



# Patient Partnership Resource

Health Care Home Supporting Resource  
includes templates and guidance.

**Better** Health Outcomes  
through Great Primary Care

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**About this Resource:**

This guide is intended to support Health Care Home teams implement and expand patient engagement, using a Patient Partnership Framework.

The Partnership Framework progresses across a maturity matrix using a scoring of 1 (low maturity) to 4 (high maturity). Over time it is anticipated that practices will develop a range of initiatives that will support successful patient engagement.

Examples and approaches to patient engagement are described in this document, including other similar frameworks and relevant resources to further support new and any on-going initiatives within a primary care and general practice setting.



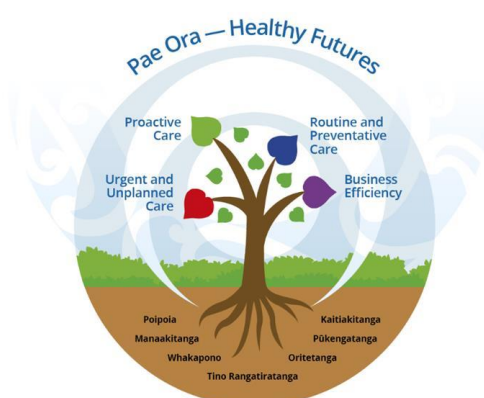
## Introduction

Patient engagement and partnership is increasingly becoming a vital component of both service delivery and involves working together towards shared decision-making. It is a culture shift in services to welcome consumers at all levels, from the practice waiting room, to the board room, from the level of direct point of care, and at service planning level.<sup>1</sup>

Active patient engagement is beyond sending a patient experience survey, and more about enabling them to have more involvement in how the practice provides services. When designing activities and involving patient partnership, it is imperative all staff have a shared understanding of the purpose, objectives of the activities, and understand the differences between working for, and working with patients.

It is expected that Health Care Home (HCH) practices will demonstrate a high level of patient engagement. By Year Two into the HCH Programme, practices will be using different methods and modes of technology to support patient engagement, e.g., patient portal, open notes, video consultations and mobile apps.<sup>2</sup>

HCH practices are supported by the Tū Ora HCH team to meet the HCH model of care requirements and promote the main premise of the Programme is that the patient is at the front and center of all we do.



## Tū Ora Compass HCH Team commitment

Some of our core strengths are being able to connect people with primary care responses and build trusting relationships. This is done by creating an environment where voices are heard and respected by promoting the HCH Programme<sup>3</sup>, acting as a champion and advocate for change and implementation.

### The HCH team is committed to:

- Honouring Te Tiriti o Waitangi
- Responding to Pae Ora – Healthy vision to all New Zealanders
- Adhering and aligning to the Tū Ora Compass Health He Waka Eke Noa Framework<sup>4</sup>
- Support General Practices and lead localities peer learning platform.
- Uplifting the voices of whānau, communities and Hauora networks within our mahi

<sup>1</sup> HQSC NZ Progression consumer engagement in primary care

<sup>2</sup> Tū Ora HCH 2022-2023 Business rules

<sup>3</sup> HCH Collaborative Enhance Model of Care – Patient and Whānau Engagement with general practice Teams.

<sup>4</sup> Tū Ora Hauora Māori Strategy He Waka Eke Noa



## NZ Health and Disability Health System Reforms

In response to the Health and Disability Systems Review, the NZ Government announced in April 2021 a major system-wide transformation of the health and disability system<sup>5</sup>. Transforming the health system aims to create a more equitable, accessible, cohesive, and people-centered system that will improve the health and wellbeing of all New Zealanders<sup>6</sup>.

