

Which of the following areas should we focus on?

(Please tick all that apply): -

- ☐ Getting an appointment
- ☐ Health Care you receive
- ☐ Getting through on the telephone and access
- ☐ Waiting Room Area
- ☐ Customer Service
- ☐ Other (please specify below):

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Thank you

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

The information you supply us with 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 our rules to make sure that this information is handled properly.

Patient Representation Group

Springfield Surgery



Have a say in the services we provide

Patient Representation Group

We are a group of patients working together to help improve the services Springfield Surgery offer to patients.

Common patient Questions and Answers:

What is a patient group/patient representation group?

This is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need.

Why are you asking people for their contact details?

We would like to be able to contact people occasionally to ask them questions about the surgery and how well we are doing and to identify areas for improvement.

Do I have to leave my contact details?

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

Will my Doctor see this information?

This information is purely to contact patients to ask them questions about the surgery, how well we are doing and ensure changes that are being made are patient focused. If your doctor is responsible for making some of the changes in the surgery they might see general feedback from patients.

Will the questions you ask me be medical or personal?

No, we will only ask general questions about the practice, such as short questionnaires.

Who else will be able to access my contact details?

Your contact details will be kept safely and securely and will only be used for this purpose and will not be shared with anyone else.

How often will you contact me?

Not very often, no more than 3 or 4 times a year.

What if I no longer wish to be on the contact list or I leave the surgery?

We ask that you let us know by email if you do not wish to receive further messages.

Contact Form

If you are happy to be part of the Patient Representation Group, please complete the form below and return it to the practice.

Name

Address

.....

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Postcode

Email address

We want to make sure that all our patients receive a high level of service. By answering these questions, we can check that everyone is happy with our services.

Are you? (Please circle):

Male Female

Age (please circle):

Under 16 17 – 24 25 – 34 35 – 44

55 – 64 65 – 74 75 – 84 Over 84

Which ethnic background do you represent? (Please tick):

White British	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Black or black British African	<input type="checkbox"/>
Black or black British Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Ethnic Group.	<input type="checkbox"/>

Please complete the final section overleaf.