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**BGS COMMUNITY AND PRIMARY CARE GROUP**

**TERMS OF REFERENCE**

The BGS recognises that the majority of older people live at home and have healthcare needs that are met by primary and community care. This document sets out the terms of reference for the new BGS Community and Primary Care Group formed in April 2022 from a merger of the BGS Community Geriatrics Special Interest Group and the GeriGPs Group.

**Aim and objectives**

Overall aim of the Community and Primary Care Group:

To influence the availability, quality and accessibility of community and primary care for older people and to support the development and practice of healthcare professionals working in community and primary care settings.

Objectives of the group:

1. To promote the importance and inter-dependence of community and primary care for older people and the relationship with acute care within a context of delivery and resources being increasingly focused on care closer to home.
2. To enable multidisciplinary healthcare professionals working in community and primary care to gain peer support and share ideas and experience in order to improve their practice.
3. To contribute the expertise and experience of community geriatricians, GPs, nurses, therapists and other healthcare professionals working in community and primary care to the BGS’s input to national policy formulation including
	1. Sharing information from the frontline of community and primary care regarding the implementation of the NHSE/I Ageing Well programme and equivalent programmes across the four nations
	2. Contributing to improved implementation of the Discharge to Assess policy and solutions to the problem of delayed discharges, including campaigning for a workforce strategy for health and social care
	3. Offering insights, innovation and service examples as new NHS structures and models are designed and implemented (eg ICSs, PCNs, Hospital@home).
4. To contribute to the development and delivery of resources and learning opportunities, particularly for CPD purposes, including
	1. Supporting the creation of online resources such as e-learning modules and practical guides
	2. Helping to plan and deliver sessions at BGS events and encouraging Group members to participate
	3. Developing information on the BGS website and communicating through BGS e-bulletins, blogs, newsletters and the BGS Forum
5. To support BGS stakeholder relationships including with NHSE/I, RCGP, HEE and other equivalent bodies in Scotland, N Ireland and Wales, and to contribute to external consultations and reports.
6. To provide sub-groups enabling healthcare professionals from a particular profession or care setting to have access to a community of practice for information exchange, peer support and learning, including
	1. GPs sub-group
	2. Care homes sub-group
7. To work with the BGS team to encourage recruitment to the Group and proactive engagement, particularly seeking to reflect the wide range of professions, roles and care settings encompassed by the Group.
8. To ensure the voice of those working in community and primary care is reflected within BGS objectives, governance and decision-making.

**Membership of the Community and Primary Care Group**

Membership of the Community and Primary Care Group is open to healthcare professionals from all professions within the membership of the BGS with an interest in community and primary care. Any GP or trainee GP who joins the BGS is automatically a member of the Community and Primary Care Group. The BGS staff team will take responsibility for alerting those GPs and trainee GPs who join the BGS that they are members of the group.

At present, those healthcare professionals who work in community or primary care and are not BGS members are welcome to join the Group. They are encouraged to become members of the BGS but this is not a requirement of joining the Group. Only BGS members are eligible to stand for committee roles.

The Group is multidisciplinary, reflecting the wide range of professions that contribute to the health and wellbeing of older people. Group members share a common desire to help older people remain healthy, happy and independent, living in their own home for as long as possible.

The Community and Primary Care Group is led by a committee of officers, who meet regularly and are responsible for the smooth running of the Group and the management of its activities. The Committee will always take all reasonable measures to act in the best interests of the BGS.

Members of the former Community Geriatrics SIG and the former GeriGPs Group are warmly encouraged to join and be active in the new group. We particularly welcome experienced Committee members putting themselves forward for roles on the new Committee, and/or helping with the transition.

**The Committee’s functions**

The Committee will ensure that it carries out its activities in line with the BGS’s charitable objects and its mission of improving healthcare for older people.

The Group’s Co-Chairs and committee officers undertake to fulfil the following functions:

1.To represent the views and interests of Group members in respect of the BGS’s mission to improve healthcare of older people across the four countries of the UK.

 2.To consult and engage Group members regarding BGS strategic and operational priorities, aspects of BGS activity, issues of concern, and all other relevant matters.

3.To formulate, agree and deliver a workplan, aligned with the BGS Strategic Plan.

4.To contribute the views of healthcare professionals working in community and primary care into BGS policy-making, helping to ensure frontline experience and community and primary care expertise inform BGS influencing and advocacy activities.

 5.To contribute a community and primary care perspective through participating in BGS’s communications outputs; for example by blogging, creating or reviewing copy for the BGS website and other BGS publications, and contributing to BGS policy submissions to external bodies.

6.To work with the BGS staff team to recruit to Committee posts and to support Committee members in undertaking their roles.

7. To welcome new group members, and strive to engage them in the activities of the Community and Primary Care Group and of the BGS as a whole.

8.To represent the views and concerns of the Group through BGS’s committee structure and to relevant staff and officers of the Society, including through the participation of one of the Co-Chairs in the BGS Board.

**Composition of the Committee**

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| **Committee position** |
| Co-Chair (healthcare professional working in community care) |
| Co-Chair (GP\*) |
| Committee Secretary |
| Research lead |
| Ageing Well/ Anticipatory Care lead |
| Ageing Well/ Urgent Community Response lead |
| Care homes/Enhanced Health in Care Homes sub-group lead |
| GP sub-group lead |
| Scotland rep |
| N Ireland rep |
| Wales rep |
| England regions rep |
| Communications lead |
| NAHP rep |

Other committee positions may be established.
\*If the GP taking on the role of Co-Chair does not work in primary care, it is suggested a specific role of Primary Care lead is added to the committee.

**Election and terms of office of Committee members**

Only members of the BGS will be eligible to hold committee positions.

The posts of Co-Chairs will be advertised and appointed through interview. One will be a GP, ideally working in primary care and one will be a healthcare professional working in the community. The BGS Board will co-opt one of the Co-Chairs onto the BGS Board for an initial period of two years, to ensure that a community and primary care perspective is represented in Board meetings. The representative will not be a trustee, but will contribute to the Board in the same way as Vice-Presidents and Deputy senior officers.

**Positions on the Committee are filled through a process of advertising via BGS channels and run for a period of two consecutive years.**  Once the recruitment into the first Committee has concluded, future Committee posts will be advertised with nominations sought and online voting undertaken to elect officers where more than one candidate comes forward. The term of office for all posts will be two years and all post-holders will be eligible to stand for re-election for a second, consecutive 2-year term.

**Committee Meetings**

The Committee of the Community and Primary Care Group will meet three or four times a year and only committee members are permitted to attend. At the discretion of the Chair, other members of the wider Community and Primary Care Group or relevant bodies may be invited to attend a committee meeting or join the committee in relation to a particular topic or project.

A minimum of **four** Committee members including either of the Chairs must be present or have ‘dialled in’ for a Committee meeting to be quorate.

**General Meetings**

The Committee will host a meeting of the wider Community and Primary Care Group during one of the two national BGS meetings. Notice of such meetings will be sent by email to all members of the Group not less than 2 weeks before the relevant meeting. The Committee will commit to regular communications with the wider group.

**Governance**

The Community and Primary Care Group will be accountable to the BGS Trustee Board. Minutes of its meetings will be shared with the BGS Board and it will provide an annual update on its activities and plans to the BGS Board.

As described above, the Group will be represented on the BGS Board through one of its Co-Chairs.

**Alteration of these terms of reference**

The provisions of the terms of reference may be amended from time to time by resolution of the Trustee Board of BGS.