

# The New Folly Surgery

## Patient Reference Group – Terms of Reference

May 2023

The Group shall be called the “The New Folly Surgery Patient Reference Group”.

### 1. Aims of the Patient Reference Group (PRG)

1.1 To facilitate good relations between the Surgery (referred to as the 'practice' throughout this document) and patients by communicating patient experience, interests and concerns and providing feedback to the practice on current procedures and proposed new developments.

To be and work as the intermediary liaison link between the Surgery and the patient community (see below).

1.2 To work collaboratively and positively with the practice to improve services and facilities for patients and to act as a sounding board for practice staff on issues affecting patients.

1.3 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.

1.4 To act as a representative group to support the practice and influence local provision of health and social care.

1.5 To exceptionally and with agreement between the GP Partners and PRG, raise funds for the practice to assist in the purchase of additional equipment and services for the benefit of patients, that are either not available or beyond reasonable cost to the Surgery.

### 2. Liaison Link

2.1 The PRG and its members should be where possible, available to all patients to listen to relevant and appropriate issues and concerns for which the group can formally raise such to the Practice Management.

### 3. Supporting the Surgery

3.1 The PRG members will be, where appropriate and where available, able to assist the Surgery staff in a range of activities relevant to all at that time. Such activities could be:

- i. Volunteering for administration and marshalling duties at vaccination events
- ii. Assisting the management and staff with particular mutual projects
- iii. Attending appropriate meetings with the management in support of the Surgery
- iv. Representing the PRG at formal CQC inspections

#### **4. PRG Structure and Membership**

- 4.1 Membership of the PRG shall be open to all registered patients upon request. Membership will reflect the patient profile and be widely representative and inclusive of different genders, ethnicities, ages and abilities as required in the GP contract.
- 4.2 All registered patients of the practice are welcome and encouraged to join the PRG. Joining will be by way of a simple one-page form requesting the basic patient details to update and to maintain a record of group membership. Removal of a patient from the patient list will mean that he/she will cease to be a member of the PRG.
- 4.3 The PRG will be non-political and non-sectarian and will at all times respect diversity and exemplify its commitment to the principles contained within the Equality Act.
- 4.4 The carer of a patient registered with the practice can be a member of the PRG even if he or she is not a patient at the practice.

#### **5. PRG and PRG Committee**

- 5.1 The PRG will have an elected Chair (and Deputy chairperson) who will be the focal point and lead for the group.
- 5.2 The PRG shall elect officers from among the members of the PRG and they will be known as the PRG committee. These will include Chair, Deputy Chair, Secretary and, if needed or appropriate other key official posts as appropriate and as agreed by the members at that time.
- 5.3 The PRG committee should hold regular meetings with the Practice. Ideally and where possible these meetings should be quarterly around January, April, July and October of each year. For operational and other necessary reasons, meetings may be cancelled or the date amended but with reasonable explanation given.
- 5.4 To maintain an active PRG, any PRG member who fails to attend three consecutive PRG meetings may be deemed to have resigned. The PRG will extend an open invitation to practice staff to attend its meetings as agreed with the practice manager. Where possible a GP Partner and the Practice Member should represent the Practice at each meeting.
- 5.4 The PRG shall where normal and practicable not exceed twenty members. Between the Annual General Meetings, the PRG may co-opt individual members if needed to ensure that the PRG is fully representative of the patient community.

## **6. Virtual PRG**

- 6.1 To support the PRG and extend its reach, the PRG will when required and mutually convenient to the membership, establish an online group to be called the Virtual Patient Reference Group (VPRG). This was enacted during Covid 19 and would be used for similar contingencies when face to face meetings or gatherings were not possible.
- 6.3 The process, routine and format of any VPRG will follow the same plan and Code of Conduct as those in the PRG that meets face-to-face (see Appendix A: Code of Conduct), excepting that it will be held via a virtual platform ie MS Teams etc.

