

Keyworth Medical Practice Patient Participation Group Terms of Reference 2018

Purpose of the group

The group is a patient participation group which provides an effective and active link between the Keyworth Medical Practice and its patient population, to the benefit of both patients and staff.

Terms of Reference

To provide a patient perspective to the Keyworth Medical Practice on: -

- Services provided by the practice
- The quality of those services
- Gaps in service provision

To consider the impact on the patient population, of the Keyworth Medical Practice, of any proposed changes to services commissioned by NHS Rushcliffe Clinical Commissioning Group (CCG). These changes include new services, changes to services or decommissioning of existing services.

The group will contribute to, and be kept informed of, practice decisions.

To suggest possible changes to existing services, or new services that would benefit the local population and to provide the patient perspective when new services are being considered by the practice.

To seek out the views of patient groups that may not be represented by the Patient Participation Group members (PPG), where necessary, and liaise with other relevant community groups in the villages.

To continue to develop a virtual PPG group for long term use to build into an effective 'real' patient participation group within the practice. The 'real' group will play a role in discussing the feedback it receives from the 'virtual' group and will communicate any changes the practice makes in response to that feedback to the 'virtual' group.

Review, and comment on, the results of patient audits relating to the quality of service provided by the practice.

To inform patients of their responsibilities as patients within the NHS.

Support the practice in delivering their health education role.

Support and assist the Keyworth Medical Practice in National Health drives, e.g. Flu clinics, information displays, etc.

Liaise with other Patient Participation Groups, particularly in the Nottinghamshire area.

Provide patient information informing patients of the work carried out by the PPG, by means of: -

- Quarterly Newsletters – distributed by email, made available at the surgery and various shops / outlets throughout Keyworth and surrounding villages and on the PPG page of the practice website
- Information on the PPG page of practice website
- Displays in the waiting areas of the practice
- PPG Facebook page

The group will not be involved with patient complaints concerning medical treatment or care, which should be referred to the Keyworth Medical Practice in line with their complaints procedure. The PPG have a complaints policy for complaints within the PPG and each member has a copy of this. The PPG would welcome any suggestions or ideas for improvement from patients.

Racism and discrimination of any kind will not be tolerated.

The accountability of the group will be to the Keyworth Medical Practice.

The chair will be proposed, seconded and voted for by group members.
The terms of reference will be reviewed annually.

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Eligibility

1. No formal qualifications are required.
2. Membership of the Group shall be free and open to all registered Patients of the Practice aged 16 and over. However, to comply with current legislation, anyone below the age of 18 will be asked to provide their date of birth to us and we will inform their parents/guardians of their decision to join the PPG.
3. Not be a current or past employee of the Keyworth Medical Practice.
4. Not be currently involved with a complaint against the Keyworth Medical Practice.
5. Be able to commit time to the role, including attendance at meetings and reading associated documents.

Meetings

1. To be held approximately every 6 weeks.
2. The meeting will last approximately 90 minutes.
3. The PPG will hold meetings on a range of days/times to ensure maximum participation.
4. Dates will be set for meetings in advance, where possible.
5. Each meeting will have an agenda.
6. Members are encouraged to contact the Chair with items to be included on the agenda in a timely fashion.
7. Members are asked to read information sent to them that is to be an agenda item, before the meeting.
8. Communication will be by email where possible, but members without this facility will have paper copies delivered.
9. Members to send apologies if they are unable to attend.
10. Minutes will be provided following the meeting.
11. Minutes are not final and should not be discussed outside the PPG until agreed at the following meeting.

Responsibilities of group members

The group member must: -

1. Have commitment to the PPG.
2. Regularly attend meetings, (where the meeting times fit with work & family responsibilities.)
3. Have an understanding that it is not a platform for airing personal grievances with the practice.
4. Commit to undertaking responsibilities that they have time for.
5. Be able to collaborate with others to achieve common goals, by building relationships, openly exchanging views and contributing relevant information.
6. Be able to see the bigger picture and evaluate the impact of decisions on others, on the wider community and over time.
7. Be able to think beyond their own needs and to include the views of other patient groups.
8. Be able to contribute constructively to challenging debate.
9. Be able to contribute to the development of a culture that promotes equality and values diversity.
10. Respond to emails and requests for feedback in a timely manner.
11. Be prepared to take minutes at meetings when required.

Confidentiality

1. PPG members will not be given confidential patient information.
2. Whilst carrying out any PPG activities within the practice, members will not divulge any information from that visit regarding individual patients to anyone.
3. In PPG meetings information, which has been stated to be confidential or sensitive will not be discussed outside the meetings.
4. Details of virtual PPG members to be confidential and used for statistic and communication purposes only.
5. All members must sign a confidentiality agreement with the practice.

I _____ understand and agree to abide by the Terms of Reference

of the Keyworth Medical Practice Patient Participation Group

Signature _____ Date _____

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