

Dear Patient,

PATIENT PARTICIPATION GROUP

We are encouraging patients to give their views about how the practice is doing. We would like to be able to find out the opinions of as many patients as possible and are asking if people would like to provide their email addresses so we can contact you by email every now and again to ask you a question or two.

F.A.Q.

Q. What is Patient Participation Group?

A. This is a group of volunteer patients who are involved in helping the Surgery provide the services its patients need.

Q. Will my Doctor see this information?

A. The Doctors may see general feedback from patients, but not individual comments or replies.

Q. Will the questions you ask me be medical or personal?

A. No, we will only ask general questions about the practice and its services, usually in a short questionnaire format.

Q. Who else will be able to access my contact details?

A. Your contact details will be kept safely and securely and will only be used for this purpose, and will not be shared with anyone else.

Q. How often will you contact me?

A. Not very often, possibly only once per year.

Q. What if I no longer wish to be on the contact list or I leave the surgery?

A. Simply tell us if you no longer wish to participate, and we will remove your name from the contact list. If you leave the surgery, we will automatically remove your name.

Are you interested in leaving your email details?

If you could fill in this quick form on the reverse and hand it back to reception, we will add your email details to a contact list.

We are building a Patient Participation Group of a representative cross-section of our patient population, which may take some time to build up, so it may be some time before we contact you.

SIGNING UP FOR OUR PRACTICE SURVEY

If you are happy for us to contact you periodically by email, please leave your details below and hand this form in at Reception.

PLEASE WRITE IN BLOCK CAPITALS

NAME: _____

EMAIL: _____

POSTCODE: _____

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

YOUR GENDER MALE FEMALE OTHER (please specify)

Under 16 17 – 24
25 – 34 35 – 44
45 – 54 55 – 64
65 – 74 75 – 84
Over 84

The ethnic background with which you most closely identify is:

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 Chinese Any Other

How would you describe how often you come to the practice?

Regularly Occasionally Very rarely

PLEASE NOTE THAT WE WILL NOT RESPOND TO ANY MEDICAL INFORMATION OR QUESTIONS RECEIVED THROUGH THE SURVEY

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 our rules to make sure that this information is handled properly