

# BrisDoc “Community Voices” Patient Participation (PPG) Terms of Reference (TOR)

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**BrisDoc “Community Voices” Patient Participation (PPG)  
Terms of Reference (TOR) V1.0**

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## Philosophy

BrisDoc Community Voices Patient Participation Group (PPG) seeks to ensure that the voices of patients and communities are central to the design, delivery and continuous improvement of services across Charlotte Keel Medical Practice, Broadmead Medical Centre and The Homeless Health Service.

Community Voices will provide a structured mechanism for patients, carers and community representatives to influence service development, improve communication between practices and patients, and support efforts to reduce health inequalities across the PCN.

The group will operate using the principles of co-production, recognising that healthcare professionals bring clinical expertise while patients and communities bring expertise through lived experience.

## Purpose of the Group

### A safe space for patients to:

- Contribute to the continuous improvement of services;
- Support improved communication between the practice and its patients;
- Help us guide and support patients to take more responsibility for their health; and
- Provide practical support and help to implement change.

### Based on co-operation

- The group will work by building a relationship between the practice and its patients that breaks down barriers and shares information.
- The group can develop to influence the wider NHS, most notably the decisions that are made on behalf of patients about the services that are to be available to them.

## Core Principles of Interaction

To make the PPG a space where everyone feels safe sharing their lived experiences, we collectively commit to:

**Safety:** We will host meetings in neutral, trusted and physically accessible community spaces. We will not tolerate aggressive behaviour, discrimination, racism or prejudice of any kind.

**Trustworthiness and Transparency:** Medical jargon will be avoided wherever possible. Meeting notes, decisions and how feedback has been used will be shared clearly and transparently.

**Collaboration and Power Sharing:** Healthcare staff and patients sit at this table as equal partners. Clinicians are experts in healthcare; residents are experts in their own lives and communities.

**Empowerment and Choice:** Participation is entirely voluntary. Members can choose how much or how little they wish to contribute and may step back at any time without judgement.

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## Objectives

The PPG will:

- Contribute to the continuous improvement of services.
- Support effective communication between practices and patients.
- Promote patient involvement in service design and evaluation.
- Identify barriers to accessing healthcare services.
- Support work to reduce health inequalities.
- Provide patient and community insight to inform service improvements.
- Act as a constructive critical friend to the PCN.

Strengthen relationships between healthcare services and local communities

## Membership

### Patient Representation

The PPG will seek to maintain a membership of up to 40 individuals that broadly reflects the diversity of communities served by the PCN. Membership may include:

- Patients registered with Charlotte Keel Medical Practice, Broadmead Medical Centre and the Homeless Health Service
- Carers and family representatives.
- Representatives from voluntary, community and social enterprise organisations.
- Individuals with lived experience of health inequalities.
- Representatives of underserved communities.

The group will be led by:

- A Patient Chair.
- A Patient Vice-Chair.
- Support from the BrisDoc Health Equity Team.

During the first year, meetings may be co-chaired by a patient representative and a member of the Health Equity Team whilst the group becomes established.

Members may resign at any time.

### BrisDoc Representation

Each member practice will nominate at least one representative to participate in PPG meetings and support communication between the group and their practice. Representatives may include clinical, operational or leadership staff.

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## Roles and Responsibilities

### Patient Chair and Vice Chair

The Patient Chair and Vice Chair will:

- Support effective and inclusive meetings.
- Work with the Health Equity Team to develop agendas.
- Represent the collective views of PPG members.
- Encourage participation from all members.
- Promote the principles of co-production.

### BrisDoc PCN Health Equity Team

The Health Equity Team will:

- Coordinate and administer the group.
- Support member engagement and recruitment.
- Facilitate meetings and workshops.
- Ensure actions and decisions are recorded.
- Support communication and feedback processes.
- Ensure members receive appropriate training and support

## Ways of Working

The PPG will be patient-centred and supported by the BrisDoc Health Equity Team and PCN Leadership Team.

BrisDoc PCN Health Equity Team will assist in establishing the group and its Patient Leads and will support with:

- Meeting coordination and administration alongside Patient Leads
- Communication with members.
- Facilitation of meetings and workshops.
- Support to ensure inclusive participation.
- Feedback mechanisms to demonstrate how patient views have influenced decision-making.