[The Pae Ora \(Healthy Futures\) Act](#) took effect on 1 July 2022 establishing four new entities:

Public Health Agency	Te Whatu Ora (Health NZ)	Te Aka Whai Ora (Māori Health Authority)	Whaikaha (Ministry of Disable People)
<ul style="list-style-type: none"> <li>• Within the Ministry</li> <li>• Lead and strengthen public health</li> </ul>	<ul style="list-style-type: none"> <li>• National Organisation</li> <li>• Lead &amp; Coordinate delivery of health services across NZ</li> <li>• Operates hospitals and health services</li> </ul>	<ul style="list-style-type: none"> <li>• Independent statutory authority</li> <li>• Drive improvement in Hauora Māori</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a wider lens on disability across Government</li> <li>• Drive transformation of the disability support system.</li> </ul>

It is important to understand and acknowledge the continuous development of the Health and Disability System reforms and the impact these changes will have within Primary care at a national level. Partnerships and Te Tiriti o Waitangi principles are to be woven throughout the future health system, with strong expectations to deliver care that will achieve better health outcomes for Māori and other under-represented groups who have not always been well served.

The Pae Ora Healthy Future Act recognises the role of Iwi-Māori Partnership Boards to act as a vehicle for Māori to exercise Tino Rangatiratanga and Mana Motuhake with respect to planning and decision-making for health services at the local level. It is expected that around 60–80 localities will be established in communities around the country to provide advice on health services needed.<sup>7</sup>

Prioritising Māori engagement, participation and representation in general practice is pivotal as they can link directly with iwi governance bodies, local marae, other Māori service providers within communities, a direct commitment to Te Tiriti o Waitangi.

<sup>5</sup> Health and Disability Systems review - Final Report 2020

<sup>6</sup> Ministry of Health – New health system and disability system

<sup>7</sup> Pae Ora (Health Futures) Act 2022



## The Patient Partnership Framework

This framework has been developed by the HCH team at Tū Ora Compass Health. It is a Continuous Quality Improvement (CQI) tool designed to assist and support practices to implement, embed and expand their patient engagement activity(s). It has been aligned to the HCH Model of Care for ease of use containing four characteristics, each with four different levels of maturity.

### Patient Partnership Characteristics

The four characteristics of the Patient Partnership Framework are:

- Patient communication
- Patient feedback
- Patient participation
- Patient co-design

### Characteristic Maturity Matrix

The following maturity matrix outlines a continuum of descriptors for each characteristic, using a scoring of 1 (low maturity) to 4 (high maturity) for each characteristic, with 4 being the goal for all practices on the maturity continuum.



Patient Partnership				
	1	2	3	4
<b>1. Patient Communication</b>	...is disseminated by displays (hard copies) in languages that reflect practice population	...at least 4 avenues including but not limited to: text messaging, email, health TV, practice website and patient portal	...community notice boards and newsletters relevant community groups e.g., refugee centres, temple, marae, community centres	...public forums for meetings, patient participation groups, social media
<b>2. Patient Feedback</b>	...is sought from the practice by printed questionnaire, suggestion box. Displayed complaint process	... at least 4 avenues including but not limited to: National Patient experience Survey, website feedback forms, survey monkey, suggestions box etc.	...at least 7 avenues including real-time feedback tool, community meeting and public forum	...patient participation groups such as focus groups, expert panels, or exit interviews as patients leave the practice
<b>3. Patient Participation</b>	...in service improvement by completing patient questionnaires and making suggestions to the practice	...patient feedback being utilised to make service and process improvements. Informing staff and patient of outcome of feedback	...having input into patient information resource development, health promotion events	...participating in process improvement activities with practice staff e.g., Value Stream Mapping
<b>4. Patient Co-design</b>	...this is not yet done at this maturity level	... activity within the practice in an ad-hoc and unplanned way	...by patients actively advising of their experience of services, e.g., SMA, access to care and the cultural. Responsiveness of the practice	...by participating (be it advisory or hands on) in a building or service remodeling project



## 1. Example of Patient Communication

Practices are encouraged to promote, provide, and disseminate information to patients and their communities via a range of sources including, but not limited to:

- **Hard copy patient health, programme & service information** - Consider effective communication of all relevant programmes and services being offered. Be sure to share information to patients and their whānau in an open, honest, and transparent manner (e.g., Open disclosure policy share<sup>8</sup> or multi-language posters/signage).
- **Practice websites** – Design a website to improve engagement using digital contents and/or activities that be carried out by the user (patient) that fulfils intended purposes. It could be, for example enrolment processes, filling in a feedback form, making contact, or a newsletter subscription.
- **Social Media** - Using digital tools such as Facebook, LinkedIn, or other online platforms to distribute service updates and health promotions to whānau and wider communities.
- **Newsletters and Practice or community notice boards** - Catchy simple engaging newsletters to connect whānau and communities with relevant topics and promote key messages.
- **TXT messaging** – using a single 'Call to Action' (CTA) approach keeping communication short, simple, and easy to read. Consider using warm greetings and include practice name.<sup>9</sup>
- **Email and Patient Portal communication** – for improved access, provide a fully functional patient portal tool that is controlled and guided by sustainable policies and business rules.

