

DENSHAM SURGERY

PATIENT PARTICIPATION

We are seeking to establish a patient reference group.

The Patient Reference Group will be a virtual group who are contacted occasionally and asked for an opinion on aspects of the Practice and the services provided. We would like as many people as possible to provide their email addresses and agree to be contacted every now and again to answer a few questions.

If you are interested in joining this group please complete the form on the final page of this document and hand it in at reception.

Please be assured that your contact details will only be used for this purpose and will be kept safely and securely.

FREQUENTLY ASKED QUESTIONS

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. This information is purely to contact patients to ask them questions about the surgery, how well we are doing and to ensure changes that are being considered are patient focused.

Q *Will my doctor see my answers/feedback?*

A If your doctor is responsible for making some of the changes in the surgery they might see general feedback from patients, however information will be requested via an anonymous survey so your identity will be protected.

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 and will not be shared with anyone else.

Q *How often will you contact me?*

A Not very often and hopefully no more than four times per year.

Q *What is a patient Reference group?*

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

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 email if you do not wish to receive further messages.

DENSHAM SURGERY

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:

Email address:

Postcode:

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 or Female

Age: Group

Under 16 17 – 24
25 – 34 35 – 44
45 – 54 55 – 64
65 – 74 75 – 84
Over 84

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?

White

British Group Irish

Mixed

White & Black Caribbean White & Black African White & Asian

Asian or Asian British

Indian Pakistani Bangladeshi

Black or Black British

Caribbean African

Chinese or other ethnic Group

Chinese Any Other

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

Frequently Occasionally Very rarely

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 this information is handled properly.