Patient Participation Group (PPG)

The Patient Participation Group (PPG) is made up of Orchard Medical Practice Patients like **YOU**. It finds ways to make the Practice better and improve the experience of patients who use the Practice. The PPG meets regularly with the Practice Manager to discuss patient concerns and improvements to the service that **YOU** get.

We are looking for more Patients of all ages and backgrounds to

GET INVOLVED

There are some evening meetings, and some daytime meetings.

There's even a virtual PPG!



HAVE YOUR SAY

To help make this Practice **the very best it can be** then fill in the form overleaf and hand it in to reception. If you would like more information email maccg.orchardppg@nhs.net or the Practice Manager on 01623 400100. You can also visit our website – www.orchardmedical.co.uk

THE VIRTUAL PPG

The Virtual PPG is for those Patients who cannot get to the meetings but still want to be involved. Virtual PPG members will receive regular information and questions by email from the Practice, and be invited to respond. Contributions will then be taken to future PPG meetings.

To join the virtual PPG fill in the form overleaf or email maccg.orchardppg@nhs.net

PPG APPLICATION FORM

The information you give below will help us to ensure that the PPG is representative of the patients of Orchard Medical Practice and will ONLY be used to contact you about the PPG Group

I wish to become a member of the Orchard Medical Practice Patient Participation Group (PPG)

Full Name					
Address & Post Code					
Telephone Number:					
Email Address					
Papers will be sent out by email. An Email address is essential for members of the Virtual PPG					
Do you want to be a member of the Virtual PPG only? YES NO Please circle yes or no					
What is your age group? (please tick one)					
	Under 25	25 – 40	40 – 65	Over 65	
Please tick all that apply					
	I can get to daytime meetings (1pm)				
	I can get to evening meetings (6.30pm)				
	I can attend at any time				
	I can help during surgery hours with giving out patient surveys and questionnaires				

PLEASE HAND THIS FORM TO RECEPTION WHEN COMPLETED