

Dukinfield Medical Practice

Patient Network Group Constitution

Issue 2 March 2023

Group Name

The Name of the Group shall be “Patient Network Group” or Dukinfield Patient Network Group when deemed necessary.

General Objectives of the Group

1. To support the Practice in delivering the best service.
2. To promote good health both for patients in the Practice and the wider community

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1. To represent the views of the patients to the Practice in order to promote co-operation between them.
2. To conduct surveys from time to time in conjunction with the Practice to improve services.
3. To help patients influence policies impacting their health care. The Group will aim to collaborate with Tameside Integrated Care Board (ICB), other PPGs and appropriate organisations.
4. To encourage co-operation with other PPGs in support of GPs and other health professionals wishing to deliver health care in the best interest of their patients.
5. To promote co-operation with other organisations to maintain and increase the influence and effectiveness of the patient voice both locally and nationally.
6. To assist in the assessment of community needs to help the Practice improve its service.
7. To advise the Practice of health education needs in the community. This way the Practice can provide appropriate and useful community health education meetings or workshops.

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8. To influence decisions of the Integrated Care Board (ICB) where appropriate.

Membership

Membership of the Group shall be open and free to all registered patients of Dukinfield Medical Practice.

The Group will endeavour to ensure that it is representative of the patient demographic of the Practice.

Executive Committee

1. The Executive Committee shall consist of three officers and a minimum of six additional members.
2. The officers will be nominated, seconded and elected annually. Any voting necessary will be by secret ballot.
3. Any Partner who wishes to attend will be welcome as will a Practice Manager and any other staff nominated by the Practice.
4. The Executive Committee shall endeavour to meet not fewer than four times in any period between two AGMs. These times are to be notified by the Secretary after agreement by the Chairperson.
5. The Executive Committee shall be empowered to manage the affairs of the Group and take any action on its behalf to further the aims of the Group.
6. When decisions require ratification, five Executive Committee members, one of which must be an officer of the group shall constitute a quorum. The vote may take place at a meeting or by electronic means. If the latter method is employed, the Secretary shall record the outcome on the Practice website.
7. The Executive Committee may, by majority agreement, fill any vacancy occurring amongst its officers until the AGM of the Group.
8. The Executive Committee may, by majority agreement, co-opt any number of people for specific purposes of the Executive Committee for any sub-Group. Co-opted members are not eligible to vote.

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Finance

1. Should the group wish to do any fundraising, a Treasurer shall be appointed to the Executive Committee. Any funds raised will not be for the direct benefit of the Practice but for the benefit of the local community.
2. The Treasurer will manage any Bank Account held by the group.
3. The Treasurer must be notified of any funds collected by the group. These funds shall then be deposited into the account.
4. Signatories to the account must be agreed by the Executive Committee. At least two of these must sign all cheques.
5. Any financial transactions should be reported to the following meeting of the Executive Committee.
6. Annual associate membership fees shall be paid to the National Association of Patient Participation Groups, funded by the Practice.

Annual General Meeting

An AGM shall be held annually. Notice of the day, time, place & agenda shall be given two weeks in advance via any appropriate means. The AGM notice shall include, if appropriate, the names of the members wishing to stand for election together with their personal statements (if desired) not exceeding 100 words.

Any additional item for the AGM agenda shall be sent to the Secretary for consideration at least three weeks prior to the AGM.

Election and retirement of Executive Committee members & Officers

All officers and Executive Committee members may offer themselves annually for re-election at the AGM. If more than one nomination is received for any position then a vote must take place by secret ballot.

In the event of a tie, the current Chairperson or the Practice Manager (In the case of the office of Chairperson) has the casting vote.

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Report and Accounts

At each AGM the Executive Committee shall present a report of the activities of the Group and its proceedings during the previous year. This shall include a statement of accounts up to the end of the Group's financial year preceding the date of the AGM (if appropriate).

Dissolution

If dissolution is necessary, any remaining money after paying debts should go to a health-related charity. This charity is to be decided by the Executive Committee.

Access to the Constitution

A copy of the constitution must be given to any patient upon request.

Amendments to the Constitution

If a patient wishes to suggest an amendment to the Constitution, he or she must do so in writing to the Chairperson. This amendment must be discussed by the PNG and if agreed ratified by a minimum of five members of The Executive Committee.

GROUND RULES FOR MEETINGS

1. Meetings will never be a forum for individual complaints, or single issues, as there are other channels by which these can be dealt with.
2. Open and honest communication and challenge between members is encouraged and advocated.
3. Members will be flexible in their approach and listen whilst helping, supporting and challenging each other.
4. Silence will indicate agreement. Do not be afraid to speak up, but always through the Chairperson.
5. All points of view are valid and should be listened to, without interruption and with respect.

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6. No disturbances please. Mobile phones should be on silent to allow contact in case of an emergency or for urgent business reasons only.
7. The Practice can be represented at all the meetings by any Partner or nurse, or Practice manager. The Practice will listen constructively to patient views and or proposals and advise what action - if any – can be taken, whilst explaining why action cannot be taken if that is the case.
8. Minutes of the meeting will be taken wherever possible, and these will be available in the public domain – excluding any confidential items.
9. Confidential matters are not to be discussed outside the meeting.
10. The use of acronyms is to be avoided at all times unless steps are taken to ensure that all present at the meeting are able to fully understand the meaning of such acronyms.
11. Members are expected to inform the PNG Secretary if they are unable to attend a scheduled meeting.
12. To avoid inconvenience to all members, meetings should start and finish at the allotted times, except in unforeseen circumstances.
13. At the discretion of the Chairperson, any member who behaves unacceptably during a meeting will be asked to leave. In extreme circumstances, they could be excluded from all future PNG meetings.