

Birmingham and Solihull PPG Forum – terms of reference

1. Introduction

1.1 The Birmingham and Solihull PPG (BSPPGF) has been set up in partnership with local Patient Participation Groups based at NHS Birmingham and Solihull CCG GP practices.

The BSPPGF supports the development of improving healthcare in the Birmingham and Solihull CCG area.

The BSPPGF provides a supportive role to the Primary Care Committee (PCC), and more broadly the CCG, in achieving the following aims:

- Commissioned services are delivered with high quality and best possible outcomes for patients, carers and their families; and
- Local health services are effective and safe for patients, and they are to be treated with compassion, dignity and respect.

2. Purpose of the BSPPGF

To represent the views and experiences of health care, of patients and carers in Birmingham and Solihull, and act as a conduit between Patient Participation Groups (PPGs) and the CCG. Specifically, it uses these links to:

2.1 Receive briefings from PCC and other CCG meetings and brief back to that Committee on matters of concern or interest for patients and carers.

2.2 Gather and communicate patient feedback and views to the PCC on the quality of healthcare services being delivered to patients living in Birmingham and Solihull.

2.3 Be consulted on issues relating to quality and patient safety in healthcare.

2.4 Provide a forum for review and discussion of national and local information/issues as determined by the CCG and PPG representatives, in regards to service quality and patient safety for assessment and action.

2.5 Be a conduit for local expertise about community needs and concerns in relation to quality, particularly those from disadvantaged groups.

2.6 Promote the BSPPGF to other patients and PPGs.

2.7 Educate and explain to other patients about the role of the CCG, and how to get more involved in healthcare decision making.

3. Roles & responsibilities

3.1 Receive and report feedback and findings from patients across Birmingham and Solihull to inform and influence the work of the PCC, and more broadly the CCG.

3.2 Receive and consider reports and action plans resulting from quality assurance visits/audits etc.

3.3 Gather patient and carer stories about their experiences of care as part of the development of patient stories.

3.4 Receive and consider information available from local and national services on the quality of care provided for residents of Birmingham and Solihull.

3.5 Support and develop any other relevant quality initiatives, such as listening events.

3.6 Provide opportunities for inter-PPG networking with a minimum of one annual event.

4. Accountability of the BSPPGF

4.1 The Chair of the BSPPGF will report on the forum's views and activities to the PCC.

4.2 The BSPPGF is accountable to the CCG. Individual forum members will be accountable for reporting back activities and information from the Forum to their respective PPGs.

4.3 The CCG will advise the BSPPGF members of the result of any investigations into any issues raised.

5. Membership

5.1 PPG members will self-select through conversations at their practice, who attends the BSPPGF. Up to forty PPG member's places will be made available to ensure that a manageable and sensible meeting can take place. N.B. If the demand for places far exceeds forty, the possibility of a mini BSPPGF in each of the six CCG localities which report into the main Forum (an umbrella type structure) will be explored. Or alternatively, groups of PPGs can choose to send a representative on their behalf, who then report back.

5.2 CCG members will include:

* Primary Care and Integration or their representative

* Chair of the PCC (Lay advisor) or other lay member of the CCG

* Communications and Engagement lead or their representative

5.3 The Chairing of the BSPPGF will be divided between the Chair and Co-Chair (patient who has been elected).

5.4 Representatives of other relevant local bodies will be invited to attend meetings of the BSPPGF as appropriate and agreed by the Chair, Co-Chair and Patients, with help from the lead for Communications and Engagement.

5.5 The BSPPGF will be supported by the CCG's communication and engagement team and other CCG staff where appropriate.

6. Methods of working

6.1 The BSPPGF will meet six times a year formally, aligned with meetings of the CCG's Primary Care Committee and CCG work cycle.

6.2 Agenda items will be generated by the members of the group (patients) and the CCG. This will be decided by the Chair, Co-Chair and Communications and Engagement lead. The focus will be on local issues.

6.3 An agenda (and where possible associated papers) will be made available to members a week prior to the meeting.

6.4 Notes and actions arising from the formal meeting will be agreed and circulated to the group within two weeks of the meeting.

6.5 Patient members may be invited to undertake other tasks relating to quality issues, including serving on CCG working groups and sub-committees as appropriate.

7. Relationships, governance & confidentiality

7.1 The BSPPGF has a two-way relationship with the PCC, which reports to the CCG Governing Body.

7.2 Notes of BSPPGF meetings and relevant presentations will be shared with PPGs regularly via a CCG communication (email, or by post if requested).

7.3 Any matters of a confidential nature discussed at BSPPGF meeting will be identified and advice given by the Chair and Communications and Engagement lead on what can be shared.

7.4 The BSPPGF will review its effectiveness using a self-assessment tool and through a local organisation such as Healthwatch.