

Please join us:

Patient Participation Group (PPG)

What is the Patient Participation Group (PPG)?

A Patient Participation Group (PPG) is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff. The NHS requires every practice to have a PPG. This group does not deal with personal medical issues and complaints.

Why should I join?

You have been to the surgery as a patient, parent, carer or friend. Your experiences matter and you can bring different ideas to the surgery to help us treat patients better or to improve what we do in some way. You will also gain a better understanding of the NHS and gather feedback from other patients.

How often does the PPG meet?

We meet at one of the surgeries (Otley or Bramhope), but not too often. We know that you are busy, so we meet only a few times per year and hope that you can join us.

Will my views be heard?

Your views are important and will be listened to. It may not be possible to act on every suggestion, but all feedback is very valuable. Working in a spirit of mutual respect, openness and trust, all patients' views will be discussed and, where appropriate, we will work together on solutions.

Who will be able to access my contact details?

Your contact details will be kept safely and securely in accordance with The General Data Protection Regulations 2016 and Data Protection Act 2018 and will only be used for PPG purposes. They will not be shared with anyone else without your consent. Please see the website for the privacy notice and further information.

How to get involved?

No training is required to become a member of our PPG. The most important thing is that you are keen and focused on taking positive action to help the Practice.

If you would be interested in getting involved, **please complete the form overleaf and return to Reception**. We will then contact you with further details.

You can opt out of the PPG at any time by informing the Practice and your details will be removed.

I would like to join the Chevin Medical Practice Patient Participation Group.

Patient Details

Name:

Address:
.....
.....

Email address:

Telephone No.:

This additional information will help to make sure that our PPG is representative of the Practice population.

Are you? Male Female

- Age Group:** under 16
 17-24
 25-34
 35-44
 45-54
 55-64
 65-74
 75-84
 85 or over

Ethnicity:

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

- Regularly Occasionally Very rarely

Are you a parent or carer?

- Parent How old are your children?
- Carer Who do you care for?

I give consent for these details to be held in connection with Chevin Medical Practice Patient Participation Group.

Signed: **Date:**

Thank you for your interest in joining the group.