

Why should I be involved?

- To discuss issues that arise that may affect the service you are receiving.
- To share your views on practice plans to improve the services delivered to you.
- To make a difference to the services you receive and how they are provided.
- Changes other PPGs have introduced include: Regular health and wellbeing events, touch screen in reception, volunteer driver scheme to help those less mobile.
- Changes introduced at Cressex Health centre based on patient feedback include: More on the day appointments, recruitment of new clinical staff, additional staff to answer calls at peak times.

Summary

Who?

Any registered patient of Cressex Health centre.

What?

Patients and practice staff discussing the issues that affect patient care and services.

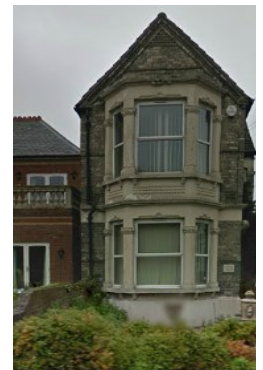
Where and When?

Via email and face to face meetings at Cressex Health Centre.

Why?

To work together and share ideas to improve the services at Cressex Health Centre.

Cressex Health Centre's Patient Participation Group



Who can take part?

YOU! As long as you are a registered patient of Cressex Health Centre.

Discussions and meetings will also involve GPs and members of staff.

Where and when?

Meetings are infrequent, and arranged as issues arise. Most issues can be discussed via email or post if preferred.

Since the group was established in August 2014, we have had two face to face meetings held at Cressex Health Centre to discuss and improve the services received by patients and to review the friends and family results.

All meetings are arranged at a time when it is most convenient for the majority of patients in the group. For this reason, meetings so far have been held at 7pm.

What will be discussed?

Anything that may affect the services you are receiving for example:

- **Ways to maintain a high quality service and continually improve.**
- **Your view on the practice's plans to ensure they meet the needs of our patients.**
- **Ways to help patients take more responsibility for their health and make informed decisions.**

Suggestions put forward by the Patient Participation Group (PPG).



Title: Miss/Mrs/Mr/Dr/ Other.....

Name:

Address:.....

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Email:

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Telephone:.....

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Date of Birth (DD/MM/YYYY).....

Preferred method of contact:

Post ☐ Email ☐ Phone ☐

Thank you for completing this form. Please return it to a member of staff.

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