Patient Participation Group

Staveleigh Medical Centre

King Street

Stalybridge

SK15 2AE

<Date>

<Patient Name>

<Patient Address>

Your NHS Number is: <NHS Number>

# STAVELEIGH MEDICAL CENTRE: PATIENT PARTICIPATION GROUP APPLICATION FORM

## Making Services Better: Your Views

Thank-you for your recent expression of interest in joining the Patient Participation Group (PPG) at Staveleigh Medical Centre. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

Staveleigh Medical Centre is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for making services better. All patients have the opportunity to join our PPG and help shape the future of Staveleigh.

If you are still interested in getting involved, please complete and return this form to

Martin Turner (Practice Manager) at the Practice. You can drop the form into the practice in person, by post or by email. Alternatively, you can phone the practice and we can assist completing the form for you. Once we have received your application form, you can expect to receive an invite to our next PPG meeting, typically within 2-3 months. **Please return completed forms to:**

**Address: Staveleigh Medical Centre, King Street, Stalybridge, SK15 2AE**

**Email:** **m.turner2@nhs.net**

**Phone: 0161 304 8009**

I am excited to have you involved in helping us to improve the patient experience and shape the future of the practice for everyone. If you have any questions please do not hesitate to contact me.

Yours Sincerely



Martin Turner

Practice Manager

Staveleigh Medical Centre

**Staveleigh Medical Centre: Patient Participation Group Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Postcode:** |  |
| **Email Address:** |  |
| If you do not have access to an email address please tick here: |  |
| **Contact Number:** |  |

**What sort of things might you be interested in taking part in?**

*Please tick all Blank boxes that apply to you.*

|  |  |
| --- | --- |
| **Attending meetings during the day** |  |
| **Attending meetings during the evening** |  |
| **Questionnaires** |  |
| **Telephone Interviews** |  |
| **Face to face interviews** |  |
| **Receiving newsletters and updates** |  |
| **Other events and initiatives** |  |
| **Please tell us if you have any ideas about other ways you could tell us your views:** (continue on a separate sheet at the bottom of this document if required) |

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are You?** | **Male** |  | **Female** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age Group** | **Under 16** |  | **17 – 24** |  | **25 – 34** |  |
| **35 – 44** |  | **45 – 54** |  | **55 – 64** |  |
| **65 – 74** |  | **75 – 84** |  | **Over 84** |  |

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

|  |
| --- |
| **White:** |
| British Group |  | Irish |  |
| **Mixed:** |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian or Asian British:** |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British:** |
| Caribbean |  | African |  |
| **Chinese or other ethnic Group:** |
| Chinese |  | Any Other |  |

How would you describe how often you come to the practice?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Regularly |  | Occasionally |  | Very rarely |  |

Do you consider yourself to have a disability or impairment?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

# Inclusive Meetings and Sharing Information Platforms

Some meetings may be conducted virtually through telephone or video calls. To ensure that there is no inequality please answer the following questions, which will help us understand the best and most accommodating methods to host meetings and share information.

Please tick to confirm if you have access to any of the following (tick all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The internet |  | A computer or laptop |  | A smart phone or tablet |  |
| A webcam |  | A mobile phone or landline |  | None of the above |  |

Please tick to confirm how confident you are using the following computer programmes:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Confident – I have used this before or I know how to use it | Okay – I might be able to use this, or will be willing to give it a go with help | Not confident – I have never heard of this or I don’t think I will be able to use, or have access to use this |
| Zoom (video calls) |  |  |  |
| Microsoft Teams (video calls) |  |  |  |
| Google Meet (video calls) |  |  |  |
| WhatsApp (messages and video calls) |  |  |  |
| Emails |  |  |  |
| Telephone calls |  |  |  |
| Health Apps (such as NHS App, My COPD, My Diabetes) |  |  |  |

*Thank you.*

*Please note that no medical information or questions will be responded to.*

*The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.*

*The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.*

# PATIENT PARTICIPATION GROUP CONSTITUTION

## Our Practice Patients Participation Group Rules

### **1) Name:**

The name of the group shall be Staveleigh Medical Centre Patient Participation Group.