The Patient Leads will be responsible for co-designing meeting agendas with the PCN team and ensuring matters have been discussed between group members before presenting at the meeting.

Meetings may include:

- Formal PPG meetings.
- Community listening events.
- Focus groups.
- Themed workshops.
- Online and hybrid engagement sessions.

The PPG for each Practice will meet 1-2 times per year, with 1-2 wider meetings bringing all members together across the BrisDoc Practices.

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## Quorum

Meetings will be quorate when at least three members are present, including:

- Two patient or community representatives.
- One PCN representative.
- Ideally one clinical representative although this is not essential to go ahead.

## Meeting Responsibilities, Training and Support

### Members are expected to:

- Treat others with dignity and respect.
- Listen to differing viewpoints.
- Maintain confidentiality where appropriate.
- Represent broader patient and community perspectives.
- Support constructive challenge and discussion.
- Work collaboratively to improve services.

Membership of the PPG will not affect an individual's healthcare, treatment or access to services. Contact details will be held securely and only used for PPG-related purposes.

### Training and Development

The PCN will offer induction, training and ongoing support to help members participate confidently and effectively.

Training may include:

- Understanding the NHS and Primary Care.
- Co-production and patient participation.
- Health inequalities awareness.
- Communication and engagement skills.
- Equality, diversity and inclusion.
- Confidentiality and information governance.
- Leadership and chairing skills for members taking on formal roles.

### Accessibility Support

The PCN will seek to provide:

- Plain English documentation.
- Jargon-free meetings.
- Hybrid attendance options.
- Translation and interpretation support where required.
- Reimbursement of reasonable travel expenses where funding permits.
- Refreshments at in-person meetings.

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## **Matters Outside the Scope of the PPG**

The PPG is not a forum for:

- Individual complaints.
- Requests for personal medical advice.
- Discussion of personal clinical matters.
- Individual employment issues.

Individuals wishing to raise a complaint will be directed to the relevant complaints' procedure. Those seeking clinical advice will be directed to an appropriate healthcare professional.

## **Recruitment and Representation**

Membership will be recruited through:

- Practice communications.
- Community outreach.
- Open invitations.
- Targeted recruitment activity where representation gaps are identified.

The PPG will seek to ensure that at least 50% of members are drawn from communities experiencing health inequalities, including people living in areas of high deprivation, people experiencing homelessness, ethnic minority communities and other underserved populations.

## **Governance and Accountability**

The PPG will operate transparently and demonstrate the impact of patient involvement through:

- Recording attendance and maintaining meeting minutes.
- Maintaining an action log of agreed actions and recommendations.
- Monitoring progress against actions at each meeting.
- Producing regular "You Said, We Did" updates to evidence how patient feedback has influenced service planning and delivery.
- Reviewing membership and representation annually.
- Reporting regularly to the PCN Leadership Team on activities, achievements and priorities.
- Using a range of engagement methods to gather feedback from patients who may not be able to attend meetings.

Recommendations from the PPG will be submitted to the Leadership Team via the Practice Services Quality Group for consideration and formal response.

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## Key Performance Indicators

The success of the PPG will be measured for each Practice, and collectively, through:

**KPI 1** Percentage of PPG members representing communities experiencing health inequalities, including deprived communities, ethnic minority groups and inclusion health populations.

**KPI 2** Number of PPG recommendations that result in implemented actions or demonstrable service improvements each year.

**KPI 3** /Number of outreach activities conducted within the local community.

Additional monitoring measures may include member attendance, retention, and community feedback.

## Annual Work Programme

The PPG will contribute to:

- Review of patient access and communication methods.
- Identification of health inequalities and barriers to care.
- Review of patient feedback, surveys and engagement findings.
- Service redesign and quality improvement initiatives
- Community engagement initiatives.
- Production of annual impact report.
- Review of progress against agreed priorities and KPIs.

## Review

These Terms of Reference will be reviewed annually by the PPG and the PCN Leadership Team to ensure they remain fit for purpose and reflective of local priorities.

## Version Control

| Version | Date       | Author        | Changes Overview       |
|---------|------------|---------------|------------------------|
| V1.0    | 14/09/2026 | Hayley Fisher | Final Draft for review |
|         |            |               |                        |
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