



PATIENT PARTICIPATION

Bridport Medical Centre is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for improving the service we provide.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

We recognise our community is diverse and welcome representation from all members. We particularly encourage membership from groups that may be otherwise under-represented.

Patient Participation - Frequently Asked Questions

Q. Why are you asking people for their contact details?

A. We want to talk to people about the surgery and how well we are doing to identify areas for improvement.

Q. Will my doctor see this information?

A. No. It is purely to contact patients to ask them questions about the surgery and how well we are doing. Your doctor will only see the overall results.

Q. Will the questions you ask me be medical or personal?

A. General questions about the practice, how we are proving services and what we can do to improve them.

Q. Who else will be able to access my contact details?

A. No one beyond the practice.

Q. How often will you contact me?

A. Not very often: up to three times a year.

Q. What is a patient representative group?

A. It is a group of volunteer patients who are involved in shaping the services to patients.

Q. Do I have to take part in the group?

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 if you do not wish to receive further messages.

Q. Who do I contact if I have further questions?

A. Practice lead/contact: Eilish Davoren

Bridport Medical Centre

PATIENT PARTICIPATION GROUP

Making Services Better: Your Views

Name:		Postcode:	
Address			
Home phone			
Mobile			
Email Address:			
Are you happy for your contact details to be shared with the chair/secretary of the PPG?		YES/NO	

What sort of things might you be interested in taking part in?

Please tick all Blank boxes that apply to you.

Attending meetings during the day	
Attending meetings during the evening	
Questionnaires	
Telephone Interviews	
Face to face interviews	
Receiving newsletters and updates	
Other events and initiatives	
Please tell us if you have any ideas about other ways you could tell us your views:	

See OVER...

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

Are You?	Male		Female	
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Age Group	Under 16		17 – 24		25 – 34	
	35 – 44		45 – 54		65 – 64	
	65 – 74		75 – 84		Over 84	

Do you have a Long Term Condition?	Yes		No		Please specify
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Are you registered disabled?	Yes		No	
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To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

White:					
British Group		Irish			
Mixed:					
White & Black Caribbean		White & Black African		White & Asian	
Asian or Asian British:					
Indian		Pakistani		Bangladeshi	
Black or Black British:					
Caribbean		African			
Chinese or other ethnic Group:					
Chinese		Any Other			

How would you describe how often you come to the practice?

Regularly		Occasionally		Very rarely	
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Thank you.

Please note that no medical information or questions will be responded to. 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 detach application form and return to reception. Many thanks.