## 2. Example of Patient Feedback

Practices actively seek feedback from their practice population for the purpose of improving service delivery and/or patient experience of care. Practices can use a variety of methods to obtain patient feedback, ideally this process is a continuous one and is managed by practices.

**Examples include:**

- **Complaint Management process** or patient incident management reports. Complaints are a valuable source of data. Use this data to identify problems with your business you can include your process for handling complaints and to see if your solutions are working.
- **Questionnaires**, e.g., Patient Experience Survey (PES), survey monkey for digital reporting or seek hardcopy surveys for qualitative feedback.

<sup>8</sup> Royal NZ College of GP – indicator 1 Open disclosure Foundation standards 2020 - 2023

<sup>9</sup> Digital Marketing Institution, BP education group – Global standards





- **Website feedback form capability** including real-time feedback tools e.g., Push My Button – Happy or Not kiosk.
- **Exit interviews** to find out why patients have exited and find out any opportunities for service improvement. These can be conducted by SMS messaging, emails, or posts.
- **Expert patient panel** and **patient participation groups**, to gather feedback and input on specific issues.
- **Responsive feedback displayed** openly on the waiting room wall e.g., ideas tree or suggestion boxes.
- **In person feedback** - focus groups or during community forums where patients attend.

### Patient Survey and Questionnaires

When choosing a survey, the aim should be to capture full representation of the practice's patient population, including Māori, and other or marginalised groups. Therefore, practices need to consider the delivery method and whether the survey will return the information they need.

Results from surveys should be discussed with the practice team and used as a catalyst to make changes wherever practicable. Survey results and any subsequent changes implemented in response to patient feedback should be shared with the practice population and staff.<sup>10</sup>

Some considerations when selecting a survey:

- Is it online only? If so, how will patients who do not have reliable access to the internet complete the survey?
- The length/time needed to complete the survey.

### Collecting the patient's preferred method of contact

Collecting a patient's preferred method of contact values their communication preference and maximises the likelihood of contacting the patient e.g., sending a text message is more appropriate to a transient mobile user rather than a letter. Practices should consider how this preference be recorded in the PMS, be it a patient alert, or by adding a note in the notes field of the Patient Register.

Preference information could be collected by:

- Adding a line to the patient enrolment form on how they would like to be communicated,
- Having a separate form or survey to complete,
- Or asking patients when they phone the practice.

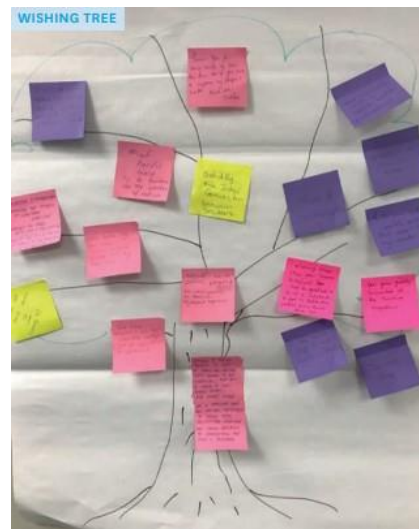
<sup>10</sup> Royal NZ college of GPs – Indicator 9 Clinical governance and patient experience 2023 Foundation standards



### 3. Example of Patient Participation

Practices provide participation opportunities for patients to share their experience of care with the service. A range of approaches can include but not limited to:

- **Engage further with patient feedback,** questionnaires, surveys, for example creating an interactive "wishing tree" or 'ideas tree' displayed on waiting rooms may allow avenues for past, present, and future patients to participate and engage visually.<sup>11</sup>
- **Utilising patient feedback** to make process improvements, and tailor resources for those who use the service.
- **Creative methods of community participation and understanding the different ethnic themes.** Consider meeting them (patients) at 'Their place' via focus groups of specific health promotions.
- **Correct use of whanaungatanga** and a welcoming environment within a professional shared space for people to participate.
- **Expert panel initiatives** such as value stream mapping via a range of Consumer Councils or Patient Participation Groups (PPG) participating in activities such as resource development, service improvement initiatives and/or value stream mapping.



