

**Which of the following areas should we focus on (please tick all that apply):**

- Getting an appointment
- Clinical care
- Telephone answering and access
- Waiting room facilities
- Customer service
- Time keeping
- Patient information
- Opening times
- Parking

Other (please specify)

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.....

**Please note that no medical information or questions will be responded to at these meetings and we would like constructive suggestions/questions.**

*Thank You*

*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 out rules to make sure that this information is handled properly.*

# Patient Participation Group

## WE NEED YOUR HELP.



***“It doesn’t take long to have your say and make a difference.”***

# Patient Participation Group

**We are recruiting a group of patients to help improve our services. Would you like to have your say and be involved in the bigger picture?**

## Frequently asked questions

**Q What is a patient participation group?**

**A** It is a group of patients who volunteered to work with the doctors and practice staff to improve services for the community. We want this group to be as representative as possible of people who use the practice and to benefit them.

**Q Do I have to attend meetings?**

**A** No, We would love to see you at meetings but if that's not possible or you would prefer to take part in some other way, you can still be part of our patient group through other methods of communication (e.g. email/internet).

**Q Why are we asking people for their contact details?**

**A** We need to be able to contact you from time to time if you wish to be involved in the group.

**Q Will my doctor see this information?**

**A** No, We are only collecting contact information at this stage. You can contribute to the group without your doctor knowing you are taking part if you prefer.

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

**A** The details you provide will not be used for any other purpose or shared with anyone else.

**Q How often will you contact me?**

**A** Only a few times a year.

**Q Do I have to take part in the group?**

**A** No, but if you change your mind, please let us know.

**Q What if I no longer wish to be a part of this group or I leave the surgery?**

**A** Just let us know and we will delete your contact details.

**Q Who do I contact if I have further questions?**

**A** PPG, Carfax Health Enterprise CIC, Carfax Street, Swindon, SN1 1ED

# Contact form

**If you are happy to be part of the patient participation group please complete the form below and return it to reception.**

**Name:** .....

**Address:**.....  
.....  
.....

**Postcode:** .....

**Email Address:** .....

**Mobile:**.....

**The following information will help to ensure we speak to a representative sample of the patients registered at this practice.**

**Gender:**

Male  Female

**Age range:**

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

**Which ethnic background do you represent?**

**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 ethnic group**

Chinese  Any other

**Please complete the final section overleaf.**