

Patient Participation Group

We are creating a group to gain feedback from our patients and improve our services. Would you like to be involved?

Here are a few answers to some common questions to help you decide:

Q. What is a Patient Participation Group?

A. It is a group of patients who are involved in shaping services to patients.

Q. Why do you need our contact details?

A. We would like to talk to people about their experiences at the surgery so we can identify any issues that need to be addressed.

Q. Will anyone else see my contact details?

A. No. Nobody outside of the Practice will see your details.

Q. Will my GP see this information?

A. No. They will see a general overview of responses.

Q. Will the questions you ask be of a medical nature?

A. No. We will not require any medical information for the purpose of this group.

Q. How many times will you contact me?

A. No more than five times a year.

Q. Do I have to take part in the group?

A. No this is a voluntary group.

Q. What happens if I leave the surgery?

A. Please inform us and we can remove you from our list.

For any further queries please contact:

Jonathan, IT/ Information Officer

E-mail: D-CCG.Tavyside@nhs.net Tel: 01822 616199

Patient Participation Group



Which of the following areas should we focus on?

(Please tick all that you feel apply)

Getting an appointment

Clinical care

Telephone answering and access

Waiting room facilities

Customer service

Time keeping

Patient information

Opening times

Have you any specific questions to put in a survey?

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. This act 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.

Contact Information

If you would like to be part of the Patient Participation Group please inform us of your contact details.

Name:	
Date of birth:	
Address:	
Email:	
Telephone:	

If you can ensure your email is legible, we want to make sure we are sending the information to the correct patient.

If your email or telephone number is to change please remember to inform us as soon as possible.

Personal Information

We ask for the information below as we would like to have a broad spectrum of people in the group. Please circle the appropriate.

Are You? Male Female

Age: Under 16

17-24

25-34

35-44

45-54

55-64

65-74

75-84

Over 84

Which ethnic background do you represent? (Optional)

White British Group Irish

Mixed: White & Black Caribbean
 White & Black African
 White & Asian

Asian or Asian British Caribbean African

Chinese or other ethnic group Chinese Any Other