### 4. Example of Patient Co-design

The concept of co-design (also can be called co-production, co-creation) has been adapted and used to assist with designing health services in New Zealand since 2008.

It is moving from the traditional approach where only managers, clinicians and service planners sitting down to review or plan a new service based on their experience to turning the table and embracing an experience-based co-design method where certain patient groups can be consulted to ensure closer alignment to meaningful and effective service delivery.<sup>12</sup>

**This can be via a range of approaches including but not limited to:**

- Patients advising on their experience of service access and care e.g., Shared Medical Appointments (SMA's)
- Patients advising on the cultural responsiveness of the practice team.<sup>13</sup>
- Patient involvement in model building or any Continuous Improvement Quality methods (e.g., model for improvement or LEAN/Six Sigma)

<sup>11</sup> Counties Manukau Health -supporting people and families living for with long term conditions.

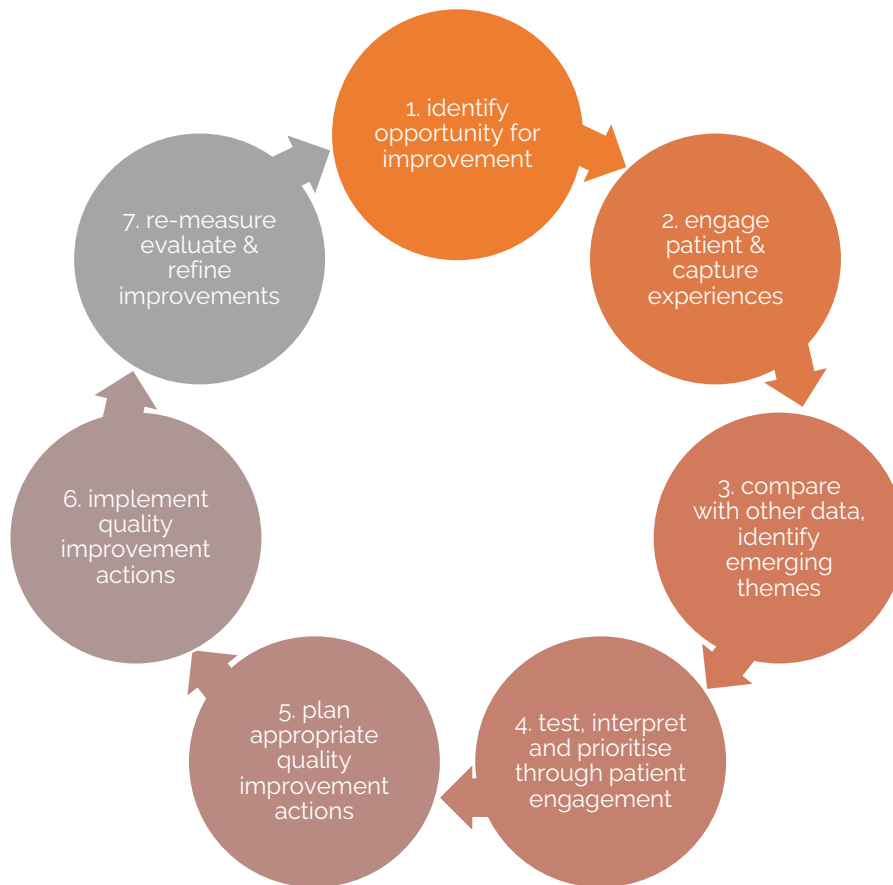
<sup>12</sup> Health Navigator – Co-design

<sup>13</sup> The Policy place – [Cultural responsiveness](#)



There have been a range of patient co-design projects in secondary care, but to date little in primary care. Health Navigator has further information on the method of Co-design and Six Tips that are extracted from an article by Dr Lynne Maher on the [Ko Awatea](#) website.

