



## **Patient Participation Group (PPG)**

### **Terms of Reference March 2026**

#### **Aims:**

The aims of the PPG are as follows:

- To act as a 'critical friend' to the practice, helping it to understand what patients think about some of the current issues and ensuring that the Practice remains accountable and responsive to all its patients' needs.
- 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.
- To involve patients, whenever possible, in decisions about the range and quality of services provided and, over time, commissioned by the Practice. This will be through feedback from individual patients and taking up topics of concern by contacting and challenging those responsible in the wider community.
- To support activities aimed at promoting patient health and improving communication between patients and the GP partners and Practice staff.

#### **Acronyms**

ICB Integrated Care Board – currently Gloucestershire

CQC Care Quality Commission (the inspectorate for Practices)

PCN Primary Care Network (i.e. GP led surgeries in the UK)

JUYI Joining Up Your Information

GDPR General Data Protection Regulation (a legal UK requirement as from May 2018 for a person/organisation holding personal data of its members)

PPG Network Gloucestershire PPG meetings – Representatives from all county PPGs may attend.

#### **1.PPG Membership & Structure**

1.1 Membership of the PPG shall be open to all registered patients and as far as possible, reflect its diversity and conform to the Equality Act 2010.

1.2 The PPG shall not exceed 14 Members in normal circumstances. Non-Members may be co-opted for an agreed period to assist with projects or events. As from the 30 November 2022, advertising for new PPG members may be carried out through the public MMP website, an advertising poster displayed in suitable local sites such as the Library or Town Hall and a notice on the waiting rooms' TV screens. This will make it clear that an interview will be required. At least two representatives from the following will be invited to sit on the interviewing panel: the PPG Chair/Deputy, the PPG Secretary and the MMP Practice Manager.

1.3 The Practice Manager, Clinical Manager and a GP representative will be invited to attend MMP PPG meetings.

1.4 The Practice Manager will provide a written report updating Members on current topics.

1.5 Membership will not attract any financial benefits. Reasonable expenses will be paid on production of receipts because of Members' attendance at external meetings or other authorised activities on behalf of the MMP PPG.

1.6 The Officers will be the Chair, the Deputy Chair and the Secretary. Normal Terms of Office will run from 1st April to 31st March the following year, with elections held at the March meeting, or the December meeting if deemed necessary.

1.7 The Chair will be nominated and elected by the full PPG Membership using email nominations and if more than one nomination is received, the Secretary will organise an election by email. The Chair will serve for 3 Years initially. If the Chair is willing to continue for up to a further 3 years, the agreement of the PPG will be sought.

1.8 The Deputy Chair will be chosen by the Chair and the name submitted to the Membership for approval. The tenure will be the same as for the Chair unless the Chair resigns early, in which case, the Deputy shall continue in office until a new Chair is appointed. The new Chair will then choose their Deputy who may be the same Deputy as before.

1.9 The Secretary will be a full Member of the PPG with voting rights and continue in role for as long as deemed suitable. Should the Secretary retire and no PPG Member is willing to take the role, a registered patient of the MMP may be co-opted to fulfil the role for a period to be agreed by the Members, until a permanent Secretary is appointed. If a permanent Secretary cannot be found from the PPG Membership, a patient may be appointed but without voting rights.

## **2. Roles and Responsibilities of Members:**

2.1 The PPG shall hold meetings on a quarterly basis unless extraordinary meetings are required. Members are expected to attend at least 2 of these meetings in a calendar year, in person or by the remote facility, unless IT, medical or other reasons make this impossible. To maintain an active PPG, in the absence of any apologies or available explanation, any PPG member recorded as not attending 2 or more meetings, either in person or by remote access will be deemed to have resigned. The Chair will confirm this to the Member by letter.

2.2 The Secretary will circulate an Agenda for each meeting, as discussed with the Chair. The Secretary will take Notes at PPG meetings (not Minutes) and liaise with the Chair on the content before circulating these Notes

2.3 Should a vote need to be taken on any matter, a quorum of at least 7 members (or 50% where membership drops to less than the requisite 14), including co-opted members, who are present and entitled to vote will decide the matter by a show of hands.

2.4 The PPG will monitor the Practice as far as is possible regarding any changes at the Practice, including procedural changes, money available to be spent and any other appropriate business. Suggestions for changes will be sent to the Practice Manager by the Chair.

2.5 Members of the MMP PPG may offer to attend relevant external meetings to represent the MMP PPG and the Chair will accept up to 2 offers when numbers for each PPG are restricted. These meetings are to gather and exchange information about matters related to local and national patient care. (e.g. Clinical Commissioning Support for Carers). Their task is to communicate the views of the MMP PPG as appropriate and report back at the next PPG meeting.

2.6 The PPG Chair will take the Chair for all PPG meetings or, in the absence of the Chair, the Deputy Chair.

2.7 The Chair will act as an initial contact point for all external events, meetings and activities and will receive queries.

2.8 The Secretary will keep copies of all relevant papers on file, to be held at the Mythe surgery in a cabinet provided as well as on their home computer. The Notes of each meeting (excluding the Practice Managers report) will be put onto the MMP website. Any patient or interested member of the public may request a paper copy at Reception which will be provided with any confidential matters redacted.

2.9 The Secretary will also carry out any reasonable tasks as requested by the Chair or the PPG.

### **3. Confidentiality**

3.1 All PPG Members, including co-opted members, must sign a Confidentiality form for the Practice and a GDPR form which is a national requirement. This commits each member to maintaining complete confidentiality regarding any people or matters discussed at meetings or shared in private conversations. The full detail is on the form. This commitment is binding in perpetuity.

3.2 The Secretary will retain these forms on file, and they will be available to the Chair or Practice Manager if required.

### **4. Communications Policy**

4.1 This policy sets out clear guidance for how the Patient Participation Group (PPG) and the Practice will work together to ensure all communications to patients or any other external bodies are accurate, appropriate and aligned with the Practice's Responsibilities. This policy applies to all materials produced by the PPG for distribution to patients or the wider community, it does not apply to communications circulated internally within the PPG. This includes (but is not limited to):

- Leaflets
- Newsletters
- Emails
- Posters
- Social media posts (where applicable)
- Policy Statement

4.2 The Practice greatly values the PPG's support in communicating with patients. To maintain the highest standards of information governance, all patient-facing communications drafted by the PPG must be submitted to the Practice Manager (or nominated staff member) for review and approval before they are shared or published.

4.3 The PPG Chair (or designated PPG member) will send draft communications to the Practice Manager by email. The Practice will review and respond within 15 working days, where practicable, with approval or suggested amendments.

4.4. The PPG will not distribute any patient communications until written approval is received from the Practice.

4.5 The Practice may make factual corrections or request changes to ensure information is accurate, clear, and up to date.

4.6. The Practice reserves the right to decline approval for any communication which may not be suitable for patient circulation.

4.7 PPG Members are responsible for drafting communications and submitting them for approval.

4.8 PPG Chair: Responsible for coordinating with the Practice and ensuring this policy is followed.

4.9 Practice Manager: Responsible for reviewing drafts promptly and providing clear feedback.

N.B. A PPG is not a committee and therefore does not have to follow normal committee rules or structures e.g. holding an AGM, producing meeting 'Minutes' etc, using a formal structure. The National representation for PPGs (NAPPG) states that each PPG may decide on its own structure and procedures. These are laid down in these Terms of Reference.

Terms of Reference were reviewed and agreed by the PPG:

Date: 10 March 2026.

Minor typographic errors were removed after this meeting by the chairman at the request of MMP.

Signed as approved by the PPG:

***MD Caswell*** (Chair)

Date: 12 March 2026.