**Signing up for Squires Patient Reference Group**

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

*Title:* Mr Mrs Miss Ms

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*First Name:*

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*Surname:*

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*Email:*

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*Postcode:*

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice:

Your Gender: Male Female

|  |  |  |  |
| --- | --- | --- | --- |
| Under 16 |  | 17 - 24 |  |
| 25 – 34 |  | 35 – 44 |  |
| 45 – 54 |  | 55 – 64 |  |
| 65 – 74 |  | 75 – 84 |  |
| Over 84 |  |  |  |

Your Age:

The ethnic background with which you most closely identify is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White**  | **Mixed** | **Asian/Asian British** | **Black/Black British** |  |
| British Group |  | White&black Caribbean |  | Indian |  | Caribbean |  |
| Irish |  | White&black African |  | Pakistani |  | African |  |
| Gypsy or Irish traveller |  | White&Asian |  | Bangladeshi |  | Other black |  |
| Other white |  | Other mixed |  | Chinese |  | Any other ethnic group |  |
|  |  |  |  | Other Asian |  |

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 with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.**

**Squires Patient Reference Group / General Information**

Dear Patient,

We would like to know how we can improve our service to you and how you perceive our surgery and staff.

To help us with this, we are setting up a virtual patient representation group so that you can have your say. We will ask the members of this representative group some questions from time to time, such as what you think about our opening times or the quality of the care or service you received. We will contact you via email and keep our surveys succinct so it shouldn’t take too much of your time.

We aim to gather around a hundred patients from as broad a spectrum as possible to get a truly representative sample.

**Common questions & answers**

***Why are you asking patients for their contact details?***

We would like to be able to contact patients and carers occasionally to ask them questions about the practice and how well we are doing to identify areas for improvement.

***Will my doctor see this information?***

This information is purely to contact patients to ask them questions about the practice, how well we are doing and ensure changes that are being made are patient focused. If you doctor is responsible for making some of the changes in the practice they might see general feedback from patients.

***Will the questions you ask me be medical or personal?***

We will only ask general questions about the practice, such as short questionnaires.

***Who else will be able to access my contact details?***

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.

***How often will you contact me?***

Not very often. We plan to contact our group four times a year.

***What is a patient group/patient participation group?***

This is a group of volunteer patients who are involved in making sure the practice provides the services its patients need.

***What if I no longer wish to be on the contact list or if I leave the practice?***

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