**The Valleys Medical Partnership**

**Gosforth Valley Medical Practice, Dronfield, Derbyshire, Patient Participation Group (GVPPG)**

**and**

**Moss Valley Medical Practice, Eckington, Derbyshire, Patient Participation Group (MVPPG)**

 **Constitution and Terms of Reference**

1. **Scope of agreement**

The following provisions will apply to GVPPG and MVPPG (each, ‘the PPG’) in all respects and to the Gosforth Valley Medical Practice and Moss Valley Medical Practice respectively (‘the Practice’, in either case).

1. **Purpose/Aims of the PPG**
2. The purpose of the PPG is:
3. to contribute to the improved running of the Practice, for the benefit of its patients and staff;
4. to ensure that patient perspectives are presented to the Practice, with a view to them being taken into account by the Practice, in its decision-making regarding the range and quality of services that it provides/commissions.
5. **Membership**
6. The PPG is a voluntary group of patients which meets regularly with Practice representatives, to seek to achieve the above objectives.
7. **Meetings**
8. Business meetings of the PPG will be arranged to take place at least quarterly and usually will be held at the Practice’s premises.
9. At the meeting when this (or a modified) form of ‘Constitution and Terms of Reference’ is first adopted, the meeting will also approve the appointments of the Chairperson and Secretary of MVPPG. Both appointments will be for whatever period is agreed, but appointees will be eligible for re-appointment.
10. A senior member of the Practice will attend each meeting.
11. A meeting will be quorate when at least 5 members, excluding Practice-staff attendees, are present.
12. If the Chairperson is absent from any meeting, the members present will elect a temporary chairperson to assume the position for that meeting only.
13. If the Secretary is prevented from attending a meeting, the members present will seek a replacement from those present, who will act as secretary for that meeting only.
14. Members should make every effort to attend meetings on a regular basis. A member (but not a new member who has not attended previously) who cannot attend a meeting should submit their apology to the Secretary, in advance of the meeting.
15. All Practice staff will be entitled to attend meetings.
16. All efforts will be made to ensure that the agenda of each meeting will be issued via the Practice Manager, 7 days before the meeting, by email, post, or whatever other means might be agreed with the individuals concerned – its contents having been pre-agreed by the Chairperson of the PPG and the Practice Manager.
17. Items for inclusion in the agenda of a meeting should be submitted to the Practice Manager at least 10 days before the meeting, in order that they can be included in the agenda of the meeting and enable its timely issue.
18. At the end of each meeting, the Chairperson will summarise any action points that have been agreed, and will remind the member/s responsible for taking those actions.
19. The Secretary will be responsible for taking minutes of meetings and for arranging issue of them, via the Practice Manager, by email, post, or whatever other means might be agreed with individuals - and for dealing with any correspondence, unless otherwise agreed. The Secretary will aim to produce minutes and arrange for them to be issued within 10 days following a meeting.
20. All attendees should conduct themselves in a courteous and professional manner at meetings. Any member who is disruptive, or is not co-operative, may be asked to leave by the Chairperson, after consultation with the members present.
21. A member should seek to address a meeting via the ‘Chair’, to ensure that meetings are disciplined and that any less confident members are not inhibited from speaking.
22. Members will treat items discussed as confidential, where appropriate.
23. **Terms of Reference**
24. To receive all relevant information from the Practice and to contribute to the Practice’s decision making process in regard to the provision and development of services offered by the Practice.
25. To be represented by nominated members, at meetings with nominated Practice staff/Partners, as appropriate, to discuss specific projects/issues that arise from PPG meetings.
26. To receive from/via the Practice, details of actions and policies proposed by the local Clinical Commissioning Group, and to make representations to that group, with a view to influencing its decisions.
27. To discuss relevant problems/ issues which arise in the Practice and in the local community.
28. To conduct and/or assist the Practice in conducting surveys of patients - thereby enabling patients to comment on the Practice’s performance and to suggest changes – and to review patients’ responses.
29. To assist the Practice in producing action plans arising from patient surveys.
30. To communicate information received, concerning patients’ needs, concerns and interests, to the Practice and to any other relevant bodies.
31. To provide input to publications proposed by the Practice, to ensure clear, plain language presentation for the benefit of patients, as may be deemed necessary.
32. To provide links with appropriate support groups, for the benefit of patients with particular needs.
33. To provide a forum enabling the exchange of information on medical and health issues, to promote health education and, where appropriate, to influence local health-care issues.
34. To influence the provision of local secondary health and social care, and act as patient representatives when appropriate.
35. To liaise with other PPGs, to share best practice and ideas, for the benefit of patients and staff of the Practice.
36. To nominate representatives to attend relevant external meetings, such as meetings of other PPGs, the National Association for Patient Participation Annual Conference etc.
37. To co-operate with the Practice in seeking to ensure that membership of MVPPG represents, as far as is achievable, a cross-section of the Practice’s patients, as to age, gender, social and ethnic background and ability.
38. To appoint sub-committees as necessary and as appropriate to consider particular matters that may require attention. Such sub-committees will generally report their proposals to a meeting of the PPG for discussion and approval. However, where prompt action is required, the Chairperson may authorise consultation with the membership of the PPG via e-mail or post.
39. To review this form of ‘Constitution and Terms of Reference’, at least annually.
40. **Finances**
41. If and when the PPG has funds:
42. It will appoint a Treasurer from within its membership. The appointment will be for one year. The appointee will be eligible for re-appointment.
43. The PPG will maintain a bank account. All donations and grants will be deposited in the bank account.
44. The Treasurer may hold an amount of petty cash to reimburse members for approved expenses they have incurred, not exceeding £5.00, on behalf of the PPG. All other expenditure will be paid by cheque.
45. Expenditure above £5.00 must be pre-authorised by the Chairman or Secretary
46. Cheques will require the signatures of the Treasurer and either the Chairman or Secretary of MVPPG or the Practice Manager.
47. Evidence of expenditure will be required.
48. The account will be submitted annually to the PPG for approval.