

Dr S Sherwood & Partners

**East Lynne Medical Centre, 3-5 Wellesley
Road, Clacton-on-Sea, Essex, CO15 3PP**



www.eastlynnemedicalcentre.co.uk

**Members of the
East Lynne Medical Centre
Patient Participation Group**

**Dr Simon Sherwood
Mrs Pauline Mackenzie
Nurse Heather Simpson
Mrs Linda Griss
Miss Dawn Lambert**

East Lynne Medical Centre

PATIENT PARTICIPATION GROUP



We want to hear from you

**You can have your say
on
health matters**

How to join the Patient Participation Group

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

Visit the Dr S Sherwood & Partners Website at www.eastlynnemedicalcentre.co.uk
And follow the links

OR

Visit the Practice and request a Contact Form – please return it to the Practice when you have completed it.

The information you supply will be used to contact you by email or post 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

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.

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?

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
“Patient Participation Group”**

What is the 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.

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

You decide how often and when you would like to answer or attend meetings usually every 3 months.

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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Dr S Sherwood & Partners

PATIENT PARTICIPATION GROUP CONTACT FORM

Our Patient Participation Group at Dr S Sherwood & Partners 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: | |
| Address: | | | |
| 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 |

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.

Dr S Sherwood & Partners

Patient Participation Group

We are gathering members for a
Patient Participation Group

Would you like to join?

If so please ask a Reception for the
application form

Or

Visit our website

www.eastlynnmedicalcentre.co.uk

and complete the online form



Dr S Sherwood & Partners

PATIENT PARTICIPATION GROUP CONSTITUTION

Our Practice Patients Participation Group Rules

1) Name:

The name of the group shall be East Lynne 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.

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) **Clinical Commissioning Groups (CCG)** – The group will be informed and involved with reviewing the general policies relating to the CCG which impact on the Practice. Representatives from the group will attend bi-monthly Practice Based Commissioning cluster meetings with CCG representatives. The group will then express opinions on these policies on behalf of the patients.
- f) **Practice Based Commissioning Group** – 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 meet periodically, usually every three months.

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 East Lynne Medical Centre Practice Patient Participation Group on 7th September 2012

Signed Chairperson:

Signed Vice Chairperson:

Signed Secretary:

Dr S Sherwood & Partners

**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 Dr S Sherwood & Partners

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: