

Temple Cowley Health Centre Patient Participation Group

Dear Patient,

The Practice is keen to set up a Patient Group and we would like to invite you to become a member of this group. We would like to hear your views on what works, what doesn't work and what improvements you would like to see at the Practice.

We are looking to involve as many patients in the group as possible, on a voluntary basis, so that we can shape and develop the services that we deliver to you, to make sure we offer you the services that you would expect and require. Your contribution would be valued and appreciated in helping us to help you, so we can give you the best quality health care. If you feel we do things well, we would like to know, so we can continue the good work!

What is involved?

Suggestions and Ideas

We would like to hear your views and ideas on what you would like to see from the surgery, so we can identify areas for improvement and influence the development of the local health services. We will gather this information by inviting you to participate in simple on-line surveys up to two times a year and an online forum available at all time for input and discussion.

Your opinion

Occasionally we may contact you for your opinion on certain proposed changes.

Meetings

Members of the group will be invited to attend the Patient Group, perhaps twice a year, to discuss the focus of any changes to be made and the outcomes.

Topical Educational Events

We may offer topical educational events, if the members would like us to. Attendance will be offered primarily to Patient Group Members.

Reporting Back

We will publish on our website a report of the Patient Group activity and subsequent achievements.

Finally – if you would like to become a member of the Patient Group, please complete the following form and return it to us. The form is also accessible from our website:

<http://www.templecowleyhealthcentre.co.uk/>

Please note:

- No medical information or questions will be responded to.
- Individual complaints cannot be dealt with through the Patient Group. Complaints should be addressed to the Practice Manager. Copies of our complaints procedure can be found on our website or requested from the practice.

Please be assured that your contact details will be kept safely and securely, and not shared with anyone else.

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.

(application form overleaf)

Temple Cowley Health Centre – PATIENT PARTICIPATION GROUP MEMBERSHIP APPLICATION FORM

Name:	Date of birth:
Email Address: (please write very carefully)	
Or Address (if no email available)	
Date of Application:	

Your help in completing the following would be appreciated, so that we can make sure all our groups of patients are represented as far as possible.

Are you?	Male <input type="checkbox"/> or Female <input type="checkbox"/>			
Age Group	Under 16 years	<input type="checkbox"/>	55-64 years	<input type="checkbox"/>
	17 – 24 years	<input type="checkbox"/>	65 – 74 years	<input type="checkbox"/>
	25 – 34 years	<input type="checkbox"/>	75 – 84 years	<input type="checkbox"/>
	35 – 44 years	<input type="checkbox"/>	Over 84 years	<input type="checkbox"/>
	45 – 54 years	<input type="checkbox"/>		

ETHNIC ORIGIN – I would describe my ethnic origin as follows: (please tick as appropriate)		
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> I do not wish to disclose my ethnic origin

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

Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Very rarely <input type="checkbox"/>
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To get us started - Ideas/Suggestions/Comments

Please return the completed form to: ppg.tcmg@nhs.net or return to Temple Cowley Health Centre. Thank you. Your help is much appreciated.

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