

THE LOOP



Scarborough and Ryedale
Clinical Commissioning Group

THE LOOP – your opportunity to get involved in shaping healthcare services in Scarborough and Ryedale

Registration Form

Are you interested in getting involved in how we shape local health services?

As the local leader of the NHS in Scarborough and Ryedale, we want to build a virtual network of local people with an interest in healthcare so they can help us to ensure local health services meet the needs of our communities.

As a member of The Loop, you will have the opportunity to influence the development of local health services and work with us to improve them.

How much you get involved is entirely up to you and you don't need any specific knowledge or experience of the NHS.

As well as keeping you updated with the latest news from our CCG, we will also contact you to see if you are interested in taking part in surveys, focus groups, meetings and events about the services we commission.

To make this as relevant as possible, please let us know your specific areas of interest.

Your contact details:

Title:	Mr / Mrs / Ms / Miss / Dr / Other (please state)
First Name (s)	
Surname	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email	

We will only contact members by email as this is the most cost-effective method of communication. We understand that not everyone has access to the internet, therefore if you are interested in being involved but do not have access to the internet, please tick this box.

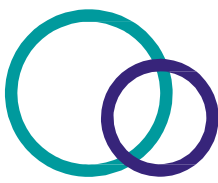
We will then contact you to explain the best way to get involved.

Your interests:

Please tell us which health issues or services you have a particular interest in by ticking the appropriate boxes below. Please tick ALL that apply.

Care Homes – residential and nursing		Mental health services for young people	
Care of older people		MSK/Pain services	
Child health		Obesity	
Community hospitals		Ophthalmology	
Dementia services		Orthopedics (including physiotherapy)	
Dermatology services		Out of hours GP services	
Discharge from hospital		Outpatient clinics and follow-ups	
End of life care		Patient information – leaflets, DVDs, etc	
GP referrals		Prescribing	
Healthy eating and physical activity		Rehabilitation on services	
Learning disability services		Screening services (breast, cervical, Chlamydia, etc)	
Long term conditions – e.g. diabetes, asthma, arthritis, Parkinson's etc.		Services working together in the community (e.g. closer working between health and social care)	
Managing your own condition (self-help or self-care, expert patients etc)		Smoking cessation, alcohol and drug services	
Maternity		Urgent care / Accident & Emergency	
Mental health services for adults			

Any other interests in healthcare? Please write them below if so:



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Monitoring information:

We want to build a network that reflects our community and make sure everyone has the opportunity to get involved. To help us to do this, please answer the following questions.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age group:	<input type="checkbox"/> 19 or under <input type="checkbox"/> 20-34 <input type="checkbox"/> 35-49	<input type="checkbox"/> 50-64 <input type="checkbox"/> 65-79 <input type="checkbox"/> 80 or over
Do you consider yourself to have a disability or a long term health condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any children under the age of 16 living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider yourself to be a carer? (e.g. caring for someone with a long term health condition, disability, or special need?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your ethnic group?	<input type="checkbox"/> White (British) <input type="checkbox"/> White (other) <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed/multiple ethnic group <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Any other ethnic group (please specify)

A bit more about you:

We'd like to get an idea about why you are joining The Loop and if you are involved in any other networks. Please tick any/all that apply from the following (please note that you do not have to be a member of any other networks to join The Loop):

I live in the Scarborough and Ryedale area	<input type="checkbox"/>	I don't live in the area but I do access health services in this area	<input type="checkbox"/>
I am a member of my GP practice Patient Participate on Group	<input type="checkbox"/>	I am a Foundation Trust member	<input type="checkbox"/>
I am a member of Healthwatch	<input type="checkbox"/>	I am a locally elected representative (e.g. Councillor)	<input type="checkbox"/>
I am a volunteer with a voluntary sector organisation (please state which)	<input type="checkbox"/>	I am a member of staff in an NHS organisation, local authority or other statutory local service	<input type="checkbox"/>
I am a member of staff in a voluntary sector organisation (please state which)	<input type="checkbox"/>	I am a member of staff in a care home/ residential home/ other care setting	<input type="checkbox"/>

Confidentiality and Data Protection:

In accordance with current UK Data Protection legislation, any information on you provide on this form will be kept secure, treated confidentially, and only used for the purposes of developing and maintaining our public engagement via The Loop membership. Your personal information will not be shared with any other agencies. If at any time you wish to leave the database please contact us.

Signature:.....**Date:**.....

Thank you for taking the time to complete this form and for joining The Loop. Please return your form to:
NHS Scarborough and Ryedale Clinical Commissioning Group, Town Hall - York House, King Street, Scarborough
YO11 1ND