

## **Our Patient Participation Group has been created to:**

- ◆ **Promote the proactive engagement of patients**
- ◆ **Seek views from patients and act on their views**
- ◆ **Involve patients in decisions about the range and quality of services provided**
- ◆ **Involve patients in decisions that lead to changes to the services the practice provides**
- ◆ **Assist in gathering views from the wider patient population through the use of local practice surveys**

## **Thank you**

**For taking the time to join our  
Patient Participation Group.**

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.

# **Royal Crescent Surgery**



# **Patient Participation Group**

**Have a say  
in the services we  
provide**

# Patient Participation Group (PPG)

**OUR AIM** - A successful PPG works with its practice to ensure patient participation in activities that helps the practice develop.

The practice will share information with the PPG about its current services and future ideas.

The practice and PPG identify agreed priorities for patient participation that inform and support practice development.

We embrace equality and diversity and welcome all members.

## Common patient questions and answers

### **Q What is a Patient Participation Group?**

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

### **Q What is involved?**

A We will hold 3/4 meetings a year. We may also contact you throughout the year to ask for your feedback on services or help with patient surveys.

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

We will contact you via email, and will publicise in the surgery, newsletters and website details of meetings and achievements made.

### **Q What if I don't have an email address?**

We can contact you by post, although email is our preferred method.

### **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 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 Please contact Tracey Scorer - PPG Coordinator

# Contact Form

If you would like to be part of the Patient Participation Group please complete the form below and return it to the surgery.

<b>Name</b> .....
<b>Address</b> .....
.....
.....Postcode.....
<b>Email address</b> .....
(This is our preferred way of contacting you, please print clearly)

The following information will help ensure that we speak to a representative sample of the patients registered at this practice.

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?

**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

**Please turn over**