

# Launceston Medical Centre Patient Participation Group (PPG)

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## CONSTITUTION

The Group shall be called the Launceston Medical Centre Patient Participation Group.

### 1. Aim

To promote patient participation and welfare and to promote self-care

### 2. Objectives and Activities

A. To provide a two-way communication between the Launceston Medical Centre and those who use the Centre in order to help staff provide the best care, and the patients to make best use of the services.

B. Review and address patient feedback from a practice-led annual patient survey and/or a PPG consultation.

C. Share best practice and good ideas from other support groups.

D. To be informed by the Launceston Medical Centre of changes in the NHS organisation that may directly affect patient care in order that the Group may respond as appropriate to any questions from patients concerning these changes.

E. To take local health care provision issues for consideration which are evidence based and which demonstrate that they are a matter of wider concern.

F. To raise funds for the practice to assist in the purchase of additional equipment and services for the benefit of patients

### 3. PPG Structure and Membership

A Membership of the PPG shall be open to all registered patients. The PPG will endeavour to reflect the patient profile and be widely representative and inclusive of different genders, ethnicities, ages and abilities as required in the GP contract.

B The PPG 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 (see Appendix 1).

C The carer of a patient registered with the practice can be a member of the PPG even if he or she is not a patient at the practice.

#### PPG and PPG Committee

D The PPG shall elect officers from among the members of the PPG. They will be known as the Launceston PPG executive committee and will comprise: Chair, Vice Chair, Secretary and Treasurer. Other non-executive posts and working groups may be created at a general meeting of the PPG as appropriate. The chair will be an ex-officio member of all sub-groups/working parties and these groups shall provide reports of their meetings to the next full PPG meeting.

E The PPG and the PPG executive committee shall both hold regular meetings. To maintain an active PPG, any PPG member who fails to attend three consecutive PPG

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meetings without apologies may be deemed to have resigned. The PPG will extend an open invitation to practice staff to attend its meetings as agreed with the practice manager.

F Executive officers shall serve no more than three consecutive years.

#### 4. Management of the PPG

A The PPG shall meet no fewer than four times a year. The PPG committee may meet more regularly for planning purposes and liaison with the practice staff if required.

B In the absence of the Chair and Vice 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 PPG which must include two executive committee members. Apologies for absence should be sent to the Secretary or Chair prior to the meeting.

D The chair of the PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.

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.

F The Secretary shall produce minutes of meetings to be considered and approved at the following meeting of the PPG and subsequently be sent to members of PPG and made available to all via email or on the practice website.

G The Treasurer shall be responsible for all income and expenditure affecting the organisation and for the presentation of accounts at the Annual General Meeting.

H An account will be maintained on behalf of the Association at a bank agreed by the committee.

J Four cheque signatories will be nominated by the Committee (one to be the Treasurer). The signatories must not be related nor members of the same household. All payments will be signed by two of the signatories.

K. For cheque payments, at least two signatories will sign the cheque.

L For other payments (such as BACS payments, cash withdrawals, debit card payments or cash payments), a requisition note will be signed by two signatories, and held by the treasurer.

M Records of income and expenditure will be maintained by the Treasurer and a financial statement given at each meeting.

N All money donated to or raised by/on behalf of Launceston PPG is only to be used to further the aim of the group.

O All spending decisions must be agreed by the full PPG.

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### 5. Annual General Meeting

A The Chair of the PPG will convene an Annual General Meeting open to all registered patients and carers before the end of the selected month each year. The date, venue and time shall be published at least one month prior to the meeting by means of a notice in the surgery waiting room and on the surgery website.

B Any officer posts of the PPG Executive Committee will become vacant on an annual basis with the option of self /other nomination for the positions and a process of voting by members of the PPG.

C Officers of the PPG and members of any Working Group will notify the Chair at least one month prior to the date of a convened Annual General Meeting if they intend to step down from their position. Membership and the appointment of specific roles will be agreed at the Annual General Meeting.

D Any member of the PPG who wishes to nominate him/herself for an officer position on the executive committee or a working group, such as Chair or Secretary or any other official role, should advise the incumbent Chair of their proposed intentions at least two weeks prior to any Annual General Meeting. Incumbent officers should also indicate whether they are prepared to stand for another term.

E An auditor shall be appointed at the AGM and the auditor/secretary shall present an audited copy of the account to the AGM.

### 6. Alterations to this Constitution:

This constitution may be amended by a resolution passed at the AGM or at a special meeting of which proper notice shall have been given to all PPG members and to the Launceston Medical Centre.

