



Patient Participation Group

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.

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 keep you 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 otherwise be under represented.

Our Patient Participation Group comprises two sections:

- The PPG Steering Group – a small group of patients willing to attend meetings and take a more active role in the work of the PPG.
- The (virtual) Patients Representative Group which is a larger group of patients. Information is circulated and views sought from this group - usually via email.

More information is available via our website: www.bridportmedicalcentre.co.uk

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, in order 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 our performance. Your doctor will only see the overall results.

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

A. No. General questions about the practice, the services we provide 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 (vPRG).

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:			

How would you like to be involved? *Please tick first or second box*

1. Active involvement through the PPG Steering Group (will default to membership of vPRG)	
2. (virtual) Patients Reference Group only	
Please tell us about any aspect of the service we provide that you think the PPG could take a look at with a view to seeking improvement:	
Do you have any particular skills or knowledge that might be helpful to the PPG?	

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	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Age Group	Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>
	35 – 44	<input type="checkbox"/>	45 – 54	<input type="checkbox"/>	65 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>	Over 84	<input type="checkbox"/>

Do you have a Long Term Condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please specify
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Are you registered disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed:					
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Asian or Asian British:					
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black or Black British:					
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or other ethnic Group:					
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Very rarely	<input type="checkbox"/>
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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.