

# Horndean Surgery

## Patient Reference Group

**We are developing a group, in addition to our Patient Participation Group, to help us improve our services. Would you like to be involved?**

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to Reception, a Patient Group representative or post in the 'secure feedback box'.

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

Email address: \_\_\_\_\_

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:	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"/>	
<b>Mixed</b>				
White & Black Caribbean	<input type="checkbox"/>	White & Black	<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"/>	
<b>Chinese or other ethnic</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"/>
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Which of the following areas do you feel we should focus on (please tick all that apply):

Current services	
Patient information	
Surgery building and access	
New Premises	
Health and Well being	

Future services that you would like to see made available in new premises	
Information technology and communication	
Any other issues	Please give details

*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.*

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**PATIENT REPRESENTATIVE GROUP – Frequently Asked Questions.**

**Q Why are we asking people for their contact details?**

A We would like to be able to contact people to ask questions about the surgery and how well we are doing in order to identify areas for improvement?

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

A No. This information is purely to contact patients to ask them questions about the surgery, how well we are doing. Your doctor will only see the overall results.

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

A We will only ask general questions about the practice, how we are improving services and what we can do to improve those services.

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

A No-one beyond the Practice

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

A From time to time

**Q What is a patient group/patient representative group?**

A This is a group of volunteer patients who are involved in shaping the services available to patients.

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

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 if you do not wish to receive further messages.

**Q Who do I contact if I have further questions?**

A Should you have any queries, please ask to speak to Practice Manager