

# How can you help to shape patient services at your GP Practice?

## Patient Participation Group

We are currently in the process of extending our Patient Participation Group We are hoping that the group will meet at the surgery once every 3 months at varying times of the day.

We believe that the group is invaluable in acting as an interface between patients and the practice, working proactively to improve services.

The groups aims will include:-

- exchange of ideas to improve the patient experience
- discussions regarding new patient services
- To act as a forum to feedback to the practice suggestions for improvement to services provided to us (patient services, the organisation and to the building and premises)

The group is open to new members, particularly those with young families or patients of working age.

## Patient Reference Group

We are aiming to setup a group with whom we can gather information and exchange ideas via **e-mail**. The group would not meet in person but could consist of up to 400 patients making up a "virtual" group.

This group would be called upon to assist the Patient Participation Group when creating and conducting surveys or when the Practice requires patient input for new services and developments.

The Practice would set up and manage this e-mail group and contact patients from time to time, giving patients in the Reference Group an opportunity to have a say.

We are looking for patients in any age group, but particularly those with young children or teenagers, carers, patients with a disability, as well as those with long term conditions (such as asthma, hypertension, heart disease, kidney disease, diabetes) who may regularly use the services of the practice.

**Please fill in the slip below and return to reception:-**

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Application to become a member:

Patient Participation Group

(I can attend meetings, please tick preferred meeting time  morning  Afternoon  evening)

Patient Reference Group

(please contact me via email - .....)

Name: ..... Telephone number: .....

Address: .....

Email: .....

Signature: .....