

FAQ - Frequently asked questions

What is the Patient Participation Group?

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

Why are you asking for my contact details?

We like to contact patients occasionally to ask questions about the surgery and how well we are doing to identify areas for improvement.

Will my GP see this information?

This information is purely to contact patients to ask them questions about the surgery and ensure that changes that are being made are patient focused. If your GP does see feedback from patients this will always be unidentifiable.

Will the questions you ask me be medical or personal?

We only ask general questions about the services provided by practice often using short questionnaires.

Who else will be able to access my contact details?

Your contact details will be kept safe, secure and will not be shared with any third parties.

How often will you contact me?

Not very often, perhaps 4/5 times a year.

What if I no longer wish to be contacted? Or I leave the surgery?

Please let us know by email if you do not wish to receive messages from the PPG and we will delete your details.



Main Surgery
Churchfield Surgery,
Iburndale Lane,
Sleights,
Whitby,
North Yorkshire,
YO22 5DP
Tel: (01947) 810 466

Branch Surgery
Sandsend Surgery.
East Row,
Sandsend,
Whitby,
North Yorkshire,
YO22 3SU
Tel: (01947) 894 948

PPG email address
sandsppg@gmail.com

www.sleightsandsandsendmedicalpractice.nhs.uk

Patient Participation Group



Would you like to have a say about the services provided by Sleights and Sandsend Medical Practice?

If so Sleights & Sandsend Medical Practice Patient Participation Group would like to hear your views.

The PPG has is part of a national campaign to encourage patient participation by setting up a forum that can provide the means for patients to review current services and procedures, seek input on the level of satisfaction achieved, consider ways of improving services and implement agreed development of the practice as well as providing a link between the patients and the Doctors.

Complete the details to join the PPG

- Virtual PPG** Contact via email only
- PPG Meeting group** Regular meetings at the Surgery

Name				
	Female		Male	
Email				
Postcode				
Age	Under 16		17-24	
	25-34		35-44	
	45-54		55-64	
	65-74		75-84	
	Over 84			

Please tick any chronic conditions that apply

Diabetes		Hypertension	
Asthma/COPD		Stroke T/A	
Heart Disease		Epilepsy	
Other:			

Which of the following ethnic background you most closely identify with?

White			
British Group		Irish	
Mixed			
White/black Caribbean		White/Black	White/Asian
Asian or Asian British			
Indian		Pakistani	other
Black or Black British			
Caribbean		African	
Chinese or other ethnicity			
Chinese		Other	

How would you describe how often you come to the practice? Please circle.

Regularly Occasionally Very Rarely

PPG Meeting Group Contact Agreement

I understand that I will be included in emails from the Practice and other members of the PPG. I consent to sharing my contact details with other members of the PPG and declare that I will treat other members contact details with consideration and use them only in respect of conducting PPG business. Should I cease to be a member of the PPG I confirm I will delete all related contact information from my records.

Print: _____

Sign: _____

Date: _____

Completed forms can be returned to reception, deposited in the secure post box in the entrance hall or returned by post to the surgery.

You will receive an email to confirm safe receipt of your application.

Sleights & Sandsend Medical Practice PPG aim to maintain the group to effectively to reach the broadest cross section of its patient population therefore places may at times be limited. If the position for the group you represent is already fulfilled we may hold your application and contact you if a position becomes free. In the meantime we would like to welcome you to the Virtual PPG where you will be contacted by email to seek your opinion on matters regarding the assessment and development of the services provided by the practice. Your opinion is important to us.

Thank you, we appreciate you taking the time to complete these details and become a valued volunteer for the PPG and Virtual PPG.

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

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