and
**WHAT IS THE ROLE OF THE PATIENT PARTICIPATION GROUP?**The patient participation group consists of patients who wish to be involved in the local practice whilst taking an active role in developing local health services.

The purpose of the group is to facilitate patients and the practice staff working together to share ideas to help improve the services offered at the practice in addition to sourcing out any local community services that would help enhance aspects of the patient's lives.

The group will have the responsibility of helping patients to take more responsibility for their own health. The group also offers an avenue for patients to have a say in how services are planned, developed and evaluated to foster a good working relationship with the practice staff and GP's.

**WHAT DOES A PATIENT PARTICIPATION GROUP DO?**• Help improve on the experience of attending the surgery
• Help the practice decide on overall service priorities
• Helps bring the attention of practice staff, the practice perspective of the level and standard of the services provided
• Acts as a channel is communicating to patients o How changes in the NHS will affect service provision o Information on the help available, support groups and networks
• Helps patients understand more about the medical conditions/problems
• Helps improve patients overall experience of the practice

**WHY SET UP A PPG?**Research tells us that effective engagement with patients;

• Improves quality of care and patient satisfaction
• Encourages patients as proactive partners rather than passive recipients of care
• Improves concordance with treatment
• Improves health outcomes

• Informs effective targeting of resources, saving time and money
• Is rewarding for professionals and improves relationships.

**WHO ARE THE MEMBERS OF THE PATIENT PARTICIPATION GROUP?**The Fenham Hall PPG will comprise of;

• Chair Person
• Secretary
• Treasurer (if fundraising is involved)
• Carer(s)
• Group members (patients from across the surgery representing the practice population)
• GP
• Practice Manager • Practice staff

**WHAT THE PATIENT PARTICIPATION GROUP IS NOT ABOUT**
*The group will not deal with personal medical issues of individual patient complaints as there is already an existing procedure to handle such matters.*

 **WHAT CAN ALL PATIENTS DO TO HELP THE PATIENT PARTICIPATION GROUP?**
The patient participation group's effectiveness is engineering the mutual working together of both patients and the practice staff to achieve a common goal in the provision of the best possible service. Achieving this end will require patients communicating with the group and practice staff as a whole.

 **JOINING AND REGISTERING WITH THE PPG**
We aim to gather around patient from as broad a spectrum as possible to get a truly representative sample. We need young people, workers, retirees, people with long-term conditions and people from non-British ethnic groups.

If you are happy for us to contact you occasionally by email, please complete the VPPG application form.

If you are happy for us to contact you periodically by email please complete your details below and hand this form back to either reception, a patient group representative, or post in the 'secure box'.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a patient, or carer of a patient, of Fenham Hall Medical Group?
Yes No

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

Are you a carer? Yes No

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

Are you? Male Female Prefer not to say Other (please specify if you feel comfortable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

|  |
| --- |
| **ETHNICITY (table sourced from NHS Digital)** |
| White - British |  | Mixed - White and Asian |  | Black or Black British - Caribbean |  |
| White - Irish |  | Mixed - Any other mixed background |  | Black or Black British - African |  |
| White - Any other White background |  | Asian or Asian British - Indian |  | Black or Black British - Any other Black background |  |
| Mixed - White and Black Caribbean |  | Asian or Asian British - Pakistani |  | Other Ethnic Groups - Chinese |  |
| Mixed - White and Black African |  | Asian or Asian British - Bangladeshi |  | Not stated |  |
| Mixed - White and Black African |  | Asian or Asian British - Any other Asian background |  | Not known |  |

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

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

 **THANK YOU VERY MUCH FOR YOUR PARTICIPATION**
Please note that we will not respond to any medical information or questions received through the survey.

**The information you supply us will be used lawfully, in accordance with the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018 and Data Protection Act 1998. The GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018 gives you the right to know what information is held about you and sets out the rules to make sure that this information is handled properly.**