

**Patient and Public Involvement (PPI) Activity including Service Evaluation in
the Planning, Design & Delivery of Services
Including access to members of the NHS Hull Membership**

Project Registration Form

[Please see page 4 for guidance on completing this form]

If completing this form electronically please replace boxes with an 'X' as appropriate

PPI Activity Title: (please advise if this is a measure against previous activity)

PPI Activity Lead: (e.g. person responsible for the activity)	Job Title:	Contact Number:	Contact Address:
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Practice/Name of Team: (e.g. Marmaduke District Nursing)	Service Provided: (e.g. General Practice)
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PPI Activity Team: (please give names and disciplines of people who will be involved in this activity) if relevant

Please state today's date: Date

Do you have approval from your line Manager? Yes No
(Insert 'x' where applicable)

Multi-disciplinary:

Yes No
(Insert 'x' where applicable)

If yes please list disciplines involved.....

Multi-agencies

Yes No
(Insert 'x' where applicable)

If yes please list agencies involved.....

Background: (please include what prompted you to choose the subject and why the topic is important, e.g. to build on previous PPI activity work, set up a new team/service etc)

Overall Aim of PPI Activity: (what are you looking to achieve, e.g. to improve diabetic care within the practice)

Objectives: (aspects of service that can be examined and measured)

Have you checked for current known information from patients and the public?

Yes No
(Insert 'x' where applicable)

If Yes, where have you searched:

PALS Complaints
National Patient Survey Local Survey
(Insert 'x' where applicable)

Other

Are you measuring against any of the following:

Literature Search Published Guidelines
National Standards
Public/patient views
(Insert 'x' where applicable)

Other

Methodologies to be used, e.g. questionnaires, focus group, mystery shopper

Sample size (if appropriate)

Do you wish to access the members of the NHS Hull Membership?

Yes No
(Insert 'x' where applicable)

The membership consists of individual public members (living in Hull), Patient members (living outside of hull and using Hull Health Services, Community and Voluntary Groups

If Yes, please complete the Membership form on Page 5.

How have you risk assessed the project?

How are any risks being managed?

e.g. feedback of negative findings, raising of expectations

Substantial Variation

Do you consider any potential change to result in a substantial variation to service?

Yes No
(Insert 'x' where applicable)

Have you considered the need to consult with the:-

Service Change Assurance Process lead (StHA)

Yes No
(Insert 'x' where applicable)

Overview and Scrutiny Committee

Yes No
(Insert 'x' where applicable)

Activity start date: **Expected end date:**

Consent for Use of Information:

Valid implied consent Explicit consent to be obtained (Please delete as appropriate)

Have you had a discussion with your Patient and Public Involvement Lead? (contact information available on page 4)

Yes No
(Insert 'x' where applicable)

Dissemination of Results: (please document what methods are going to be used to feedback results. This might include a written report, presentation, staff meeting, media press release)

Are you planning to produce a report at the end of the project?

Yes No
(Insert 'x' where applicable)

When will this be available?
(A copy will be requested by the PPI team)

Implications for change: (please document expected outcomes/improvements)

An action plan will be requested once your project is completed.

When are you intending to measure against any changes made: Date

Approved Yes No Signed for the PPI team

Date.....

Comments

Signature of person initiating the project Date

Signature of line manager Date

GUIDANCE/FREQUENTLY ASKED QUESTIONS;

1) What is this form for? The purpose of this form is allow the Hull Teaching PCT Patient and Public Involvement Leads to keep a library of the patient and public involvement activity going on within the Trust, primarily for the purposes of ensuring patient and public activity is taking place and for sharing best practice across the city of Hull. Practices/teams are encouraged to keep a copy of each proposal submitted as this provides evidence of engagement in PPI Activity.

2) Who is this form for? Anyone undertaking PPI activity and also to request guidance/support.

