Patient Participation Group (PPG)

Thank you for your expression of interest in supporting the valuable work of our Patient Participation Group.

The overarching purpose of our Patient Participation Group is to represent the views and experience of all Goyt Valley Medical Practice patients on the quality of care the practice delivers and to participate in health improvements for the local community, including access to local services. It is not to discuss or respond to questions on individual's medical information.

We thereby aim to encourage all patients to engage in their own health care.

You may participate by attending meetings at the practice by invitation and space permitting, which are generally held quarterly. Participants must be registered at Goyt Valley Medical Practice or be Carers of patients registered at Goyt Valley Medical Practice.

We want to ensure that the feedback we receive represents the varied needs of all our registered patients and the local community. We would therefore encourage patients of all ages to become involved, even if only on an occasional basis. All you need to do is simply complete the attached application form.

There is an opportunity on the form for you to let us know if there is a particular aspect of health and wellbeing that you have a special interest in or would like to become involved in the improvement of services for. This could be in the form of completing a questionnaire or attending a local patient / public engagement meeting.

Any participation that you are able to give will be greatly appreciated.

The Chair

Goyt Valley Medical Practice Patient Participation Group

Patient Participation Group

Application Form

Name: _____ (please print)

Email address: _____

Postcode: _____

☐ I would like to be involved in the Patient Participation Group by attending meetings

☐ I am interested in being involved in patient / public engagement consultations or events

☐ I consent to my contact details being shared with other members of the Group

I have a particular interest in the health and wellbeing area of:

_____

Signed: _____ Dated: _____

Please complete the additional information overleaf

The information you supply us will be used lawfully, in accordance with the current Data Protection legislation.

The current Data Protection legislation 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.

Name: _____ (please print)

1. **How would you describe how often you come to the practice?**

   Regularly ☐ Occasionally ☐ Very rarely ☐

2. **Are you living with a long-term condition?** Yes ☐ No ☐

3. **Are you living with a disability?** Yes ☐ No ☐

4. **Are you a Carer?** Yes ☐ No ☐

5. **Are you?** Male ☐ Female ☐ Prefer not to say ☐

6. **Which age group are you in?**

   Under 16 ☐ 17 – 24 ☐ 25 – 34 ☐

   35 – 44 ☐ 45 – 54 ☐ 55 – 64 ☐

   65 – 74 ☐ 75 – 84 ☐ Over 84 ☐

7. **Which ethnic background do you most closely identify with?**

   White: British Group ☐ Irish ☐

   Gypsy or Irish Traveller ☐ Other White ☐

   Mixed: White & Black Caribbean ☐

   White & Black African ☐ White & Asian ☐

   Other Mixed ☐

   Asian or Asian British: Indian ☐ Pakistani ☐

   Bangladeshi ☐ Chinese ☐ Other Asian ☐

   Black or Black British: Caribbean ☐ African ☐

   Other Black ☐

   Other Ethnic Group: Arab ☐ Any Other ☐