## Dunfermline & West Fife Community Health Partnership

Public Partnership Forum

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Date 30 January 2013

Your Ref

Our Ref KAB

Enquiries to: Karen Banks Direct Line 01383 565147

Dear Register of Interest Member

## Request for Public Representatives:-

- 1) Action planning for dissemination of Patient Rights Information Group
- 2) Advisory Group for Patient Advice and Support Service

The above Groups seek a public representative to join its membership.

One group will address both the issues of Patient Rights Information and the Patient Advice & Support Service (PASS). In relation to Patients Rights, the Group will develop an action plan to ensure that patients and staff are aware of the Patient Rights Act and familiar with the content and requirements of the Charter.

In relation to the PASS there is a requirement to have an Advisory Group. The Terms of Reference reflect the purpose of the group therefore, the following attachment is included for your information:-

 Patient Advice and Support Service (PASS): Local Advisory Group - Terms of Reference

The meeting schedule for 2013 has not yet been agreed however, meetings will be held bimonthly.

An effort will be made to vary the meeting site to ensure equal access for all members.

The public representative will not be required to have specific knowledge but experience with communication strategies/marketing would be useful.

If you would like to note your interest in participating, please complete the cut-off slip, provide a short statement and return no later than Friday, 1 March 2013 to:







Post: Theresa Rodigan Personal Secretary Patients Relations Department Hayfield House Hayfield Road Kirkcaldy Email: theresa.rodigan1@nhs.net Yours sincerely Karen Banks **Karen Banks** Secretary/PPF Administrator Dunfermline & West Fife CHP Enc -----I would like to note my interest in becoming a member of the Action Planning for dissemination of Patient Rights Information Group I would like to note my interest in becoming a member of the Advisory Group for Patient Advice and Support Service Name..... Address..... Email ...... Telephone ...... Please provide a short statement as to why you have a particular interest in joining the



