

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 Will my doctor see this information?

A This information is purely to contact patients to ask them questions about this surgery, how well we are doing and ensure changes that are made are patient focused. If your doctor is responsible for making some of the changes in the surgery they might see general feed back from patients.

Q Will questions you ask me be medical or personal?

A The questions will not be medical or personal. We will only ask for your views relating to the practice and the services we offer.

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 What is a Patient Reference Group?

A This is a group of volunteer patients who are helping the surgery to develop and improve the range of services we provide to our patients.

Q What if I no longer wish to be on the contact list or leave the surgery?

A We will ask you to let us know by email or by notifying Reception if you do not wish to receive further messages.

Thank you for completing this form. Please return it to reception .

Hope House Surgery



**Invitation
to join our
Patient Reference
Group**

Dear Patient,

In order to continue to improve the service we deliver to our patients we have a Patient Reference Group contactable by email (ideally) or by post. We collect views on a range of subjects relating to the surgery. We welcome all patients from as broad a spectrum as possible. This includes young people, those in or out of work, retirees, patients with long term medical conditions and patients from non-British ethnic groups. If you would like to be involved please complete this form and hand in at reception.

Because we will not be linking your membership of our email group with your medical records, we would ask that you tick the appropriate boxes so that we are obtaining views from every group within our community.

Your Name:

Your Email Address:.....

I can confirm that I am a registered Patient of Hope House Surgery.

Are you? Male Female

Your age : under 16 17 – 24
 25 – 34 35— 44
 45— 54 55—74
 75— 84 Over 84

I prefer not to give my age.

Are you a carer? (that is someone who looks after a friend or relative unpaid) Yes No

Do you have a disability ? Yes No

Are you? Employed Student Retired Unemployed

How often do you come to the Practice?

Regularly Occassionally Very Rarely

Ethnicity Please tick the one that applies		
White		
<input type="checkbox"/>	British	
<input type="checkbox"/>	Irish	
<input type="checkbox"/>	Other White (e.g. European)	
Mixed		
<input type="checkbox"/>	White & Black Caribbean	
<input type="checkbox"/>	White and Black African	
<input type="checkbox"/>	White & Asian	
<input type="checkbox"/>	Other (Mixed background)	
Asian or British Asian		
<input type="checkbox"/>	Indian	
<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	Bangladeshi	
<input type="checkbox"/>	Other (Asian background)	
Black or Black British		
<input type="checkbox"/>	Caribbean	
<input type="checkbox"/>	African	
<input type="checkbox"/>	Other (Black background)	
Chinese		
<input type="checkbox"/>	Chinese	
Other Ethnicity		
<input type="checkbox"/>	Other than listed above	
<input type="checkbox"/>	I do not wish to state	

You may leave this group at any time, by e mail or by notifying Reception Your email address will not be shared with other patients or organisations. This group will be to discuss general issues and cannot be used to ask questions about individual patients or their treatments— no medical information or questions will be responded to. The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1998.