

PPG Joiner Form

What is a PPG?

A Patient Participation Group (PPG) is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to improve the service.

Purpose of a PPG:

- . To give patients and practice staff the opportunity to meet and discuss topics of mutual interest.
- . To provide a means for patients to become more involved and make suggestions about the healthcare services they receive.
- . To explore issues from patient complaints and patient surveys, contribute to action plans and help monitor improvements.
- . To contribute feedback to the practice on National Patient Survey results and Friends and Family Test feedback to propose developments or change.
- . To support health awareness and patient education.

Please complete this application form if you feel that you could contribute towards improving your surgery.

1. Full name:
2. Email address:
3. Telephone number:
4. Post code:
5. **Please can you indicate that you are happy for the above contact details to be forwarded to the Chairperson of the PPG in order to send communications regarding the PPG.**
******YES or NO (Please delete)**

6. Are you:

- Male
- Female

7. Age group:

- 17-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- Over 85

8. How would you describe the frequency in which you visit the practice?

- Regularly
- Occasionally
- Very rarely

9. To help us ensure our PPG group is representative of our local community please indicate which of the following ethnic backgrounds you would most closely identify with?

- White British
- White Irish
- Other White
- Black Caribbean
- Black African
- Other Black
- Black Caribbean and White
- Black African and White
- Other Mixed
- Indian

- Pakistani
- Bangladeshi
- Other Asian
- I do not wish to state
- Other (please specify)

10. How would you like to be involved?

Become a member of the PPG and attend virtual meetings

- Yes
- No

11. Become a member of the PPG and attend face to face meetings

- Yes
- No

12. What level of commitment are you able to contribute towards each meeting? (We are aiming to provide support for meetings on a quarterly basis)

- 1 Hour
- 1-2 Hours
- 2-3 Hours
- 3-4 Hours

13. Would you prefer to fill in questionnaires via:

- Online
- Post

14. Be kept informed of educational or other events or changes in the practice by:

- Email
- Post

15. I would prefer to attend meetings in the:

- Morning

- Afternoon
- Evening
- Any time

16. Please provide a brief description of why you would like to support the surgery & contribute towards a better patient experience? (200 words max)

Our privacy notice:

<https://hastingsandrother.healthcare/privacy-notice/>

Please note: If you do not have access online please ask the Patient Liaison Officer who will provide you with a copy of the Practice privacy notice.