### 7. Dissolution

A If the Launceston Medical Centre and/or the Patient Participation Group deem that the continuation of the Patient Participation Group is no longer appropriate, a dissolution meeting will be called and all members informed.

B In the event that the PPG is dissolved, dispersal of any funds held by the group shall be decided at a general meeting of the PPG.

### 8. Confidentiality

All members of the PPG must be made aware of the need to maintain absolute patient confidentiality at all times. Any member whose work on behalf of the PPG 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. A copy of the Launceston Medical Centre confidentiality agreement can be found at Appendix 2.

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## 9. Code of Conduct

All PPG members must abide by the Code of Conduct

The PPG 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 PPG 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 PPG 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

Revised and updated March, 2019

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## Appendix 1

### 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>

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### Appendix 2

#### Confidentiality Agreement

##### Confidentiality & IG (Information Governance) Protocol

**Purpose** The purpose of the protocol is to set out the obligations for all working at Launceston Medical Centre (LMC) concerning the confidentiality of information held about patients at LMC. This protocol is relevant to all employers, employees and anyone who works at the practice including non-medical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this. The protocol will be reviewed annually to ensure that it remains effective and relevant.

##### Importance of confidentiality

Confidentiality is a fundamental part of health care and crucial to the trust between doctors and patients. Patients must entrust their practice with sensitive information relating to their health and other matters in order to receive the treatment and services they require. They should be able to expect that this information will remain confidential unless there is a compelling reason why it should not. All staff in the NHS have legal, ethical and contractual obligations of confidentiality and must ensure that they act appropriately to protect patient information against improper disclosure. Some patients may lack the capacity to give or withhold their consent to disclosure of confidential information but this does not diminish the duty of confidence. The duty of confidentiality applies to all patients regardless of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Information that can identify individual patients must not be used or disclosed for purposes other than healthcare unless the patient (or appointed representative) has given explicit consent, except where the law requires disclosure or there is an overriding public interest to disclose. All patient identifiable health information must be treated as confidential information regardless of the format in which it is held. Information which is effectively anonymised can be used with fewer constraints. The confidentiality of other sensitive information held about the practice and staff must also be respected.

**Obligations for all staff** All staff must:- 1) Always endeavour to maintain patient confidentiality 2) Not discuss confidential information with colleagues without patient consent, unless it is part of the provision of care. 3) Not discuss confidential information in a location or manner that allows it to be overheard. 4) Handle patient information received from another provider sensitively and confidentially. 5) Not allow confidential information to be visible in public places 6) Store and dispose of confidential information in accordance with the Data Protection Act 1998 and the Department of Health's Records Management Code of Practice

7) Not access confidential information about a patient unless it is necessary as part of their work 8) Not remove confidential information from the premises unless it is necessary to do so to provide treatment to a patient, and then ensure that the appropriate technical safeguards are in place and there is agreement from the information governance lead or Caldicott Guardian. 9) Contact the information governance lead or Caldicott Guardian if there are barriers to maintaining confidentiality. 10) Report any loss, inappropriate storage or incorrect disclosure of confidential information to the information governance lead or

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Caldicott Guardian. 11) If applicable, document, copy, store and transfer information in the ways agreed with other providers.

It is expected that members of staff will comply with the law and guidance/codes of conduct laid down by their respective regulatory and professional bodies.

Information disclosures:- When a decision is taken to disclose information about a patient to a third party due to safeguarding concerns/public interest, the patient should always be told and asked for consent before the disclosure unless it would be unsafe or not practical to do so. In the circumstances that consent cannot be sought, then there must be clear reasons and necessity for sharing the information. Disclosures of confidential information about patients to a third party must be made to the appropriate person or organisation and in accordance with the principles of the Data Protection Act 1998, the NHS Confidentiality Code of Practice and the GMC's Good Medical Practice.

Obligations for employers The employers at the practice must:- 1) Ensure that confidential information can be stored securely on the premises and that there are processes in place to guarantee confidentiality. 2) Make sure that all new employees to whom this protocol is relevant have read, understood and signed this protocol. 3) Review and update this protocol on a regular basis

Caldicott Guardian Senior member of staff with a responsibility to ensure patient data is kept secure

IG Lead (Information Governance Lead) Coordinate, publicise and monitor the standards of information handling throughout the practice.

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31/10/2017 Created PH 13/07/2018 Reviewed AY