**Green Valleys Health Patient Participation Group**

**Sign Up Form**

If you would like to join our virtual Patient Participation Group, please complete your details below and hand this form back to reception.

**Name:**

**Email address:**

**Which surgery do you use:** Emersons Green / Downend / Abbotswood

E-mail is our preferred method of contact, but if you do not have an e-mail address and would like to be involved, please write your full postal address below:

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

**Gender** ⬜ Male ⬜ Female

**Age Group** ⬜ 16 or under\* ⬜ 17-24 ⬜ 25-34 ⬜ 35–44

 ⬜ 45-54 ⬜ 55–64 ⬜ 65–74 ⬜ 75 & over

\*If you are in this age group you will need to obtain your parent/guardians consent (please see overleaf)

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

⬜ British ⬜ Irish ⬜ Gypsy or ⬜ Other

 Irish traveller white

⬜ White & black ⬜ White & black ⬜ White & Asian ⬜ Other

Caribbean African mixed

⬜ Indian ⬜ Pakistani ⬜ Bangladeshi ⬜ Chinese ⬜ Other Asian

⬜ Caribbean ⬜ African ⬜ Other black

⬜ Arab ⬜ Any other ⬜ Rather not say

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

⬜ Regularly ⬜ Occasionally ⬜ Very Rarely

**What areas of our service are particularly important to you? (Please tick as appropriate)**

⬜ Disabled Access/Facilities ⬜ Prescription Services ⬜ Family Facilities

⬜ Professionalism of Staff ⬜ Friendliness of Staff ⬜ Patient Information

⬜ Telephone Access ⬜ On-line Access ⬜ Waiting Times

⬜ Links to support groups ⬜ Long Term Conditions ⬜ Health Promotion

**Declaration:**

I would like to be involved in the Green Valleys Health Patient Participation Group and give consent for my GP Practice to contact me by e-mail (or post if I do not have an e-mail address) for non-medical purposes. I understand I can leave this group at any time by notifying the Practice. I have read the Terms of Reference of the group and agree to them. I understand that this group is not to be used for my own medical purposes, nor for individual complaints.

Signed: Date:

If you wish to participate and are 16 years old or younger, please ask your parent or guardian to sign below to confirm they happy for you to join our Patient Participation Group

Signed: Date:

Print Name: Relationship:

**Please note that we will not respond to any medical questions, requests or individual complaints received through the virtual Patient Participation Group e-mail account.**

The information you supply us with will be used lawfully, in accordance with the General Data
Protection Regulation 2017. This 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.

**Green Valleys Health Patient Participation Group**

**Terms of Reference**

**Title of the Group**

The group shall be called the Green Valley Health Patient Participation Group (PPG) and will cover the Emersons Green, Downend & Abbotswood practices.

**Aim of the Group**

The aim of the group is to represent the interests and views of patients so as to improve the services of the Practice for all patients

**Membership of the Group**

* Membership of the group shall be open and free to all registered patients
* Membership of the group is preferably by email, but patients without access to an e-mail account can join the group and will be contacted by post.
* Members will be contacted from time to time throughout the year for feedback and views on various practice functions and services. The practice will use this information to help make decisions where possible.
* The practice will do it’s best to ensure the practice population demographics are reflected in the group
* Patients will not receive any increased benefits to their personal health care needs by being part of the group and should NOT contact the practice for their medical needs or individual complaints through the group.

**Group Objectives**

* To represent the patients views to the practice
* To promote co-operation between the practice and patients to the mutual benefit of both
* To give feedback on patients’ needs, concerns and interests by challenging the practice constructively
* To assist the practice in prioritising improvements in services for patients by collaborating with them
* To support and encourage the practice and it’s team in improving services for patients