

CANNINGTON HEALTH CENTRE

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~[Title/Initial/Surname]
~[Patient Address Block]
~[Post Code]

July 2011

Dear ~[Title] ~[Surname]

Patient participation group – we need your views!

We are encouraging patients to give their views about how the practice is doing. We already have a Patient Participation Group but would like to extend this to a ‘virtual’ patient group. We would like to be able to contact people occasionally by email and ask them to complete a brief on-line survey about aspects of the practice’s service.

You are one of a random sample of our patients we are writing to ask if you would be willing to join our new ‘virtual’ patient group. All you need is an email address and a willingness to complete the occasional on-line survey.

The enclosed sheet provides more information and a sign up form. If you yourself are not interested but another member of your household or family (who must also be registered as one of our patients) would like to join instead, that would be quite acceptable. Please complete the form and drop it into the surgery. We plan to carry out our first survey in the autumn.

If you are interested in becoming a member of our ‘real life’ patient group, then tick the box on the form and we will contact you with more information.

We do hope you will help us to set up this group.

Yours sincerely

Drs Macadam, Bray, Ogle & Baverstock

**CANNINGTON HEALTH CENTRE
'Virtual' patient participation group**

We are encouraging patients to give their views about how the practice is doing. We already have a Patient Participation Group but would like to extend this to a 'virtual' patient group. We would like to be able to contact people occasionally to ask them to complete a brief on-line survey about aspects of the practice's service.

If you are happy for us to contact you periodically by email, please complete the form overleaf and hand it back to reception.

Frequently asked questions

Q *What is a patient participation group?*

A It's a group of volunteer patients who give feedback to the practice on its current services and help with new developments. It meets about four times a year. If you are interested in becoming a member, please tick the box on the form overleaf.

Q *Why are we asking people for their email 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 identify areas for improvement or development. We recognise that many people are unable to commit to attending meetings but would like to be involved. A virtual group provides an opportunity for this.

Q *Will my doctor see this information?*

A Your email address and responses will remain confidential to the admin team looking after the patient group. Your doctor will not see individual identifiable responses. Nothing you say will adversely affect the care you receive.

Q *Will the questions be of a medical or a personal nature?*

A We will only ask general questions about the practice and the services we deliver.

Q *Who else will see my contact details?*

A Your details will be kept safely and securely. They will only be used for this purpose and will not be shared with anyone else.

Q *What if I no longer wish to be on the contact list or I leave the surgery?*

A Please let us know and we will remove you from our contact list. If you leave the practice you cannot remain a member of our patient group.

Q *Does this mean that I can now contact the practice by email?*

A No. By going to the practice website you can order repeat medication on-line but we do not yet have the facilities for dealing with emailed requests for information or advice.

www.cannington.gpsurgery.net

**CANNINGTON HEALTH CENTRE
VIRTUAL PATIENT GROUP**

If you are happy for us to contact you periodically by email, please complete the details below and hand the form into reception or place it in the repeat prescriptions box at the dispensary window.

Please print clearly

Surname		Forename	
Email address			
Post code		Your computer number at the surgery if you know it	

The following information will help to make sure we try to speak to a representative sample of patients registered at this practice.

Are you?

- Female Male
 Under 16 45-54
 17-24 55-64
 25-34 75-84
 35-44 85 & over

Is English your first language?

- Yes No

Do you consider that you have a disability?

- Yes No

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

- Regularly Occasionally Very rarely

Are you a carer?

A carer is someone who, unpaid, looks after a partner, relative or friend with a continuing disability or illness who cannot manage alone.

- Yes No

If you are interested in becoming a member of the 'real life' patient participation group please tick this box and we will be in touch.

Thank you for completing this form. Please hand it in to reception or place it in the repeat prescriptions box at the dispensary window.
 All information will be kept securely and safely and will not be shared with anyone else.