**Leek Health Centre**

**Patient Participation Group (PPG)**

**Please tick one of the following boxes:**

🞎 I wish to join the PPG as an **Actual Member** (able to attend meetings/events)

🞎 I wish to join the PPG as a **Virtual Member** (able to participate via email communication)

**PLEASE PRINT YOUR DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** | Post Code |
| **Telephone** | Landline:Mobile: |
| **Email Address** |  |

The information you have provided will be shared with Practice Staff along with the nominated Chair and the Vice Chair of Leek Health Centre’s PPG. All parties have been made aware of the need to keep your information confidential in accordance with the Data Protection Act, 1998.

E-mails will be distributed to PPG members as a ‘group’. In order to uphold your confidentiality, all members will be ‘blind copied’ (Bcc) into correspondence. This means that you will all receive the same information however you will not be able to view other recipient email addresses.

There is no time restraint on being a member of the PPG. You can terminate or suspend your membership at any time. If you wish to do this, please notify the Chair who will make sure that your request is actioned. If at any point you decide to become an active member again, please let us know and we will make the necessary arrangements to reinstate your membership.

*Please help us to help you...* Should any of the information you have supplied change (membership preference, email address, new mobile number, etc) let the Chair know at the earliest opportunity so that we can update your records accordingly. *Thank you.*

**Confidentiality Agreement**

During the course of your association with the Practice, you may inadvertently have access to, see or hear confidential information concerning the medical or personal affairs of patients, staff or associated healthcare professionals. Unless acting on the instructions of an authorised officer, on no account should such information be divulged or discussed with anyone. Breach of confidence, including the improper passing of confidential information could result in the Practice taking action against you.

Without limiting the generality of the above, for the purpose of this clause, “confidential information” means and includes any information relating to the Practice, its business and activity including but not limited to person and patient identifiable information and other sensitive information in whatever form but excluding any matter that has become public knowledge or part of the public domain and all other information provided to you which is either labelled or expressed to be confidential, or given to you in circumstances where one would expect the information to be confidential to the Practice.

You should also be aware that regardless of any action taken by us, a breach of confidence could result in a civil action against you for damages.

**By signing this Agreement you undertake:**

* To treat as confidential any information that you may come into contact with during the course of your association with the Practice and thereafter.
* To only access areas of the building where confidential information is held if permissions are granted.
* To respect the rights of patients who may not wish others (i.e. their friends/relatives) to know that they have visited the premises.

Any breaches of this Agreement will be reported to the Practice’s Caldicott Guardian for investigation. In the event of a serious incident the Practice is obliged to inform the Information Commissioner’s Office (ICO) so that appropriate action can be taken.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**PPG Questionnaire**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Signature** |  |

To try and ensure that we speak to a representative sample of the patients that are registered at Leek Health Centre, we would be grateful if you could answer the following:

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

White British 🞎 Irish 🞎

White & Black African 🞎 White & Black Asian 🞎

White & Black Caribbean 🞎 Indian 🞎

Pakistani 🞎 Bangladeshi 🞎

Caribbean 🞎 African 🞎

Chinese 🞎 Other 🞎

Prefer not to say 🞎

**Gender Age**

Male 🞎 Under 18 🞎

Female 🞎 18-24 🞎

Prefer not to say 🞎 25-34 🞎

 35-44 🞎

 45-54 🞎

 55 and over 🞎

**Do you consider yourself to have a disability?**

Yes 🞎

No 🞎

Prefer not to say 🞎

**To help us to identify healthcare topics that are of interest to you, please tick the boxes that apply:**

Accident & Emergency 🞎 Breathing Difficulties 🞎

Cancer 🞎 Carers 🞎

Children & Young People 🞎 Dementia 🞎

Depression 🞎 Diabetes 🞎

Elderly 🞎 End of Life Care 🞎

GP Practice 🞎 Heart Disease 🞎

Maternity 🞎 Obesity 🞎

Sexual Health 🞎 Smoking 🞎

Stroke 🞎 Hearing 🞎

Other (please specify) 🞎

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**Data Protection Act 1998**

The information that you provide on this form will be used by Leek Health Centre PPG to contact you about local health care services, activities and to inform you of the ways in which you can get involved. Your details will only be used for this purpose and will not be shared with anyone else.

The information you supply will be held securely and in accordance with the Data Protection Act 1998. You can opt out of the PPG at any time by emailing us at nstccg.leekhealthcentre.nhs.net or by calling 01538 381072. We will contact you for your consent if there are any changes to the way in which your information is used.