

Patient Reference Groups (PRGs) – Surgeries and Immediate Care

Terms of reference and membership

1 Purpose

The purpose of the Patient Reference Group (PRG) is to establish a system of communication with patients so that they can express their views and have their experiences taken into account in the way the service is provided and delivered. At the same time, to communicate news and information to patients and the wider community.

As an organisation that prides itself in putting patients first, PRGs are an effective way of facilitating this dialogue and bringing together patients, clinicians and members of The Practice team to work together in promoting the wellbeing of patients and supporting the provision of high quality healthcare.

We encourage patient involvement in service provision and we also have a contractual responsibility to the PCTs we work with to involve patients in relevant issues relating to our surgeries, GP-led health centres and clinical services, and to respond appropriately to their views and experiences.

2 Key tasks and objectives

The PRG will be one of the ways in which The Practice will communicate and build positive relationships with our patient population. The core objectives of the PRG will be to:

- Facilitate and enable dialogue between patients and The Practice team and promote patient involvement
- Ensure patients' needs are considered in the development of The Practice systems and information e.g. appointment systems and telephone systems, providing information about and promoting understanding of such system amongst patients; patient information leaflets, gaining input to ensure information is clear and relevant
- Support The Practice to achieve its health promotion aims
- Ensure patient participation and consultation of new developments. Challenge The Practice constructively whenever necessary
- Review and where appropriate provide advice and recommendations on The Practice's annual patient survey
- Ensure the needs and interests of all patient groups are taken into consideration - this includes people with specific illnesses or condition, people with a disability and people from minority ethnic groups and migrant workers

Fundraising is not considered a core activity for The Practice PRGs. However if it is decided that the group is going to do fundraising, a Treasurer will be needed to take care of funds and finances, and a separate bank account will be required. The PRG Chair(s) will be required to submit a separate proposal outlining goals and initiatives for fundraising for approval by the Regional Head of Operations before any activities can take place.

3 Responsibilities

The Locality Managers have overall responsibility for ensuring PRGs are set up and effectively delivered within their Locality at each of our facilities as well as new sites as they come on board.

The Practice Manager and/or The Operations Manager is responsible for the day-to-day site implementation and for feedback/escalation of issues arising to the operations and clinical leads, who in turn should report to the Operational Head of Surgeries as appropriate.

4 Membership and recruitment

Patient membership is voluntary, but patients should be encouraged to become involved. The group will be open to anyone registered with The Practice or who regularly visits one of our GP-led health centres as a walk-in patient.

Patients should serve on the group committee for a fixed term of two years. This is considered best practice by the National Association of Patient Participation (NAPP) to ensure the group keeps the patient agenda the priority without becoming too focused on the surgery's priorities and problems.

All patients are welcome to attend 'open meetings' and do not need to be recruited members and hence the 'fixed term' policy does not apply. Open meetings will be advertised in the surgery.

Patient members do not need to represent other interest groups but all efforts will be made to ensure members are a fully representative group of the patient population of the site. This includes, but is not limited to, age, gender, social group, ethnicity and hard to reach groups.

The group will include the Practice Manager or Operations Manager and a clinician. Other members of The Practice team should be encouraged to become members.

Membership recruitment can be done in a number of ways, for example;

- Staff nominate patients they have cared for who they think might be interested
- Staff hand out fliers to patients during a consultation if they think they might be interested
- Staff to hand out fliers during clinics and groups, such as Well Woman/Man clinics
- Posters in waiting room, inviting patients to join the group
- Included in Welcome packs as part of new patient questionnaire
- Approach other local community groups and ask them to tell their members

Examples of marketing materials are included in Appendix 1. The marketing team at Head Office will support you in producing materials.

5 Virtual Membership

In order to help ensure all patients can express their views, a virtual PRG (vPRG) will also operate. Patients wishing to become virtual members will be contacted periodically by email rather than attending the face to face meetings in order to ask for feedback on issues relating to the surgery and to share meeting minutes.

6 Existing patient groups

Some of our surgeries and health centres will already have well established and active patient groups. These should continue and not lose momentum or motivation. However, now as part of The Practice, our standard ways of working will be adopted within 12 months of the new management team taking over.

7 Meetings

Meetings will be open to all members of the PRG and although non-members may be invited to attend for specific discussions, it is not an open forum where patients just turn up.

The group will meet at least bimonthly at the start (1st and 2nd meeting) and then on a quarterly basis.

Notice of meetings will be given at least 7 days beforehand. Dates of meetings will be publicised in The Practice waiting areas where a copy of the group's minutes will be displayed for patients to read.

Minutes of meetings will be circulated to all members and copied to the Locality Manager.

8 Management of meetings

The group will be chaired jointly by a representative from The Practice and a patient representative. These posts will be appointed annually with no patient standing as chair for two consecutive years.

A representative from The Practice team will attend meetings to take minutes and organise agendas and papers.

All members of the group will be contacted in advance and invited to raise items to be placed on the agenda.

All patient representatives should contact the Practice Manager with any questions or issues.

9 Code of conduct

PRG meetings are not a forum for individual complaints and single issues but the opportunity for patients to input to the running and future developments of the surgery.

Patient specific issues will not be discussed at the forums and patient confidentiality will be respected at all times.

All members will be expected to respect rules of confidentiality and not discuss personal or sensitive information outside a meeting.

All contact with the media (incoming and outgoing) must follow The Practice's media policy and should go via the Practice Manager

Verbal or physical abuse of our staff, other PRG members or visitors will not be tolerated by The Practice and will result in immediate dismissal from the PRG and could result in prosecution.

Constructive input (good and bad) is encourage however should a member of the PRG wish to raise an issue or a complaint , due process should be followed as outlined in our complaints procedure.

No PRG member will be discriminated against or have their rights as a patient affected by their views expressed in the meetings.

10 Agenda

Meetings should be kept fairly short – absolute max of 2 hrs but most people will appreciate an agenda lasting no more than 1 ½ hrs.

The format of the first and second meetings will be slightly different; 1st meeting primarily for scene setting and 2nd to address administrative and organisational issues surrounding the new PRG. After that a standard agenda should be followed for all meetings. See appendix 2 for agenda templates.

11 Budget

A small budget is available for running PRGs to cover light refreshments at the meetings which should be paid for out of petty cash. Any marketing costs will be covered centrally or as part of the local stationery costs. To minimise room rental cost, meetings should be held on site wherever possible.

On setting up a PRG, budget requirements outside of that indicated above should be outlined in a proposal for approval by the Locality Manager.

12 Quorum

The meeting will be quorate when four or more members of the group are in attendance.

If four or more members are not present, or cease to be present during the meeting it will be adjourned.

13 Contact outside of meetings

Between meetings members of the group may be contacted via email, letter or phone to seek their input to specific projects for example, development of specific patient information leaflets, new service introductions etc.

14 Review

The Terms of Reference will be reviewed on an annual basis by The Practice taking into account comments and feedback from the PRG.