

## **Sign-Up Form - Patient Participation Group - Plains View Surgery**

If you are happy for us to contact you periodically by email or phone or post please leave your details below and hand this form back to reception.

Name:

Address (with post code):

Telephone Number:

Email address:

**PLEASE CIRCLE YOUR PREFERRED CONTACT METHOD**

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you?      Male       Female

Age: Group	Under 16	<input type="checkbox"/>	17-24	<input type="checkbox"/>
	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		<input type="checkbox"/>

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

<b>White</b>				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Mixed</b>				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
<b>Asian or Asian British</b>				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
<b>Black or Black British</b>				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Chinese or other ethnic Group</b>				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very Rarely	<input type="checkbox"/>

Thank you.

Please note that no medical information or questions will be responded to.

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.

## **Introduction - Patient Participation Group - Plains View Surgery**

Dear Patient

We would like to know how we can improve our service to you and we would welcome your thoughts about our surgery & staff.

To help us with this, we are setting up a patient representation group so that you can have your say. We will ask members of this group some questions from time to time, such as what you think about our opening times or the quality of the care or service you receive. We will use various methods of contact (based on your preference) and will keep communication brief so it shouldn't take up too much of your time.

We aim to gather a number of patients from as broad a spectrum as possible to get a truly representative sample of responses. We need everyone - young people, workers, retirees, people suffering from long-term conditions & people from non-British ethnic groups.

If you are happy for us to contact you occasionally, please complete the Sign-Up form (back side) & hand this form back to reception.

We may ask a few patients to meet with us in the surgery from time to time but we will only invite those patients who indicate this would be something they are happy to do.

### **What is a Patient Representation Group?**

It is a group of patients who volunteer to get involved in making sure that the surgery is providing the services that its patients need.

### **What is the purpose of me joining this group?**

We want to ensure that the people who use our services are able to have their say. Your opinion matters to us, the people who use the services are the best people to tell us what works & what improvements we could make.

### **How & when are you likely to contact me?**

We can communicate with you in different ways to suit you - email, telephone or post. We will only contact people occasionally & the feedback we ask you will only take up a few moments of your time.

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

We only want to contact you to ask questions about the surgery, how well we are doing & to ask about patient focussed changes we are planning. If your doctor is responsible for making some of the planned changes they may see general feedback from patients.

### **Will the questions be medical or personal?**

We will only ask questions relating to the practice & the services we provide.

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

As always, all information you provide to us will be kept safe & secure, they will only be used for the purpose you have provided them for & they will not be shared with anyone else.

### **What if I sign up & leave my contact details but then decide I no longer wish to be involved?**

If at any time you change your mind & no longer wish to be involved, let us know in writing & we will removed your contact details from our list.