**1. See co-design as part of a wider process.**



2. **Take the time to explain to people why you need their involvement.** People who do not work in healthcare often need support to understand why the team is looking for their contribution or unique perspective on a particular care pathway.
3. **Consider where to hold meetings and planning.** Seek venues that are less intimidating such as community halls or churches. Consider having discussions in advance so that everyone, especially patients and whānau can arrange to attend.
4. **Ask for four or five people to work with you rather than just one person.** Patients may need to withdraw at any time because of their health conditions or for other personal circumstances, so having more than one to help you is useful. Also having multiple numbers can encourage meaningful conversations, because some patients will feel more comfortable when they are amongst their whānau or other people in their community.<sup>14</sup>

<sup>14</sup> Dr Lynne Maher, Ko Awatea

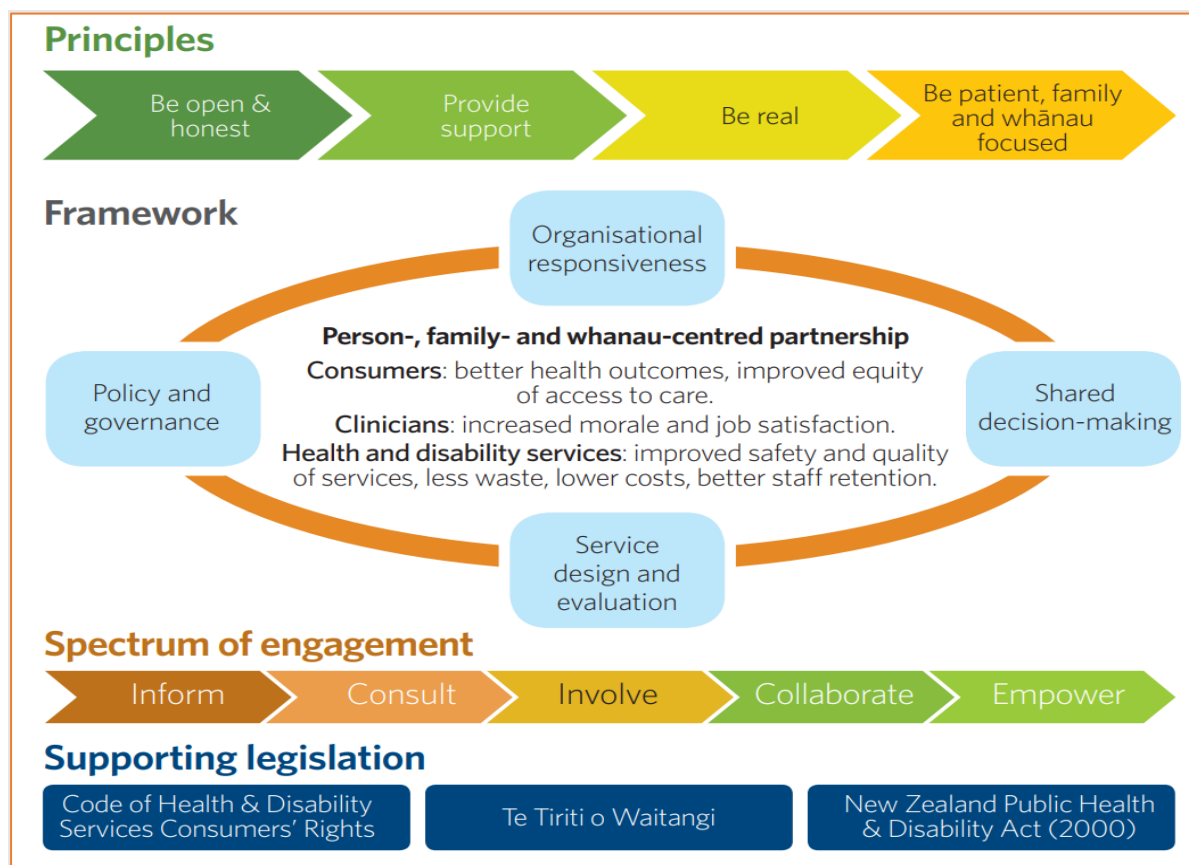


5. **Always let people know the outcome of the work.** Even if they have only been involved for a short period of time, a thank you card with an update on the improvement is always welcomed.
6. **Cherish emotions.** You will collect a range of information and measure the improvements. Rich emotional data that comes through the stories gathered from patients, whānau and staff are priceless.

