Patient Participation DES – Supporting Documents

Document Control

A. Confidentiality Notice

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B. Document Details

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Claughton Medical Centre

PRACTICE PATIENT PARTICIPATION GROUP

Do you want to improve health and health services in your local community?

Do you want to have the opportunity to have a voice and get involved in the way your health service is run?

Do you want to help shape and improve services and even get involved in shaping and delivering new and exciting services?

If you answered <u>YES</u> to any of the above questions then you may be the right person to join our *NEW Practice Patient Participation Group*. Let us hear about your experiences, views and ideas for making services better.

The Practice is looking for people from all ages and backgrounds who are enthusiastic about influencing and improving the way that local healthcare is delivered.

If you are interested, please ask for the Practice Patient Participation Group Application Form at Reception.

If you have any questions or queries please do not hesitate to contact Carol Hollywood, Reception Manager
On
0151 652 1688

PATIENT PARTICIPATION GROUP APPLICATION FORM

Making Services Better: Your Views

Claughton 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.

If you are interested in getting involved, please complete and return this form to Carol Hollywood at the Practice.

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.

Name:		**Postcode:**	
Email Address:			

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:	

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	

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.

Claughton Medical Centre

Claughton Medical Centre, 161 Park Road North, Birkenhead, Merseyside, CH41 0DD

http://www.claughtonmc.co.uk/

How to join the Virtual Patient Participation Group

If you would like to become a member of the Virtual Patients Group Scheme, use any of the following methods:

Email us at carol.hollywood@nhs.net
(Please ensure you provide your name AND preferred email address)

OR

Visit the Claughton Medical Centre Website at http://www.claughtonmc.co.uk/
and follow the links

OR

Visit the Practice or Phone on 0151 652 1688 and request a Contact Form – please return it to the Practice when you have completed it.

Members of the Claughton Medical Centre Patient Participation Group

Dr Laxman Ariaraj
Sue Uglow, Practice Manager
Carol Hollywood, Reception Manager

The information you supply will be used to contact you by email for your opinion on a range of topics.

This facility is intended for this purpose only and not for personal medical issues or complaints for which there are procedures already in place

Claughton Medical Centre

PATIENT PARTICIPATION GROUP

We want to hear from you

You can have your say on health matters

What is the role of the Patient Participation Group?

At its simplest, patient participation refers to patients such as you who are taking an active interest in healthcare

It gives you, the local people, a say in how our services are planned, developed and evaluated, by developing a good working relationship with the practice staff and GPs.

To date we have taken on the job of maintaining the notice boards in an effort to provide you, the patient, with information about health issues and details of where you can find help and support

Our members get involved in PCT consultations and we recently set up the information kiosk currently standing in reception.

We carry out surveys seeking your opinion on various matters, from this, we consider changes that you feel are needed to improve the services and then implement them wherever possible

Do you have something to say,
but don't have the time to attend meetings?
Do you have ideas about how to improve your local Practice?Do you have ideas about how to improve your local health service?
If so,
then why not join the
"Virtual Patient Participation Group"

What is the Virtual Patient Participation Group?

This is a group which has been set up in response to patients who have said they would like to be involved in the Patient Participation Group but are unable to attend meetings.

As a member of the Virtual Participation Patient Group we will send you emails asking you for your opinion on a range of topics.

You decide how often and when you would like to answer.

Benefits of becoming a Member

You can provide information about your own personal experiences.

This will help your GPs to provide an accessible and responsive service and you will be amongst the first to hear about news and updates.

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(Please ensure you provide your name AND preferred email address) OR

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Claughton Medical Centre

VIRTUAL PATIENT PARTICIPATION GROUP CONTACT FORM

Our Patient Participation Group at Claughton Medical Centre is encouraging patients to give their views about how the Practice is performing.

They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so that they can contact you by email every now and again to ask you a question or two.

If you are happy to be contacted periodically by e-mail please complete your details below and return this form to Reception, a Patient Participation Group Representative, or post it in the 'secure box'.

Name:		**Postcode:**	
Email Address:			

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**	

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Claughton
Medical Centre

Patient Participation Group

Members of our PPG
will be in the Practice on
Thursday 19th January 2012 between 2pm-4pm
to speak to patients regarding their health care needs.
We are also looking for new members for our PPG, so
please come along and join us.

If you can,
please take the time to speak to them,
as we are trying to improve
the Practice and the services we provide and would like
your views.

Claughton Medical Centre

Your Views on Making Our Services Better.

The Claughton 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.

We are planning our next annual survey and to ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.

What do you think are the most important issues on which we should consult our patients?
For example, which of the following issues do you think we should focus on:

Clinical Care		Getting an appointment	
Opening Times		Reception issues	
Car Parking			
Other Issue(s): *(Please give as much detail as you possibly can)*			

Thank you for your help with this most important matter.

Insert Date

Insert Patient Name & Address Details

Dear ***Insert Patient Name***

Claughton Medical Centre Patient Participation Group

Thank you for spending some time today talking to our Patient Participation Group.

I have been passed your details as you may be interested in joining the Group and helping our Practice develop its services.

The Claughton Medical Centre Patient Participation Group meets every 2 months and discussed issues that the Practice would like a patient's point of view on and any ideas or questions that the Group or patients raise.

The meeting comprises ***Insert summary details of meeting attendees***.

The reason for holding the "Open Day" today was a suggestion from the Group as they thought it would be a good way to publicise the Group's existence and also find out what Patients think of our Practice, and how we can improve.

And it's been a great success!

We do hope you will be able to attend our next meeting which is to be held on***Insert Date, Start & Expected End Times and Venue details***.

Please do give me a call and let me know if you can attend and I will then send you the minutes and Agenda.

I look forward to meeting you.

Yours sincerely

Insert Name
Chairman
Claughton Medical Centre Patient Participation Group

PATIENT PARTICIPATION GROUP CONSTITUTION

Our Practice Patients Participation Group Rules

1) Name:

The name of the group shall be Claughton 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:

a) **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.

b) **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.

c) **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.

d) **Community Needs** – The group will have a role in assisting an assessment of community needs to help the Practice improve its services.

e) **Primary Care Trusts** – The group will be informed and involved with reviewing the general policies relating to the Primary Care Trust which impact on the Practice. Representatives from the group will attend bi-monthly Practice Based Commissioning cluster meetings with PCT representatives. The group will then express opinions on these policies on behalf of the patients.

f) **Practice Based Commissioning Group** – Wirral Health Commissioning Consortium - 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).

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 ***Insert Name*** Practice Patient Participation Group on ***Insert Date***.

Signed Chairperson: ……..

Signed Vice Chairperson: …….

Signed Secretary: …….

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: …….

Print Name:……

For and on behalf of the Claughton 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:……

Suggested wording for an LED Display to recruit PPG Members

"The Claughton Medical Centre Patient Participation Group needs your views! Please ask Reception for a form to join our Contact List."