## **7. Management of the Face-to-Face PRG and the Virtual PRG**

- a) The PRG shall meet face to face no fewer than four times a year. The PRG committee may meet more regularly for planning purposes and liaison with the practice staff if required and appropriate to the requirements.
- b) In the absence of the Chair and Deputy Chair, those members who are present shall elect a Chair from among the attendees.
- c) Meetings are subject to a quorum of five members of the PRG. Apologies for absence should be sent to the Secretary or Chair prior to the meeting. In the absence of any apologies or available explanation, any member recorded as not attending three consecutive meetings will be deemed to have resigned from the Face-to-Face PRG. The resulting vacancy can be offered to another registered patient.
- d) The PRG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PRG.
- e) Decisions shall be reached normally by consensus among those present. However, if a vote is required, decisions shall be made by simple majority of those present and voting. In the event of a tied outcome, the Chair may exercise a casting vote in addition to his/her deliberative vote. Consideration of the views of members of the VPRG will be taken into account;
- f) The Secretary shall produce minutes of meetings to be considered and approved at the following meeting of the PRG and subsequently be sent to members of PRG and VPRG and made available to all via email or hard copies displayed in the practice.

## **8. Annual General Meeting**

- 8.1 The Chair and PRG agreed at the April 2023 meeting that the requirement to hold AGMs no longer exists but if it were ever appropriate to hold an urgent exceptional meeting, this would be discussed with the membership at that time.

## **9. Confidentiality**

- 9.1 All members of the PRG (including the Face-to-Face and Virtual Groups) must be made aware of the need to maintain absolute patient confidentiality at all times.

9.2 Any member whose work on behalf of the PRG includes work in the practice or consulting with other patients or members of the public should sign and return a copy of the practice's Confidentiality agreement before undertaking any such activity. This document is available via the Practice Manager upon request.

## **10. Code of Conduct**

All PRG members must abide by the Code of Conduct shown at Appendix 1.

## **11. Activities of the PRG**

- a) Make reasonable efforts during each financial year to review its membership in order to ensure that it is representative of the registered patients in the practice.
- b) Obtain the views of patients who have attended the practice about the services delivered by the practice and obtain feedback from its registered patients about those services.
- c) Review any feedback received about the services delivered by the practice with practice staff and relevant members of the PRG with a view to agreeing the improvements (if any) to be made to those services.
- d) Contribute to decision-making at the practice and consult on service development and provision where appropriate, expressing opinions on these matters on behalf of patients. However, the final decisions on service delivery rest with the practice.
- e) Act as a sounding board to provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary, also helping patients to understand the practice viewpoint.
- f) Communicate information which may promote or assist with health or social care.
- g) Explore overarching ideas and issues identified in patient surveys.
- h) Assist the Practice in the maintenance of a formal PRG notice board in the waiting room of the surgery with up-to-date information on current activities and opportunities for patients to comment (e.g., via a suggestion box).
- i) Act as a forum for staff to raise relevant and appropriate practice issues affecting patients, or for input into any operational issues affecting staff, so that patients can have their views on practice matters taken into account.
- j) Act as a forum for ideas on health promotion and self-care and support activities within the practice to promote healthy lifestyle choices.
- k) Raise patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.

**12. Signed agreement**

These Terms of Reference were adopted by Patient Reference Group at the meeting held at The New Folly Surgery on 26 April 2023 and may be reviewed according to emerging needs.

Signed by: .....*Signed on original by Rachel Lee*.....  
Rachel Lee. Chair of PRG

Dated: 26 April 2023

And .....*Christian Jennings*.....  
Practice Manager.

Dated: 26 April 2023

## Appendix 1

### New Folly Surgery Patient Reference Group - Code of Conduct

The PRG Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian, at all times respecting diversity and exemplifying its commitment to the principles contained within the Equality Act.

All Members of the PRG (including the Virtual PRG) make this commitment:

- A. To respect practice and patient confidentiality at all times.
- B. To treat each other with mutual respect and act and contribute in a manner that is in the best interests of all patients.
- C. To be open and flexible and to listen and support each other.
- D. To abide by the seven Nolan Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.
- E. Not to use the PRG as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
- F. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
- G. Otherwise to abide by principles of good meeting practice, for example:
  - 1. Reading papers in advance
  - 2. Arriving on time
  - 3. Switching mobile phones to silent
  - 4. Allowing others to speak and be heard/respected

## Appendix 3 Equality

### Equality Act 2010

Q: What is the purpose of the Act?

A: The Equality Act 2010 brings together a number of existing laws into one place. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. Simplifying legislation and harmonising protection for all of the characteristics covered will help Britain become a fairer society, improve public services, and help business perform well. A copy of the Equality Act 2010 and the Explanatory Notes that accompany it can be found on the [Home Office website](#)

Q: Who is protected by the Act?

A: Everyone in Britain is protected by the Act. The "protected characteristics" under the Act are (in alphabetical order):

- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Gender

Sexual orientation <https://www.gov.uk/equality-act-2010-guidance>