**ST PAULS PARTNERS – PATIENT PARTICIPATION GROUP JOINING FORM**

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| --- | --- |
| Name: |  |
| D.O.B  |  |
| Address:Postcode: |  |
| Phone Number |  |
| Email Address |  |
| **Patient Participation Group Member Agreement:**“I confirm that in the event of becoming a member of the St Pauls Partners Patient Participation Group, I shall not disclose any specific patient information received from or discussed within the Group without the prior specific consent of the patient in question, the Practice Manager or Patient Participation Group as a whole". I ………………………………………………….also fully understand that anything observed during my visit to the surgery in relation to the Patient Participation Group is strictly private and confidential unless agreed by all to be made publicSigned: ………………………………………………………………………….. Print name: ………………………………………………………………………Date: ……………………………………………  |

**ST PAULS PARTNERS PATIENT PARTICIPATION GROUP**

**CODE OF CONDUCT**

This code of conduct is for St Pauls Partners practice staff and patients who are the practice online PPG members. Everyone wishing to join the online group should read and agree to the following:

**Do’s**

1. Support the aims and objectives of St Pauls Partners
2. Wherever possible, demonstrate a commitment to deliver positive change for wider practice patients.
3. Respect other people’s opinions and points of view.
4. Respect the rights of everyone to be treated as individuals.
5. If you happen to disagree, please be polite about it.
6. Engage where possible with your peer group and community to communicate messages agreed by the group.

**Don’t’s**

1. This is not a forum for seeking medical advice.
2. Or indeed for offering medical advice.
3. Please do not disclose any personal medical information.
4. Please do not engage in behaviour that constitutes any form of abuse whether it is emotional, verbal, written, physical, sexual or bullying.
5. Please refrain from posting any inappropriate material to members or online.
6. Please refrain from making a personal complaint. If you want to raise a personal complaint, please follow appropriate procedures which you can find on the practice website or at the reception.
7. Please refrain from promoting or advertising yourself, other organisations or products.
8. Please avoid blaming anyone whether it be GP practice staff or group members.

**Most importantly, enjoy what you’re doing and recognise the contribution you are making to St Pauls Partners patients.**

**ST PAULS PARTNERS – PATIENT PARTICIPATION GROUP SURVEY**

The information you provided us with will be kept with the GP practice name PPG and will be used for no other purpose than information sharing and communicating between you and the GP practice name Patient Participation Group. Many thanks for taking time to reply to this survey.

Your views are important and will be listened to. It may not be possible to act on every suggestion, but all feedback is very valuable.

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| **1.** | **Do you have any suggestions how to improve our GP practice services for you, your family or your community?** |
| **2** | **If you would like to attend PPG meetings, what would be your preferred time and day?** Morning  Afternoon  Evening  Week day  Weekend  N/A Additional comments: |
| **3** | **What best describes you? It can be more than one answer.**  I am a student  I am a parent of young children  I am working full-time  I am working part-time  I am looking after my family member (child/ partner/ elderly parent) who needs my supportbecause of their illness, a disability or old age I am retired  I have a long-term illness or a disability  Other (please specify)  |
| **4** | **Would you be interested in volunteering your time and skills to manage PPG work or online** PPG? Yes  No  I would like to find out more (please specify) |
| **5** | **If your answer to previous question is "Yes", please tell us what skills you can offer.** Chair PPG meetings and set meeting agenda  Take and distribute meeting minutes  Manage email/ social media communications  Create and analyse surveys Support with patient engagement N/A  Other (please specify) |
| **6** | **Any other Comments:** |