

Contact Form

If you are happy to be part of the patient representative group please complete the form below and return it to the practice as soon as possible

Name: _____

Address: _____

Email address: _____

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

About you? (please tick)

Gender

Male

Female

Age

Under 16

17-24

25-34

34-44

45-54

55-64

75-84

85 +

Ethnicity

White

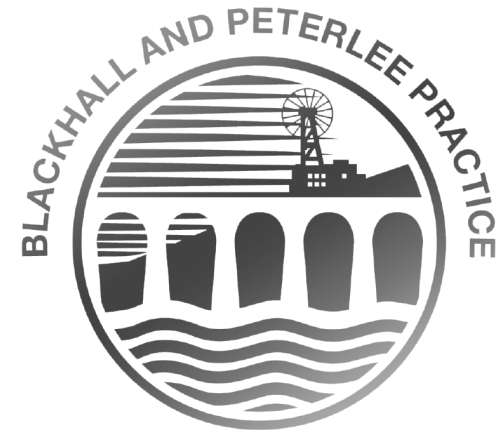
Mixed/Multiple Ethnic Groups

(White and Black Caribbean; White and Black African; White and Asian; Other)

Asian / Asian British

Black/African/Caribbean/Black British

Any other ethnic group



Patient Reference Group



Patient Participation Group

We have created a group to help improve how we work.

Would you like to join and get involved?

Would you be interested in the following group:

By email

Face to Face

Frequently Asked Questions

What is a patient participation group?

It is a group of volunteer patients who are involved in shaping the services of the practice for the future.

Why are you asking people for their contact details?

We want to talk to our patients to help identify areas for where we can improve.

Will my doctor see this information?

No, all information given is treated confidentially and will only be disclosed with your permission. Your doctor will only see the overall results.

Will the questions you ask me be medical or personal?

They will be general questions about the practice, how we are providing services and what we can do to improve them.

Who else will be able to access my contact details?

No one outside of the practice.

How often will you contact me?

The group usually meets once every three months.

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 services	
Time keeping	
Patient information	
Opening times	
Parking	

Other (please specify)

Unfortunately no medical information or questions can be responded to by the patient reference group.

The information you supply us will be used carefully 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 handed properly.