YOUR AGE			
Under 16		17 - 24	
25 - 34		35 - 44	
45 - 54		55 - 64	
65 - 74		75 - 80	
Over 80			
ETHN	IC BA	CKGROUND	
WHITE			
British		Irish	
MIXED			
White & Black Caribbean		White & Black African	
ASIAN OR ASIAN BRITISH			
Indian		Pakistani	
Bangladeshi			
BLACK OR BLACK BRITISH			
Caribbean		African	
CHINESE OR OTHER			
Chinese		Any other	
We will not respond to any medical information or questions received via this form.			
This information will not be used for any other			

This information will not be used for any other purpose, in accordance with the Data Protection Act 1998. This Act gives you the right to know what information is held about you and sets out rules to make sure this information is handled properly.

Our PPG was established in 2008 and has set up a carers support group which runs informal coffee meetings twice a month on the first Monday and Wednesday. Ask reception for more information.

A second survey (in 2011) identified new topics to work towards for 2012-13 as follows:

Project identified from sur- veying pa- tients	Completion date	Comment
Introducing Hoppa bus service to Royal Sur- rey and Haslemere Hospitals	Autumn 2012	Possibly extend current voluntary drivers scheme if Hoppa service is not feasible
Patient in- formation about hospi- tal transport options	Summer 2012	Compilation of easy to read information leaflet
Help with shopping for housebound patients	Summer 2012	Publicise existing voluntary scheme.
Introduce a walking for health group	Completed February 2012	Existing scheme - infor- mation moved into wait- ing room and news item placed on rolling board. East Hants District Council reviewed and very pleased with in- creased profile of their scheme.
Parenting skills classes for patients with children at school and teenagers	Winter 2012	Local school has offered use of their facilities to run these programmes. Potential trainer identi- fied.

If you would like to help then please contact janemay@nhs.net

### **WE WANT YOU**

Join up now & have your say

**Liphook Village Surgery** 

The Square

Liphook

**GU30 7AQ** 

01428 728270

Email: janemay@nhs.net

# Patient Participation Group



### Introduction

### FAQ's

### Sign-Up Form

#### Dear Patient

We would like to know how we can improve our service to you and we would welcome your thoughts about our surgery & staff.

To help us with this, we are setting up a patient representation group so that you can have your say. We will ask members of this group some questions from time to time, such as what you think about our opening times or the quality of the care or service you receive. We will use various methods of contact (based on your preference) and will keep communication brief so it shouldn't take up too much of your time.

We aim to gather a number of patients from as broad a spectrum as possible to get a truly representative sample of responses. We need everyone - young people, workers, retirees, people suffering from long-term conditions & people from non-British ethnic groups.

If you are happy for us to contact you occasionally by email or post, please complete the attached form & post it in the box in reception or hand it in to any member of staff.

We may ask a few patients to meet with us in the surgery from time to time but we will only invite those patients who indicate this would be something they are happy to do.

You can find out more information or you can complete a sign-up form by visiting our website - www.liphookvillagesurgery.co.uk

Many thanks for your assistance
Jane May, Practice

#### What is a Patient Representation Group?

It is a group of patients who volunteer to get involved in helping the surgery provide the services that its patients need.

#### What is the purpose of my joining this group?

We want to ensure that the people who use our services are able to have their say. Your opinion matters to us, the people who use the services are the best people to tell us what works & what improvements we could make.

#### How & when are you likely to contact me?

We can communicate with you in different ways to suit you - email, telephone or post. We will only contact people occasionally & the feedback we ask you will only take up a few moments of your time.

#### Will my doctor see this information?

We only want to contact you to ask questions about the surgery, how well we are doing & to ask about patient-focussed changes we are planning. If your doctor is responsible for making some of the planned changes they may see general feedback from patients.

#### Will the questions be medical or personal?

We will only ask questions relating to the practice & the services we provide.

#### Who else will be able to access my contact details?

As always, all information you provide to us will be kept safe & secure, they will only be used for the purpose you have provided them for & they will not be shared with anyone else.

## What if I sign up & leave my contact details but then decide I no longer wish to be involved?

If at any time you change your mind & no longer wish to be involved, let us know in writing & we will removed your contact details from our list.

NAME:	
ADDRESS:	
TEL NO:	
EMAIL:	

Please tick which smiley face is your preferred contact method - please feel free to tick more than one!

(The information requested below will help to make sure that we receive feedback from a representative sample of our patients)

How would you describe	how often you visit
the surgery?	
Regularly	
Occasionally	
Very rarely	

(Please tick to indicate the most appropriate option)

YO	UF	R GI	ΕN	DE	R
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Female $\Box$
Female [