

Practice Patient Group

The Aims of the group are to:

- ◆ Help educate patients in obtaining satisfaction from the many services provided by the surgery;
- ◆ Involve patients in reviewing the range and quality of services provided or commissioned by the Practice or local Commissioning Group in order to improve such services;
- ◆ Help provide and publish information on the full range of services provided by the surgery and associated services;
- ◆ Proactively engage patients and seek views on priorities through the review of results of national and local surveys and/or the development and use of a local Practice survey;
- ◆ Publish the outcomes of engagement and views of patients on the Practice website;
- ◆ Review the outcomes of the Practice complaints procedure with the aim of reducing incidence of complaints and negative attitudes towards the surgery by establishing the patient concept of “our surgery” not “the doctors’ surgery”;
- ◆ Feedback to any consortia patient groups (e.g. the Mid Devon Patient Forum).

Please note that no medical information or questions will be responded to from these forms or at PPG meetings. The group welcomes questions and constructive feedback and suggestions.

Thank you

The information you supply us will be used lawfully, in accordance with the General Data Protection Regulations 2018 and the Data Protection Act. These give you the right to know what information is held about you, and sets out rules to make sure this information is handled properly.

The Blackdown Practice

Hemyock Churchinford Dunkeswell

Practice Patient Group



Help make our
service better



***“It doesn’t take long to have your say
and make a difference”***

Practice Patient Group (PPG)

We are encouraging patients to join the Practice Patient Group to review and continually improve our services. We would like to find out the opinions of as many patients as possible. The group will meet around 4 times a year but we are also keen to gather feedback from patients who are not able to attend meetings.

Would you like to have you say and be involved in the bigger picture?

Frequently asked questions

Q What is a practice patient group?

A It is a group of patients who are “critical friends” of the practice and who work with the practice team to improve services for the community we serve.

Q Do I have to attend meetings?

A No. We would love to see you at meetings, but if that’s not possible or you would prefer to take part in some other way, you can still be part of our patient group through other methods of communication (e.g. mail/internet/text).

Q Why are we asking people for their contact details?

A We need to be able to contact you from time to time if you wish to be involved in the group. To do this we add a code to your medical record so we know who are the current members of the group.

Q How often will you contact me

A Only a few times a year.

Q Do I have to be on the patient group if I am registered with the practice?

A No, but if you change your mind, please let us know.

Q What if I no longer wish to be part of this group or I leave the surgery?

A Just let us know and we will delete the code and remove this contact form from your record.

Q Who do I contact if I have further questions?

A E-mail: D-CCG.BlackdownPatientFeedback@nhs.net (*but please do not send attachments, these will not be opened and the e-mail will be deleted*) or contact Karen Button our Practice Manager, through your usual surgery.

Q What are the aims of the group?

A Please see back page of this leaflet.



The PPG is a member of the National Association of Patient Participation (NAPP)

N.A.P.P.

Consent form

If you are happy to be part of the Practice Patient Group and to be contacted by letter, e-mail or text, please complete the form and return to reception.

Name: _____

Address: _____

Postcode: _____

Can we contact you by **SMS Text Message**? Yes [] No []

Mobile: _____

Can we contact you by **Email**? Yes [] No []

Email: _____

I would like to receive information via **standard mail** rather than Email:

Yes [] No []

Signed: _____ Date: _____

We are required to ask the following information by NHS England to provide assurances that our patient group is representative of the patients registered at this practice.

Which ethnic background do you represent? Please tick ✓ a box below

- | | | | |
|------------------------------------|--------------------------|--|--------------------------|
| British or Mixed British | <input type="checkbox"/> | Indian or British Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Pakistani or British Pakistani | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> | Other Asian background | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Other Mixed background | <input type="checkbox"/> |
| Bangladeshi or British Bangladeshi | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | I do not wish to disclose my ethnicity | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | | |