



Hilary Cottage Surgery

Keble Lawns FAIRFORD Gloucestershire GL7 4BQ

Tel: 01285 712377, Fax: 01285 713084 Email: s.saggers@nhs.net

Patient Participation Group - Information Sheet

The overall aim of our group (PPG) is to develop a positive and constructive relationship between patients, the Practice and the community it serves, ensuring that the practice remains accountable & responsive to all its patients needs.

All registered patients are welcome to join the PPG although, in the interests of effective decision making, membership of the core group will be limited to twelve. Our group will endeavour to meet face to face twice a year, and the majority of our communications will be via email. Patients not in the core group are welcome to join our virtual group as we would like to be able to find out the opinions of as many patients as possible.

Ground Rules

- The group is **not** a forum to air individual complaints and issues
- We advocate open and honest communication
- All views are valid and will be listened to
- Racism and discrimination will not be tolerated
- The purpose is to help improve healthcare services for the practice community

Key Objectives

1. Create and improve two-way communication between patients, the Practice and the community it serves;
2. Provide an avenue for patients' input into the delivery of services and provide constructive two way feedback on patient and community needs, concerns and interests;
3. To promote a patient perspective and enable patients to access and make the best use of available healthcare;
4. To encourage a spirit of self-help and support amongst patients to improve their health and well-being;
5. Collect patient opinions and experiences to help the practice evaluate its services;
6. Communicate to the practice community and/or the wider community information about the practice.



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Patient Participation Group Contact Form

If you are happy to join our virtual Patient Reference Group and are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:..... Postcode:.....

Email address:.....

Please explain briefly why you would like to join the group?.....
.....
.....

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: 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	Bangladesh	
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?

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.