## Health Quality Safety Commission Consumer Engagement Framework

Many guides and frameworks on consumer engagement are available. The figure below provides an overview of the various aspects involved in engaging with health and disability consumers.

It adapts the ideas in other models into one, and relevant to both the primary care sector and the broader health and disability environment in New Zealand. This is not a definitive framework but proposed as a starting point.<sup>15</sup>



<sup>15</sup> HQSC NZ Progression consumer engagement in primary care



## Establishing Patient Partnerships

### Factors to consider before initiating a patient engagement activity.

**What:** A clear objective for the chosen activity: what is the rationale, relevance, and connection to other practice priorities – it is better to make a small difference for a lot of people, than a large difference for a few people.

**Who:** Have a discussion with staff to ensure they understand the reasons why patient engagement is important and their role in positively promoting and participating in the activity. Establish who will lead the patient engagement activity.

**Why:** Decide what activity to start with: all or one thing at a time e.g., focus groups? PPG? Public meeting? Consider choosing an area that patients complain the most about.

If the outcome of any activity results in patients wanting change, the practice will need to respond by making the change or giving patients robust reasons why it cannot happen.

**How:** Measure what matters to patients, not what you think matters to them, involve them in the design phase if you can. Be clear about what will be measured: why and how and consider how results will be fed back and/or displayed to the practice population and staff.

**Where:** Consider how the practice provides a safe environment for patients to report on safety incidents, near misses and other concerns?

### Consider other administrative requirements.

- Available budget?
- Duration of the planned activity
- How will any improvements be linked to the practice's continuous improvement activities?
- What, and how, will information be provided to patients on how they can be more involved?
- Protocols in place to cover any confidentiality concerns e.g., confidentiality agreement?

## Identifying potential patients and community participants

**Define who needs to be involved, or informed.** Who is likely to be most affected by the service or process improvement being considered? It may involve people outside the practice, e.g., community organisations, volunteer services, NGOs, other health service providers.

**Endeavour to be as inclusive as possible.** Consider who and how you will reflect your practice population. Māori participation and representation is an essential part of contributing to Māori health gains. For this reason, Māori inclusion is integral to all patient engagement activities.

Also consider those with:



- English as a second language.
- Hearing, speech, or visual impairments.
- Communication challenges and/or cognitive difficulties.
- Physical disabilities or who are housebound.
- Mental health challenges.

### Factors affecting patient partnerships

Patients may want to be more engaged with the practice, some factors that can impede this are:

- Staff knowledge of and attitude toward the patient engagement activity
- The process of patient engagement
- The proposed patient engagement activity, time, methodology and venue, e.g., transport constraints, unavailability of key participants because of time of day, etc.
- Patient ability – e.g., health literacy, availability, health status, communication
- Patient perception of their role and function within the group, e.g., do they feel confident to voice their real concerns in front of clinicians?

### Providing feedback on patient engagement activities

Practices need to inform their patients of all the patient engagement activity being undertaken and of any improvements carried out as a result of their feedback and/or participation.

Where appropriate the information should also be made available to the local community. This can be done using a range of methods such as notices in the waiting room, newsletters, group emails, practice websites, newspapers, Facebook pages or local Neighborhood sites.

*See appendix 1: How to set up a patient participation group.*



## What is a Patient Participation Groups (PPG)

A PPG is a group of volunteer patients and general practice staff who meet at mutually agreed intervals. The overall purpose of a PPG is to develop a positive relationship between patients, a general practice team and the community it serves, ensuring the general practice remains responsive to what matters most to patients.

### What does a PPG do?

The activities can vary depending on the purpose for which it is established. PPGs are the platform that enables a partnership in healthcare between a patient population and a general practice team.

### Encouraging the patient voice via PPG activity includes but is not limited to:

- Providing the practice with feedback on what patients are saying and thinking about their service.
- Conducting patient surveys or collecting feedback in the waiting room.
- Advising the general practice and patients of the new systems and treatments.
- Sharing good general practice by networking with other PPGs.
- Sitting on recruitment panels for new staff, including GPs.
- Building two-way relationships between patients and general practice.

