

SCARBOROUGH MEDICAL GROUP

Signing Up For Patient Participation Group – Patient Participation Group (PPG)

We are looking to add to our current patient participation group (PPG). We are looking for patients who would be willing to attend approximately 4 meetings a year which will be scheduled over lunchtime (attendance not essential 100% of the time). It is important to us that our patient group includes as wider representation of our practice list as possible therefore we ask that you complete this short application form so we can ensure we achieve this. Please find attached a specification of what we hope our PPG will represent

<i>Title (please tick or circle app box)</i>	Mr	Mrs	Miss	Ms
<i>First name:</i>				
<i>Surname:</i>				
<i>Email Address:</i>				
<i>Postcode:</i>				
The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.				
<i>Your gender:</i>	Male		Female	
<i>Your age (indicate appropriate age bracket):</i>	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
The ethnic background with which you most closely identify is (please underline or circle):				
<i>White:</i>	British Group		Irish	
<i>Mixed:</i>	white & black Caribbean	white & black African	White & black Asian	
<i>Asian or Asian British:</i>	Indian	Pakistani	Bangladeshi	
<i>Black or black British:</i>	Caribbean		African	
<i>Chinese or other:</i>	Chinese		Any other	

**How would you describe how often you come to the practice?
(please underline or circle):**

Regularly

Occasionally

Very Rarely

**OPTIONAL: Please tell us a little about you and what you feel makes a
good general practice/family doctor service?:**

About this form:

Please note that we will not respond to any medical information or questions received through the survey.

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.

Please return this form to any of the branches within the Scarborough Medical Group clearly marked for the attention of Debbie Westmoreland, Practice Manager. An email will be sent confirming the receipt of your application.

Thank you for offering to give some of your time to provide input into the development of the services we provide to our patients. The membership of the PPG is limited so as to make the meetings as effective as possible. We will contact you to let you know whether based on the current recruit's demographic background we have enrolled you onto our PPG. If the demographic position you represent has already been filled we will keep your application and invite you at a later date should a position arise. In the meantime your opinions are still very important to us so we would seek your approval to enrol you onto our CVG – Community Voices Group (details are available on our website)

Thanks you very much for your input, every opinion matters.