3) How is this form processed? This form is processed by the Patient and Public Involvement Participation Committee (PPC). PPI activity that is being conducted are recorded on the PPI activities database and taken to the PPI sub-committee on a bi annual basis. If your submission is considered substantial you may be asked to present it to the PPI sub committee. The Access to Membership form will be forwarded to the Membership Manager to monitor the involvement of the NHS Hull Membership.

4) What do I write on the form? Staff are encouraged to write whatever they think is relevant to the activity on this form, there are no 'right' or 'wrong' answers. Lengthy entries are not required in each of the sections and some sections may not be relevant to your PPI activity. Please mark N/A in sections that are not applicable to your work.

5) Additional Information Patient and Public Involvement must always be conducted within an ethical framework. This means ensuring patient confidentiality at all times. Legislation to be aware of is The Data Protection Act 1998 and the Caldicott principles. Caldicott Guardian

6) Help with the form Please do not hesitate to contact your designated PPI lead for assistance with completing this form; we will happily visit your workplace or help you complete the form over the telephone;

Please contact the PPI team for further advice or assistance,

Heather Kelly
Patient & Public Involvement Strategic Lead
Hull Teaching PCT
Heather.kelly@hullpct.nhs.uk

Tel: 01482 344818

Jill Copeland
Patient and Public Involvement Implementation Manager
Hull Teaching PCT
Jill.Copeland@hullpct.nhs.uk

Tel: 01482 344816

REQUEST TO ACCESS MEMBERSHIP DATABASE

(If you have any queries regarding this request, please discuss with the PPI team or Membership Manager)

This form must be completed if you wish to access the HULL NHS Membership. Access will be agreed by the Membership Manager who will arrange for information to be sent to the members in accordance with the Data Protection Act 1998 and with agreement of members.

Activity Title:		
Activity Lead:	Job Title:	Contact Number:
Practice/Name of Team:		Service Provided:
Reason for accessing the Members: (e.g. Survey, Questionnaire, Invitation to event/meeting/focus group, etc)		
Member status: <i>(Please state status of member you wish to access)</i>		
Voluntary Groups <input type="checkbox"/> Community Groups <input type="checkbox"/> Patient <input type="checkbox"/> Public <input type="checkbox"/> Age Group All <input type="checkbox"/> Other (eg: special Interest or locality) (You may wish to discuss with the Membership team)		
Details:		
To invite members to discuss.....		
To invite members to attend		
To invite members to complete		
Timescale: (expected timescale for information to be sent to members)		

For Office Use Only:	
To be completed by the PPI team:	
Reg No:	Completed by:.....
Date:	Date forwarded:
	(to Membership team)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">For Office Use Only:</td> </tr> <tr> <td colspan="2">To be completed by the Membership team:</td> </tr> <tr> <td>Reg No:</td> <td>Date Received:</td> </tr> <tr> <td>Access Agreed: Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>By: (Signature)</td> <td></td> </tr> <tr> <td>Date:</td> <td></td> </tr> <tr> <td>Informed applicant: Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	For Office Use Only:		To be completed by the Membership team:		Reg No:	Date Received:	Access Agreed: Yes <input type="checkbox"/>	No <input type="checkbox"/>	By: (Signature)		Date:		Informed applicant: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Requested information: (date) (Questionnaire etc) Information received: (date) Type of Members: Vol Group <input type="checkbox"/> Com Group <input type="checkbox"/> Patient <input type="checkbox"/> Public <input type="checkbox"/> All <input type="checkbox"/> Other: Sent to Members: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Completed:
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Informed applicant: Yes <input type="checkbox"/>	No <input type="checkbox"/>														

**PLEASE SEND THE COMPLETED FORM TO THE
 PATIENT AND PUBLIC INVOLVEMENT LEAD
 HULL TEACHING PRIMARY CARE TRUST
 THE MALTINGS
 SILVESTER SQUARE
 SILVERSTER STREET
 HULL
 HU1 3HA**