**2) Objectives:**

The objectives of the group shall be to promote the benefit of the patients of the Practice without distinction of gender, race, colour or political, religious or other opinions by encouraging development and quality of health promotion and health care services.

This aim will be achieved by liaising with the doctors and staff, other community health workers, Health Authorities and other persons or organisations concerned with health care.

The Group will be affiliated to the National Association for Patient Participation (N.A.P.P).

**3) Membership:**

This shall be open and free to all Patients and Staff of the Practice, irrespective of political party, nationality, religious opinion, race, gender or colour.

**4) Aims:**

1. **Communication** – Members of the Group will act as a communication channel between the Practice team and the community in order to help patients use the facilities to the best advantage and the practice to implement policies influenced by representative patient views, not personal views.
2. **Patient Charter** – The group may from time to time conduct surveys on behalf of the Practice in order to develop and monitor the practice mission and patient services.
3. **Health Education** – The group will participate and help the Practice to review the health education needs in the community in order for the Practice to provide appropriate and useful community health education material.
4. **Community Needs** – The group will have a role in assisting an assessment of community needs to help the Practice improve its services.
5. **Clinical Commissioning Groups** – The group will be informed and involved with reviewing the general policies relating to the Clinical Commissioning Group which impact on the Practice. Representatives from the group will attend bi-monthly Practice Based Commissioning cluster meetings with CCG representatives. The group will then express opinions on these policies on behalf of the patients.
6. **Practice Based Commissioning Group** – Staveleigh Medical Centre Patient Participation Group - the Patient group will consider and review the commissioning plans of this cluster and provide their opinions on behalf of patients.

***NOTE: Areas not covered by the PPG are: Finances, staff employment and disciplinary, management procedures, complaints from patients (which should be directed to the Practice via the Complaints Procedure), legislation and regulations, topics which may conflict the NHS Constitution.***

**5) Committee & Officers:**

The Committee shall consist of 3 officers – a Chairperson, Vice Chairperson and Secretary. These roles of the Committee members will be nominated and elected annually.

The Committee shall be empowered to manage the affairs of the group and to take any action on its behalf to the aims of the group.

**Roles of the Officers**

Chairperson: to chair the meetings and manage the affairs of the group.

Vice Chairperson: to chair the meetings on the chairman’s behalf and manage the affairs of the group when required.

Secretary: to take minutes and distribute agenda, minutes and any other information required on behalf of the group.

**6) Election & Retirement of committee members:**

Any patient may nominate themselves for election to the Committee at the Annual General Meeting.

All officers and committee may offer themselves annually for re-election. If more than one Nomination is received for an officer position, then a vote must take place.

**7) Meetings of the Group:**

The group shall endeavour to meet not less than four times in any one year.

**8) Minutes:**

Minutes shall be kept and the Secretary shall enter a record of all proceedings and resolutions.

**9) Dissolution:**

If the Committee decides at any time that on any grounds it is necessary to dissolve the Group it shall call a Special General Meeting.

**10) Alterations to the Constitution:**

Any proposal to alter this constitution must be delivered in writing to the Secretary not less than 14 days before the date of the meeting at which it is first to be considered and shall be advertised together with the date of the meeting.

An alteration will require the approval of a two thirds majority of Committee members or a simple majority of those voting at the Annual General Meeting.

Notice of such meeting must be given in accordance with normal procedures.

This constitution was adopted as the Constitution of Staveleigh Medical Centre Patient Participation Group on 18th November 2020.

# Confidentiality Statement

# for Patient Participation Group Members

During the course of your time attending meetings within the Practice you may hear or see information about staff, patients or other matters.

The disclosure of this information to anyone is considered to be serious misconduct and could contravene The Data Protection Act.

Unauthorised disclosure of confidential information is a serious matter for you, the patient and the Practice and could lead to legal action to all parties involved.

Signed: 

Dated: 20th November 2020

Print Name: Mr M. Turner

For and on behalf of the Staveleigh Medical Centre

I acknowledge receipt of this statement, have read, understood and agree to be bound by its contents.

I have also signed a copy to be retained by the Practice.

Signed: ……………………………………………………………………………………………………

Dated: …………………………………………………………………………………………………….

Print Name:…………………………………………………………………………………………….