



## **NORTHUMBRIA PRIMARY CARE PPG TERMS OF REFERENCE**

### **Mission Statement**

To enhance all Northumbria Primary Care (NPC) practices by being the voice of patients to promote best practice, good health, improved access and to contribute to the services provided. And to support practice engagement and communication with local communities.

### **1. Introduction**

Patient Participation Groups (PPGs) are a key part of the NHS Long Term Plan. PPGs can assist GP practices and primary care networks (PCNs) in gathering information from patients and local communities, supporting patient/stakeholder engagement and be a voice for the local patient population to help inform the operation of GP surgeries, the delivery of care and future service development.

It is recognised that members are volunteers and are giving up their own time. It is also acknowledged that a standard set of key performance indicators for PPG groups is needed and should be considered within the next year.

### **2. Purpose of PPGs**

- To help nurture good relationships between the practice and patients to help to continually improve patient experience.
- To be a recognised group that ensures that patient, carer and local community voices are heard and that these groups influence decisions and help to design and improve NPC services. This includes seldom heard groups, where possible.
- To support the practice in two-way communication with patients and local communities.
- To help strengthen and build new relationships with community groups and organisations.
- To support the practice in resolving appropriate (general) issues that patients may have. PPG colleagues should let their practice lead if they need advice in relation to the query.

### **3. Membership**

#### **Membership options**

- Chair – a rotating position – length of time chair in role will vary depending on practice and current chair can be re-elected
- Member
- Secretary – practice lead, admin lead or a PPG member – keep flexible depending on practice
- All PPG members will be recruited/agreed by the NPC practice lead and PPG members.
- PPG will consist of around 10 members. Flexible depending on size of practice and ability to recruit members.
- The practice PPG is open to any registered patient or carer over 16 with direct experience of using primary care services.
- A group member may change their level of involvement or give up their membership at any time.
- If a PPG member hasn't attended three consecutive meetings their involvement with the group will be reviewed with the chair.
- Chairs to be selected by PPG group.

### **4. Roles of members**

#### **PPG Chair**

The PPG Chair will commit to chairing NPC-wide and local PPG practice meetings. Duties will include:

- Being proactive in relation to contributing agenda items
- Keeping meetings focussed on agenda
- Feeding back information from PPG chair meetings to groups and vice versa
- Ensuring members adhere to meeting ground rules
- Following up issues relating to relevant meetings and escalating any issues to the practice lead and then if required the assistant operational services manager (AOSM).

#### **PPG secretary**

Duties will include:

- Keeping people informed about the PPG and its activities (including date and time of meetings)
- Preparing agendas for NPC-wide and local meetings – get approved by chair
- Keeping records (for example, membership details, meeting notes)
- Being a point of contact for people wanting to get in touch with the PPG.

## 5. PPG options

- **Open Group**

This kind of group can be formed by extending an open invitation to all registered patients. This helps to encourage a good representation by contacting a diverse mix of patients and could be done via email or by a link on practice website. This could perhaps be done once a year.

- **Invited Group**

Where individual patients are contacted directly by practice staff. These patients may also be well known within the community or have links to existing community and voluntary sector groups to try and extend the reach of the PPG.

### **Ensuring groups are representative**

To help ensure equality and inclusion of group representation, it is recommended that the PPG checks the demographic of the patients at the practice to understand the make-up of the local population, including age, ethnicity, known illnesses, and gender.

### **To encourage wider representation, PPGs could:**

- Actively target certain groups that seem to be under-represented and gain an understanding of health inequalities in the local population.
- Encourage specific groups to provide input on a topic or in relation to service change/improvement, if appropriate.

## 6. Structure of groups

- **NPC PPG chair meetings**

- It is proposed that these meetings are held at least once a year and are hybrid (face-to-face and virtual). They will be chaired by the NPC Chair, Katie Stevens
- It will give NPC the opportunity to update PPG chairs on key NPC projects/campaigns and challenges and give chairs the opportunity to feed back / in what they need to. PPG chairs should then communicate this information back to their local PPG.
- Minutes will be taken and circulated to PPG Chairs within two weeks of the meeting.

- **NPC-wide PPG meeting**

An annual update for all PPGs who can then break off into their local PPG groups. Groups to have at least one representative attending the NPC PPG meeting, to be held at least once a year, but can meet more often if required.

- Local PPG meetings
- Practices should hold at least three PPG meetings a year.

- Meetings will preferably be face-to-face, usually at the practice. Virtual meetings are an option depending on circumstances.
- PPG representatives should be contacted by e-mail two to three weeks in advance of each meeting by the secretary to ask for agenda items, together with a brief explanation of why they want the item(s) discussed.
- The practice lead/admin lead will discuss the proposed agenda items with the PPG Chair and agree an agenda. The practice lead will try to prepare any briefing notes in advance of the meeting.
- Fixed agenda items, such as practice KPIs and practice staff updates, can be agreed and circulated in advance. If there are no performance issues, the report can be noted without any discussion.
- Any agenda items not discussed at the meeting will be carried over to the next meeting. Every effort should be made to ensure all items are discussed.
- The PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.
- The secretary will produce minutes of meetings within five days of the meeting, which will be approved and circulated by the Chair/secretary to the PPG members. They will also be available on the practice website.
- Meeting minutes will be approved by the PPG via email within two weeks of the meeting. They should be approved by chair/practice lead before sharing wider.
- Meetings are subject to a quorum of four members of the PPG. Apologies for absence should be sent to the Chair prior to the meeting.

## **7. New members**

- All new members are very welcome, and it is felt, as recruiting new members can be difficult, a formal process is not required for people to join. New members will be given the terms of reference document and have an initial discussion with the chair/practice lead as part of the welcome process.

## **8. Code of conduct**

- Confidentiality - all members of the PPG must always maintain patient confidentiality, as and when appropriate. It should not be necessary for a PPG member to consult with other patients in relation to individual issues. These issues should be passed to the practice lead to deal with.
- Respect – all members will respect individual's views, giving others time to speak and ensuring the focus is related to the agenda.
- Supporting engagement activity – the group will seek to work in partnership with all stakeholders including service providers, local Healthwatch and other patient and carer groups while maintaining a balanced and professional approach.

## **9. Ground rules for our meetings**

- We recognise that meetings/discussions are not a forum for individual complaints and single issues. These should be taken forward through the appropriate channels.
- Members will commit to reading papers sent before meetings.
- We aim to start and finish meetings and forums on time and stick to the agenda.
- We will be inclusive, to find ways to obtain a wide range of opinions of users of primary care services, especially in seldom heard and under-represented groups.
- We aim to avoid disruptions to meetings and forums including the use of mobile phones/laptops.
- We respect all members of the group - all views are valid and will be listened to; one person speaks at a time; questions and contributions should be directed through the chair of the meeting.
- Silence tends to indicate agreement.
- We recognise that constructive, honest debate is useful.
- We will report any concerns directly to the practice lead.

## **10. Areas of work**

- The members will determine the areas of work and their priorities and agree an action plan (roadmaps which supports NPC's strategies and roadmap) working with NPC. Potential areas could be identified from patient experience results, practice patient and carer survey results, feedback from Patient Advice and Liaison Service (PALS), Northumbria Healthcare surveys or Healthwatch reports, for example.

## **11. Expenses**

- Patient/carer members of the group can expect to be reimbursed for travel expenses (mileage/parking fees) to attend PPG meetings. Funding for attending local, regional and national events will be agreed on an individual basis. They should please link in with their practice lead.

## **12. Review**

- The terms of reference will be reviewed on an annual basis.
- Next review date will be February 2026.