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## Contact Form

Name: Email address: Postal 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 Group:	□ Under 16	□ 17 – 24	□ 25 – 34
	□ 35 - 44	□ 45 – 54	□ 55 – 64
	□ 55 - 74	□ 45 - 54	□ 55 – 64
	□ 65 - 74	□ 75 - 84	□ Over 85

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic backgrounds you would most closely identify with?

British	Irish	□ Other White
Asian	Caribbean	□ African
□ Chinese	Other Mixed	Other please specify below:

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

□ Once a week

 $\hfill\square$  Once month

□ 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.

# P atientR eferenceG roup

#### Marston Medical Centre 24 Cherwell Drive Marston, Oxford

An independent group of patients working in partnership with the surgery for the benefit of its patients

Would you like to have your say about the services provided at Marston Medical Centre?



# The Patient Reference Group would like to hear your views

By leaving your email details, we can contact you every now and again to ask you a question or two. Fill in the details on the reverse of this leaflet and hand it back to reception or post it into the secure box and we will add your email address to a contact list. Larger forms are available from reception. P atient

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# Common Patient

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Question and Answers

#### 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 of 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, possibly on a quarterly basis.

#### 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.

For more information about the Patient Participation Group, please visit the National Association for Patient Participation website.





# Who are the members?

### .....YOU!

We are interested in looking for patients to email every now and again to ask a couple of questions relating to the surgery and the services that it provides.

Patients joining the Patient Reference Group, can help us here at the Surgery obtain a wider range of patient views.

By joining the Patient Reference Group, you will become a virtual member and are more than welcome to join in the Patient Reference Group meetings when they occur (we will offer tea, coffee and chocolate biscuits!).

As a virtual member you will be sent minutes from the Patient Reference Group to keep you up to date on the progress that the Patient Reference Group makes.

Furthermore, we will send you surveys when necessary to obtain feedback. As already mentioned the response from these questions will be kept private and will only be used to improve, where necessary the services that the surgery provides.

Please use the form printed on the back of this leaflet or request a larger copy from Reception.

We ARE interested in your views.

