

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End



## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End



## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End

## THE MISSION PRACTICE

### PATIENT PARTICIPATION GROUP CONSTITUTION

**NAME:** The name of the group shall be THE MISSION PRACTICE PATIENT PARTICIPATION GROUP (The Group).

**MISSION STATEMENT:** The object for which The Group is established is to promote health by fostering the highest possible standard of primary care through the medium of patient participation.

**OBJECTIVES:** The overall aim of the PPG is to develop positive and constructive relationships between patients, the Practice and the community it serves, ensuring the practice remains accountable and responsive to all its patients' needs.

**AIMS:**

- Create and improve two-way communication between patients, the Practice and the community it serves.
- To bring a sense of partnership between Practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Advise the Practice of health education needs in the community in order to support the Practice in good health promotions and to provide appropriate and useful community health education meetings.
- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.
- Liaise with Tower Hamlets Clinical Commissioning Group of practices to share and develop best practice and/or resources.

**MEMBERSHIP:** All meetings shall be open and free to all patients and staff of the Practice. There will however be a core group of committee and officers who are able to vote on proposals put to the group.

**COMMITTEE & OFFICERS:** The Committee shall consist of three officers - a Chairman, Vice-Chairman and Secretary plus up to 9 other Group members nominated and elected annually. The Practice will be represented depending upon availability by a Partner, a senior administrator and other staff as nominated by the Practice. Practice members are not eligible to vote. The Committee shall be empowered to manage the affairs of the Group and to take any action on its behalf to further the aims of the Group.

**MEETINGS:** The Committee shall endeavour to meet not less than 4 times in any period between the AGM, at such times and place as the Secretary shall specify as agreed by the Chairman. At the meetings of the Committee, three members plus two officers shall constitute a quorum. The Committee may fill any casual vacancy occurring among its number until the AGM of the Group. The Committee may co-opt up to two people for specific purposes of the Committee or any sub-group. Co-opted members are not eligible to vote. Ground rules for the meetings are proposed at Annex A.

Committee members and officers have voting rights as one per person. The Chair does not vote but where there is a tie the Chair will have the casting vote.

If a member does not attend for three meetings without sending apologies they will be asked to leave the group.

**ANNUAL GENERAL MEETING:** An AGM shall be held annually. Notice of the day, time and place will be given via the notice boards, and Group Newsletter. Any item for the agenda shall be sent to the Secretary for consideration at least four weeks prior to the AGM date.

**ELECTION & RETIREMENT OF COMMITTEE MEMBERS:** All Officers and Committee may offer themselves annually for re-election at the AGM providing they have been a member of the group for one year. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote.

Members cannot propose themselves but on agreement can be nominated by other members. Proposed candidates must be seconded by a non-related and non-conflicted member. Any conflict of interest must be declared and members may be asked to refrain from voting.

**HOW TO GET INVOLVED:** Dates of meetings are on the practice's websites <http://www.themissionpractice.nhs.uk/> just turn up on time. They are also on display in the practice. Interested parties can email [THCCG.MissionPractice@nhs.net](mailto:THCCG.MissionPractice@nhs.net) to join the mailing list.

**ANNUAL REPORT & ACCOUNT:** The Committee shall present at each Annual General Meeting a report of the activities of the Group and its own proceedings during the previous year.

**NOTICE & APPLICATION OF CONSTITUTION:** Any member of the Group shall upon request be supplied with a copy of this Constitution

**ALTERATION TO THE CONSTITUTION:** This Constitution may be rescinded or amended or waived by a resolution passed at an AGM or a Special Meeting of which proper notice shall have been given to all members, by a two-thirds majority of the members present and voting. Provided that no alteration shall be made which would cause the Group to cease to exist.

**DISOLUTION:** If the Patient Group is no longer functioning in a useful way, the Committee will be responsible for considering if and how the Patient Group should be dissolved and the use of any remaining funds. The Committee's recommendations should then be presented at a Special General Meeting.

#### **Annex A – meeting ground rules**

- This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
- The Chair/facilitator will keep the meeting focussed.
- Members will respect the decisions of the group and be bound by them.
- The group will not speak or act in a racist, homophobic, or discriminatory way.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to - respect other's views and don't interrupt
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.
- The practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the practice will explain why not.
- Patients take some responsibilities within the group
- All communications issued by the PPG will first be agreed by the group – no communications about the group will be issued by individual members
- Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters
- All PPG members will work together and support each other to meet the objectives of the group
- Confidential matters and discussions are not be shared outside the meeting
- A review of the PPG's progress and membership will take place at the annual general meeting.

End