

TOLLERTON SURGERY

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Dear Patient

Tollerton Surgery would like to offer interested patients the opportunity to take part in our new Patient Participation Group. We would like to be able to find out the opinions of as many patients as possible and are asking if people would like to provide their email addresses so we can contact you by email periodically to ask you a question or two. You must be a registered patient at Tollerton Surgery.

If you would like to participate please fill in the details on the reverse side of this leaflet and hand it back to reception. We will add your email address to a contact list which will only be used for this purpose and will be kept safely.

Common patient questions 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 for improvement.

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 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 ... probably 4 times a year.

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.

Next review due May 2018

Contact Form

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:

Email address:

Postcode:

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	Bangladeshi	
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.*

Next review due May 2018