### Promoting health matters via PPG activity includes but is not limited to:

- Organising presentations on important health needs.
- Producing a directory of self-care support groups.
- Running courses within the general practice on health topics.
- Raising awareness of key public health messages.
- Running volunteer support services.
- Help organise health promotion events.

### Improving communication via PPG activity includes but is not limited to:

- Distributing regular newsletters about the group and what they are achieving.
- Promoting awareness of and access to local health services.
- Developing a patient library or information resource centre and/or improving the general practice leaflets and website.

### Influencing the development of services via PPG includes but is not limited to:

- Advising on the development of new or existing general practice premises.
- Representing patient views on the purchase of health services.
- Bidding with the general practice to provide new services.
- Fundraising to provide services not covered by the general practices.
- Co-ordinating with other PPGs to improve wider healthcare delivery.



## Why should a practice have a Patient Participation Group

A Patient Participation Group (PPG) is beneficial to patients, the general practice team, and the community in many ways by which:

### Patients can:

- Attain health literacy and understanding and knowledge of the general practice team and its services.
- Participate in a forum to express concerns and make suggestions.
- Be empowered to take charge of their own health.

### The general practice team can:

- Share information with and seek feedback from the PPG about its current services and future ideas.
- Plan services jointly with patients to improvement and/or increase their effectiveness.
- Get help from patients in meeting priority goals and objectives.
- Participate in a forum to hear patient concerns, ideas, and suggestions, as well as have a better understanding of patient aspirations and needs.
- Get closer to the community.

### The community can:

- Get an idea of what is needed to improve healthcare, make sure that the patient view is represented and acted on.
- Have an open dialogue with general practice teams and other healthcare professionals.
- Have a forum through which they can identify their own needs, express concerns, and make suggestions.
- Have a forum to inform the practice why they would join, or leave, the practice.

## Who should participate and what are the potential challenges?

PPGs generally consist of general practice staff and registered patients who are representative of the practice population. The practice will need to decide how many PPG members to recruit and is responsible for recruiting its own members.

Challenges can include but are not limited to:

- The PPG is not representative of the practice population.
- The purpose of the group gets lost, e.g., the PPG becomes a complaints forum rather than a forum for expressing and sharing constructive ideas.
- The PPG activity becomes too time-consuming to sustainably manage.
- Members may have unrealistic expectations of the group.





- Members may feel uncomfortable about sharing their views or have an exaggerated focus of the issues, suggestions and/or initiatives.

#### Why do some Patient Participation Groups fail?

- Lack of focus and commitment
- Poor planning
- Poor communication to group from the practice and vice versa
- Hostility between the group and the practice and vice versa
- Relying heavily on one or two people



## APPENDIX 1: How to set up Patient Participation Groups (PPG)

### Types of PPG

When considering setting up of a Patient Partnership Group (PPG), the practice should consider what type of PPG it would be.

#### For example:

- A focus group – to discuss a specific issue affecting a group within your practice population, e.g., youth services at the practice for teenagers.
- An expert panel – a cohort with specific expertise who agree to share their experience, e.g., maternity patients, those with LTCs, young parents etc.
- Public meeting – are the issues, services or process improvements involved bigger than the practice and patient population?

#### Terms of Reference is needed to provide a structure whereby (see example in Appendix 2):

- The PPG and practice have a shared understanding of the purpose of the PPG and the roles within the group.
- Core values and principles for effective working are shared and agreed.
- The PPG has clear ways of working as a group (ground rules) which are known and understood by the group participants.
- The practice and PPG enable effective leadership of the group and support all of its members and member roles.

### Open and Closed Membership

**Open membership** left uncontrolled runs the risk that the wrong kinds of patient want to join and/or the group does not end up being representative of the practice population.

- Put a notice either in a practice newsletter or local paper inviting registered patients to an information evening.
- Provide refreshments at the meeting.
- Expect that other issues may be raised by patients in this forum that aren't related to a PPG – have a plan for how/who will manage these.
- Set the first PPG meeting no more than one month after the information evening, so interest and momentum is not lost.
- Take a register and contact details of those who have attended, so you can send them a reminder about the first official PPG meeting.

