



## Virtual Patient Participation Group Joining Form

We love to hear from our patients and to get their opinions on the services we provide. We have set up a virtual Patient Participation Group and would like to involve a broad spectrum of our patients.

By providing your email address, we can add you to our contact list – we will contact you by email every now and again to ask you a question or two. We will certainly not bombard you and you can request to be removed at any time. To help shape the services we offer, please complete your details below.

<b>Name:</b>	
<b>Email address:</b> <i>(Please print)</i>	
<b>Postcode:</b>	

To help us make sure we try to gather opinions from a representative sample of the patients registered at this practice, please provide the following information (tick those that apply):

**Are you:**     Male     Female

**Age (yrs):**

Under 16	17-24	
25-34	35-44	
45-54	55-64	
65-74	75-84	
Over 84		

So that we can ensure that our contact list is representative of our local community, please indicate which of the following ethnic backgrounds you most closely identify with:

<b>White</b>					
British	Irish	Other White			
<b>Mixed</b>					
White & Black Caribbean	White & Black African	White and Asian	Other Mixed		
<b>Asian or Asian British</b>					
Indian	Pakistani	Bangladeshi	Other Asian		
<b>Black or Black British</b>					
Caribbean	African	Other Black			
<b>Other ethnic groups</b>					
Chinese	Middle Eastern	Any other			

How would you describe how often you come to the practice (please tick)?

Regularly     Occasionally     Very rarely

### **Thank You**

Please note that no medical information or questions will be responded to.

The information you supply us with will be used lawfully in accordance with the Data Protection Act 2018 which 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 see overleaf for common patient questions and answers in relation to our virtual Patient Participation Group.



## Common Patient Questions & Answers

### Why are you asking patients for their contact details?

We would like to be able to contact patients and carers occasionally to ask them questions about the practice and how well we are doing. This will help us to identify any areas for improvement.

### Will my doctor see this information and my responses to questions emailed by the practice?

The information on this form will be scanned onto your electronic patient record at the practice. It will only be used to contact patients to ask them questions about the practice and how well we are doing to ensure that any changes being made are patient focused. If your doctor is responsible for making some of the changes in the practice they might see general anonymised feedback from patients, but not your individual responses.

### Will the questions you ask me be medical or personal?

No, we will only ask general questions about the practice, such as short questionnaires.

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

Your contact details will be kept safely and securely, will only be used for this purpose and will not be shared with anyone else. There are no interactions required with other members of the virtual Patient Participation Group (vPPG).

### How often will you contact me?

Not very often - approximately once per month or even less frequently.

### What is a patient group/patient participation group?

This is a group of volunteer patients who are involved in making sure that the practice provides the services needed by our patients.

### Do I have to leave my contact details?

No, however if you change your mind, please do let us know as your opinions are important to us. If you wish to participate in our vPPG, we will require your contact details so we can send you questions via email.

### What if I no longer wish to be on the contact list or if I leave the practice?

We will ask you to let us know by email if you do not wish to receive further messages. You can opt out at any time.