Patient and Carer Forum

Constitution

1.0 Background

The Patient and Carer Forum was formerly known as the ‘Heart, Stroke and Diabetes Forum.’ It has evolved to widen its membership of people affected by a range of long term conditions. It is directly linked to Long term Condition planning structures (mainly Managed Clinical Networks (MCNs)).

2.0 Forum Name

The forum shall be named: Patient and Carer Forum.

3.0 Aims

The Forum aims:

3.1 To ensure people affected by long term conditions are represented within NHS Greater Glasgow and Clyde (NHSGGC) long term condition planning groups (mainly MCNs), and are supported to participate in a range of ways.

3.2 To ensure the interests of people affected by long term conditions are considered equally within long term condition planning groups.

3.3 To evaluate, discuss and present ideas/issues and make recommendations to the long term condition planning groups.

3.4 To encourage and support people affected by long term conditions to have their voice heard and contribute to long term condition planning group issues/ discussions.

3.5 To support and develop Volunteer Patient and Carer Representative skills and confidence to participate in and influence long term condition planning groups.
3.6 To support long term condition planning groups to communicate to wider patient and carer groups and individuals and vice versa.

4.0 Membership

Membership shall be available in two formats (see figure 4.0):

- Core group;
- Wider network.

The term ‘Forum’ refers to the collective; including both the core group and wider network.

4.1 Core group membership

Core group membership is open to those affected by a long term condition within NHSGGC and where individuals are also members of planning groups (e.g. MCNs) associated with that condition (or are planning to become a member).

It is the responsibility of core group members to report key messages from planning groups back to the Forum and vice versa, for information/discussion. This should take place even if members are not able to attend meetings (e.g. by emailing/phoning).

The core group will meet a minimum of 4 times per year, with a view to achieving the aims set out in this Constitution. This group will have the ability to make decisions on behalf of the Forum and will have direct communication with long term condition planning groups.

The group can agree to co-opt members, as they deem necessary e.g. health professionals.

The group will aim to have an equal number of representatives from each of the long term conditions involved.

If a long term condition planning group ceases to exist, then core group members will be encouraged to find other opportunities within the planning groups and will be supported to stay involved and contribute to the Forum.

If a member does not attend for 4 consecutive meetings without good reason it will be assumed that their membership has lapsed.
The Core Group will be responsible for encouraging new members to the Forum and will support members of the wider network to move on to the Core Group as and when spaces become available.

The group will determine all matters for inclusion on the agenda and the Chairperson along with the Health Improvement officer will ask for points to be added to the agenda, at least two weeks prior to the meeting.

The quorum for any decisions being made shall be five.

Group meetings shall be at a location, time and date outlined at the start of each calendar year; with amendments to this being communicated at the previous meeting. Meetings will aim to last no longer than 2 hours, except where prior notice is given. Extraordinary meetings may be called to address particular issues that require immediate attention.

Meetings will be facilitated by a Chairperson and Co-Chair. The Chair and Co-Chair will be supported by the Health Improvement officer to agree the agenda. The Chair and Co-Chair positions will be revised every 2 years.

Minutes will be taken by a member of staff from the Public Health Directorate.

Agreement will be made by means of a consensus. In the event of a tied vote the Chairperson will have the casting vote.

4.2 Wider Network

The wider network is open to those affected by any long term condition within NHSGGC, even if there is not a direct planning structure for them to link directly to, for that condition. The wider network will be offered the opportunity to meet annually. In addition there will be a range of activities offered by long term condition planning groups which will be communicated to wider network members to participate in.

Figure 4.0
4.3 General Points

Members must carry out their activities in such a manner as not to bring the group into disrepute. Members will be mindful of the possibility of sharing their own personal information with each other and act with appropriate discretion.

Members will be provided with a ‘Volunteer Role Description’, and a Volunteer Services Induction book.

5.0 Communication

NHSGGC Public Health Directorate will hold a database of all Forum members. This will be used to support communication on a regular basis.

Forum members should receive all relevant information in relation to meetings and events at least 10 days in advance. Equalities data will be recorded to help monitor areas of low representation.

6.0 Finance

Within reason NHSGGC will meet all expenses incurred by Forum members. This will include costs incurred for travel, refreshments, venue hire, childcare, and interpretation and support needs, and will be in line with the NHSGGC Volunteering Policy.

7.0 Constitution

This Constitution may not be altered in any way, other than by agreement by Forum members.

This Constitution will be reviewed annually.
This constitution was adopted on ____________ by the members whose signatories appear below:

Name ______________________________
Signature ______________________________

Name ______________________________
Signature ______________________________

Name ______________________________
Signature ______________________________