**A closed membership** without appropriate tendering processes could be seen to disadvantage other patients, who want to be part of the group and could make a valuable contribution to the group.

- **How much support** would the practice give the PPG? e.g., cost venue, refreshments for meetings, stationery, photocopying, funding if needed to suggested improvements.
- **Nominated staff member/s needing to be available** to attend meetings and/or who can make decisions on behalf of the practice.



- **Decide where to hold the meetings**, depending on patient population it could be appropriate to have the meeting on a marae, in a hall or school, rather than at the practice.
- **Discuss as a practice the demographic and who** would be ideal to have in the PPG, e.g., representatives from Māori/Pacifica/Asian/Mental health users/Youth/ Young mums etc.
- **Have an agenda**, with hand out information about what PPGs are about.
- **Decide on a date, time, and venue** for an initial meeting. Set PPG meeting at an appropriate frequency so interest and momentum is not lost.
- **Send out an invitation** letter to these patients, at least 30 if possible. An ideal membership of the group would be 10-12, so send out more invitations than you need, there will always be those who will not come. Follow up the letter with a phone call to the potential members to remind them about the meeting.
- **Take a register and contact details** of attendees, so you can send them a reminder about the first official PPG meeting and any follow up.

*Once the decision has been made to have an open or closed membership, there are different options for recruitment.*

### First Official Meeting

- Practice representative welcomes patients and sets the scene for the PPG, including giving out draft Term of Reference.
- Chair and Secretary to be patients, to organise and chair meetings.
- Identify skills within the group.
- Discuss any potential projects the PPG could undertake.
- Decide how often to have meetings, monthly initially then more often/less depending on what projects are being undertaken/need of the group.
- Short, medium, long-term goals, with some quick wins

### PPG Resources

- National Association for Patient Participation (NAPP): <http://www.napp.org.uk/>
- YouTube videos on patient experience: Barns Medical Practice in Scotland patient participation group:
- <https://www.youtube.com/watch?v=ArxiL-t9Fno>
- Health Navigator: <http://www.healthnavigator.org.nz/clinicians/p/patient-experience/>



## APPENDIX 2: Terms of Reference – TEMPLATE (example)

### Purpose

To share patient and practice perspective and input to the development of medical services covered by XXXX Medical Centre.

To enable patients to have input and agree the areas we can improve or change our services.

### Aims

Improve communication between the practice and the patients and to foster communication with the wider patient population, by ensuring the practice can work in partnership with patients on a regular basis.

Ensure the PPG membership is reflective of the community represented, where patients and carers can participate. The PPG and practice have agreed priorities for patient participation in the practice.

### Memberships

- PPG Chairperson (practice staff)
- Clinical Leads
- The partnership will be patient organised with active support from the practice.
- The group has an informal membership of registered patients at XXXX Medical Centre and will not be limited to a specific number of patients.
- Members participate for a maximum of 3 years but can seek to continue after 3 years subject to other members agreeing.

### Roles & Responsibilities

The group will elect a chair and vice-chair who will both have a term of office of one year, after which there will be a re-election/reselection from within the group.

One member to take the minutes.

Chair to agree agenda but all members can put forward agenda items.

Wherever possible, members should only put forward agenda items to meetings they will be attending.

### Administration

The group will meet monthly for 3 months until the group is established and then quarterly thereafter. Dates and times will be confirmed at the first meeting.

Agreement on the use of email to communicate wherever possible. Those not on email to have information posted to them by the practice,

Terms of reference to be ratified/changed annually.

### Responsibilities of PPG members

Members of the PPG agree to the following responsibilities:

Actively participate in meetings through attendance, discussion and review of the minutes and other documents.

Take a genuine interest in the overall success of the group and act on opportunities to communicate positively about the group.

### Decision-making process

Decision-making will be by consensus. Any decision that impacts on other organisation's will be considered by those organisations through their normal approval process.

### Communication

The PPG uses various methods to communicate with and involve all patients. Any formal communication from the PPG will be managed by the Chair and the practice manager.

This will be channeled through/agreed with the members including any communications with stakeholder groups and media.

