**The Bovey Tracey and Chudleigh Practice**

**Patient Participation Group**

**Terms of Reference**

**Title of the Group:**

The Group shall be called the “**Riverside and Tower House Patient Participation Group**”. It may be affiliated to other organisations with similar objectives.

1. **Aims of the Patient Participation Group:**
   1. To facilitate good relations between the GP practice and patients by communicating patient experience, interests and concerns and providing feedback to the practice on current procedures and proposed new developments.
   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.
   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.
   4. To act as a representative group to support the practice and influence local provision of health and social care.
2. **PPG Structure and Membership:**
   1. Membership of the PPG shall be open to all registered patients and their Carers.
   2. 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.
   3. Removal of a patient from the patient list will mean that he/she will cease to be eligible to be a member.
   4. 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.
   5. Carers of patients registered with the practice do not have to be registered patients of the practice themselves.

**Core PPG:**

* 1. The Core PPG shall normally not exceed 20 members. Between the Annual General Meetings, the C.PPG may co-opt individual members if needed to ensure it is fully representative of the patient community. The main function of the Core PPG is to formulate and encourage the aims listed at Section 1 above.
  2. The C.PPG shall elect officers from among the members of the PPG .
  3. This will include a Chair and Co-Chair (if practicable from different practice sites), and Secretary. Other posts may be created by the AGM on a proposal from the PPG.
  4. The C.PPG shall hold regular meetings. To maintain active C.PPG membership, any member who fails without given reason to attend three consecutive C. PPG meetings may be deemed to have resigned.
  5. The C.PPG extends an open invitation to practice staff to attend its meetings as agreed with the practice manager.
  6. The C.PPG will contact the PPG members in order to obtain their views on specific matters.
  7. The secretary will be responsible for liaising with the PPG membership via email to ensure that no one is excluded.
  8. There will be standing items on the C.PPG agenda reporting any key themes, issues or suggestions that have been identified by any member of the PPG to help ensure its members are engaged. Notwithstanding the above, any patient may send views and suggestions directly to the C.PPG.

1. **Management of the Core PPG:**
   1. The C.PPG shall meet face-to-face no fewer than four times a year, and may meet more regularly for planning purposes and liaison with the practice staff if required.
   2. In the absence of the Chair and Co-Chair, those members that are present shall elect a Chair from among the attendees.
   3. Meetings are subject to a quorum of five members of the C.PPG.
   4. Apologies for absence should be sent to the Secretary or Chair prior to the meeting. In absence of any apologies or available explanation, any member recorded as not attending three consecutive meetings will be deemed to have resigned from the C.PPG. The resulting vacancy can be offered to another registered patient.
   5. The C.PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.
   6. 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.
   7. The agenda will have the following standing items to reflect the core purpose of the PPG:
2. *Report on key themes, issues or suggestions that have been identified by any member of the PPG to help ensure members are engaged.*
3. *Review any patient feedback about the services delivered by the practice.*

* *Friends and Family Test*
* *Suggestion Box*
* *NHS Choices*

1. *Feedback from Patient Participation Locality Forum* 
   1. Other items can be added to the agenda by the PPG membership or other Core Group members. Each Core Group meeting is preceded by an agenda meeting to facilitate this process.
   2. The Secretary shall produce minutes of meetings to be considered and approved at the following meeting of the C.PPG and subsequently be available to all via the practice website and hard copies displayed in the PPG folders in each surgery.
2. **Annual General Meeting**
   1. Membership of the C.PPG should normally be for no more than three years and elected at the Annual General Meeting. The same time limits shall apply to the terms of office of the officers.
   2. The Chair of the C.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 email, in the surgery waiting room and on the surgery website.
   3. Any specific “officer” posts of the C.PPG 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 C.PPG.
   4. Officers of the C.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.
   5. Any member of the C.PPG who wishes to nominate him/herself for an “officer” position on the C.PPG, 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.
3. **Confidentiality**
   1. All members of the C.PPG must be made aware of the need to maintain absolute patient confidentiality at all times. Any member whose work on behalf of the C.PPG includes work in the practice or consulting with other patients or member of the public should sign and return a copy of the practice’s Confidentiality Agreement before undertaking any such activity.
4. **Code of Conduct**
   1. All PPG members must abide by the Code of Conduct

(Appendix A).

