



# PARK SURGERY PATIENT REFERENCE GROUP

APPENDIX IV

Hello,

Our Patient Participation Group *Friends of Park Surgery* is encouraging patients to give their views about how the practice is doing. They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so that they can contact you by e-mail every now and again to ask you a question or two

Are you interested in leaving your e-mail contact details if you have one?

If you could fill in this quick form and hand it back to reception we will pass the details to the Patient Participation Group.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

If you also consent for the practice to text your mobile regarding appointments e.g. to remind you of an appointment (this service is under development) please tick here

The additional information below will help 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		17—24	
25—34		35—44	
45—54		55—64	
65—74		75—84	
Over 84			

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

Regularly	
Occasionally	
Very rarely	

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

<b>White</b>				
British Group		Irish		
<b>Mixed</b>				
White and Black Caribbean		White and Black African		White and Asian
<b>Asian or Asian British</b>				
Indian		Pakistani		Bangladeshi
<b>Black or Black British</b>				
Caribbean		African		
<b>Chinese or other ethnic group</b>				
Chinese		Any other		

## Frequently Asked Questions

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**Q. *What is a Patient Reference Group/Patient Participation Group?***

**A.** A Patient Reference Group is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need. Our Patient Reference Group will comprise any patient with an e-mail address who is happy to be contacted in this way.

Our Patient Participation Group is called Friends of Park Surgery. This is a registered charity which increases awareness of services to patients, advises the practice on the development of new services, supports educational programmes and raises money for additional equipment or services to benefit Park Surgery.

Membership is open to all Park Surgery patients for an annual subscription of just £1.

A membership form for Friends of Park Surgery is included with all New Patient packs and are also available from our receptionists.

**Q. *Why are you asking people for their contact details?***

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

**Q. *Will my doctor see this information?***

**A.** 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.

**Q. *Will the questions you ask me be medical or personal?***

**A.** We will only ask general questions about the practice, such as short questionnaires.

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

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

**Q. *How often will you contact me?***

**A.** Not very often—3 to 4 times per year at most.

**Q. *Do I have to leave my contact details?***

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

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

**A.** We will ask you to let us know by e-mail (or letter if you do not have e-mail facilities) if you do not wish to receive further message.

**Please note: 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 out rules to make sure that this information is handled properly.***

**Thank you for completing this form.**