

## SWALLOWFIELD MEDICAL PRACTICE PATIENT REFERENCE GROUP

Dear Patient

Our Patient Participation Group, in conjunction with the Practice, is encouraging patients to give their views about how the practice is doing. They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their email addresses so that they can contact you by email every now and again.

Your contact details will only be used for this purpose and will be kept safely.

If you are happy for us to contact you periodically by email, please complete the details below and return the form with your registration details.

Full name	Date of Birth
Email address	Contact number

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.

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Other White background
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Other mixed background	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African
<input type="checkbox"/> Other Black background	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian background
<input type="checkbox"/> I prefer not to say	<input type="checkbox"/> Other Ethnic Group	

Thank you.

*The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 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.*

### Common patient questions and answers

**Q What is a patient group/patient participation group?**

A This is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need

**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 enable us to identify areas for improvement

**Q Will my doctor see this information?**

A This information is purely to obtain your feedback 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 but not patient-specific information

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

A We will only ask general questions about the Practice

**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. You may occasionally be asked to complete a short questionnaire or be involved in a discussion about the Practice

**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 of I leave the surgery?**

A We will ask you to let us know by email if you do not wish to receive further messages

**Q What if I do not have an email address?**

A We would be happy to post information to your home address or you are welcome to join our meetings which are held approximately every 3 months.