1. **Activities of the PPG**

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

* 1. Make reasonable efforts during each financial year to review its membership in order to ensure that it is representative of the registered patients in the practice.
  2. Obtain the view of patients who have attended the practice about the services delivered by the practice and obtain feedback from its registered patient about those services.
  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.
  4. Contribute to decision-making at the practice and consult on service development and provision where appropriate, expressing opinions on these matters on behalf of patients. However the final decisions on service delivery rest with the practice.
  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.
  6. Communicate information which may promote or assist with health or social care.
  7. Explore overarching ideas and issues identified in patient surveys.
  8. Maintain a PPG digital screen slide in the surgery with up-to-date information on current activities and opportunities for patients to comment via a generic PPG email address.
  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 taken into account.
  10. Act as a forum for ideas on health promotion and self-care and support activities within the practice to promote healthy lifestyle choices.
  11. Raise patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.

1. **Signed agreement**

These Terms of Reference were adopted by the Riverside and Tower House Patient Participation Group and are reviewed at least biannually at an Annual General Meeting.

Signed by………………………………………………………….PPG Chair Dated: …………………………….

And……………………………….General Practice Representative Dated: …………………………….

Appendix A

**PPG Code of Conduct**

The PPG Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian, at all times respecting diversity and exemplifying its commitment to the principles contained within the Equality Act.

All Members of the Core PPG make this commitment:

1. To respect practice and patient confidentiality at all times.
2. To treat each other with mutual respect and act and contribute in a manner that is in the best interests of all patients.
3. To be open and flexible and to listen and support each other.
4. To abide by the seven Nolan Principles of Public Life:

* Selflessness
* Integrity
* Objectivity
* Accountability
* Openness
* Honesty
* Leadership

1. Not to use the PPG as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
2. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
3. Otherwise to abide by principles of good meeting practice, for example:
4. Reading papers in advance
5. Arriving on time
6. Switching mobile phones to silent
7. Allowing others to speak and be heard/respected

Appendix B

**The Bovey Tracey and Chudleigh Practice**

**Riverside and Tower House Patient Participation Group**

**Confidentiality Policy and Declaration Agreement for Volunteers**

1. **Introduction**

This policy shall apply to all volunteer members of the Patient Participation Group (PPG). Volunteers shall normally be considered to be those individuals who are not bound to the practice by contract of employment or any other form of contract. Practice staff who have, at any moment in time, responsibility for the conduct and discipline of volunteers within the bounds of the practice shall be required to comply with this policy in relation to ensuring confidentiality awareness in any situation which may arise.

1. **Confidentiality**
2. All information held at the practice about patients is deemed confidential whether held electronically or in hard copy.
3. All information about the practice, including financial and staff records, is also deemed confidential whether held electronically or in hard copy.
4. Volunteers should not have direct access to confidential information held by the practice. This includes any information concerning an identifiable patient (or an patient who could potentially be identified on the basis of the confidential information. Access to any such information is only permissible with the written authorisation of the patient concerned or the authorised representative.
5. If during the course of his or her activities within the surgery a volunteer overhears or otherwise comes by confidential information, the facts will, as soon as is reasonably practicable, be referred to the Practice Manager or other authorised person within the practice and that information will not be disclosed to any other person.
6. If a situation arises where a patient contacts the PPG member directly, the code of conduct and confidentiality agreement must be adhered to.
7. **Definitions**

For the purpose of this policy, the definitions of the following key words shall apply:

* Confidential: something that is intended to be kept secret, classified, restricted or suppressed; something that is personal, private or trusted.
* Safeguarding: protecting the safety and welfare of vulnerable individuals such as children and young people and those with a learning or mental or intellectual impairment.

