, individual members of the Public Partnership Group must not act on behalf of the group, except where agreed by the majority of members.