**Southchurch Patient Participation Group**

Central Surgery

**The purpose of the Patient Participation Group is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. It aims to encourage our practice for routinely asking for and acting on the views of our patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services. This aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of local practice surveys.**

WOULD YOU LIKE

TO JOIN OUR

PATIENTS’ GROUP TO SHARE VIEWS AND

MAKE A DIFFERENCE

**Contact**

**Central Surgery-Tel: 01702 468443**

**Ask for Christine or give reception**

**your email address and**

**we will send you information.**

**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 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; 3 or 4 times a year

**Q Do I have to leave my contact details?**

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

**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.

**FOR FURTHER DETAILS PLEASE CONTACT**

**Christine at Central Surgery**

**on 01702 468443**

Please have a look at our practice website [www.central-surgery.co.uk](http://www.central-surgery.co.uk/) where you will find our newsletters and information. We also publish questionnaires online for our patients to complete anonymously.

We want to hear what you think about the practice.

**If you are happy sharing your email address with the practice, we will ensure that it is kept safe and we do not disclose it to other members of the group.**

**We look forward to expand our Patient Participation Group and we need you to make a difference.**

**I consent to share my email address with the practice:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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