1. **Policy – Induction of Volunteers**
   * At the point of being accepted as a prospective volunteer, an authorised member of practice staff shall brief the volunteer on the contents of this Confidentiality Policy and of its paramount importance to the business of the practice, staff and patients alike.
   * Prior to commencing any authorised activity or duties within the practice, authorised member of practice staff shall also ensure that the volunteer has read and understood the document titled ‘Guidelines for Volunteers – Confidentiality’ (below) and is aware of their safeguarding obligations.
   * The authorised member of the practice shall then ensure that the volunteer is committed to complying with this policy and also with the Confidentiality Guidelines and is advised of the disciplinary consequence of failing to do so. Breaking the Data Protection Act could have legal implications that would mean that the volunteer could no longer continue in that role.
   * A volunteer and PPG member who satisfies the preceding elements of this policy shall then be invited to sign a declaration in the presence of the authorised member of practice staff.
2. **Responsibilities**
   * Any safeguarding issue must be reported immediately to the Practice Manager.
   * All information relating to practice staff and patients shall be considered confidential at all times. This information may be spoken, documented, or electronically stored, transmitted or displayed on any kind of electronic device.
   * All information relating to a patient’s identity, presence at and/or reason for visiting the practice, even within the physical boundaries of the practice (including any area occupied by an associated activity, for example, a pharmacy) is equally confidential. This extends to the identity of anyone accompanying the patient at the time of said visit.
   * Any unauthorised disclosure is a breach of confidentiality and may be regarded as an absolute disqualification from volunteer status.

**Guidelines for Volunteers – Confidentiality**

1. Discuss your activities with an authorised member of practice staff on a “need to know” basis.
2. Such discussions should be discreet and in private.
3. Oral reporting of your activities should be conducted in private (e.g. with the Group Chair/Practice Lead) or, when it is a part of discussion at public meetings, you should have due regard for discretion and confidentiality.
4. When requesting information from a patient in the Patient Waiting Room, such conversation should be conducted as quietly and discreetly as possible with voices directed away from others who might hear.
5. Where it is easier for the patient to fill in a questionnaire or form, they should be invited to do so, but vigilance is then required to ensure that their feedback is not seen by others or lost.
6. Questionnaires or other forms completed in the patient Waiting Room or elsewhere and containing personal details shall be confidential and shall remain in the custody of the volunteer until handed over to the designated member of staff for that activity.
7. When using a phone or other electronic device, make sure any other conversations in the practice cannot be accidentally transmitted at that same time.
8. During authorised use of computer systems, always ensure that all access codes and passwords are safeguarded.
9. When responsible for a Personal Computer (PC) terminal or Visual Display Unit (VDU), always ensure that the screen is visible only to you, the user. Where necessary, isolate the PC terminal or VDU screen by shutting and locking any access doors. Always log off before leaving the PC/VDU unattended.
10. Always ensure that paper waste containing confidential information is completely cleared away and disposed of safely by shredding on site.
11. The approval of the Practice Manager must be sought before use of any practice I.T. equipment and such use must be in accordance with practice I.T. policies.
12. Do not use practice equipment for own use.

Volunteers shall not:

* Behave contrary to the preceding guidelines/best practice.
* Disclose confidential information to any unauthorised person.
* Copy confidential information for any unauthorised use or reason.
* Remove confidential information from the practice premises.
* Take custody of confidential information when not authorised to do so.

**Confidentiality Policy**

**Declaration Agreement for PPG Members**

**First Name: Last Name:**

I have read and understood the Confidentiality Policy and Declaration Agreement for PPG members.

I confirm that I have been briefed by an authorised member of practice staff and have had that opportunity to ask any clarifying questions.

I also confirm that I understand the specific content and nature of Paragraph 5.0 of the Confidentiality Policy and have discussed and received a copy of ‘Guidelines of PPG members – Confidentiality’ and the Safeguarding Policy for my own use.

I undertake to always be aware of the nature and importance of confidentiality and understand that the consequence of any breach associated to me may mean the termination of my PPG member status within the practice.

**Dated: Signature:**

**Declaration by the authorised member conducting the briefing:**

**First name: Last name:**

I confirm that I have briefed this PPG member in accordance with the Confidentiality Policy and Declaration Agreement for Volunteers.

**Dated: Signature:**