

**Common patient questions and answers –
Contacting you by post / email for your views**

Q What is a patient group/patient participation group?

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

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 and will not be shared with anyone else.

Q How often will you contact me?

A Not very often, about 2-3 times a year.

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?

A You just need to inform reception or the practice manager and you will be removed from the contacts list.

Q What if I leave the surgery?

You should contact the practice manager to inform her you have left the surgery, as the contacts list is separate from patient registrations.

NEWBRIDGE SURGERY PATIENT REFERENCE GROUP

If you would like to be involved please leave your details below and hand this form back to Reception.

Name: _____

Address: _____

Postcode: _____ Email address: _____

Please tick the boxes below to confirm whether or not you would like involvement by attending meetings, or simply by receiving a communication from the practice by email/post to ask you questions about the surgery and how well we are doing, to identify areas for improvement.

TICK

<i>I would like to be involved by the practice contacting me from time to time to seek my views and I would prefer to be contacted by: Email ☐ Post ☐</i>	
<i>I would like to be involved by attending the group meetings when I am able to</i>	

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	☐	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	☐	White & Asian ☐
Asian or Asian British				
Indian	☐	Pakistani	☐	Bangladeshi ☐
Black or Black British				
Caribbean	☐	African	☐	
Chinese or other ethnic				
Chinese	☐	Any Other	☐	

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

Regularly ☐ 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 that this information is handled properly