

## YOUR AGE

- Under 16  17 - 24   
25 - 34  35 - 44   
45 - 54  55 - 64   
65 - 74  75 - 80   
Over 80

## ETHNIC BACKGROUND

### WHITE

- British  Irish

### MIXED

- White & Black Caribbean  White & Black African

### ASIAN OR ASIAN BRITISH

- Indian  Pakistani   
Bangladeshi

### BLACK OR BLACK BRITISH

- Caribbean  African

### CHINESE OR OTHER

- Chinese  Any other

We will not respond to any medical information or questions received via this form.

This information will not be used for any other purpose, in accordance with the Data Protection Act 1998. This Act gives you the right to know what information is held about you and sets out rules to make sure this information is handled properly.

Did you know there are 7 different ways to order your repeat medication from Sleaford Medical Group?

1. Register for "SystmOnline" and order online
2. Send your request slip to us in the post
3. Fax your repeat slip to us on 01529 415401
4. Leave your repeat slip at one of the following post offices - Anwick, Cranwell, Leasingham or Silk Willoughby
5. Leave your repeat slip at Boots, Go-hills or Tesco's pharmacy
6. Order by telephone between 10am - 12 noon Monday to Friday on 01529 414766
7. Leave your repeat slip at the Surgery in the prescription box

*To register for SystmOnline please bring photo identification into the Surgery and speak to a member of the reception or dispensary team*

**WE WANT YOU**  
**Join up now & have your say**

**Sleaford Medical Group**

**Riverside Surgery, 47 Boston Road,**

**Sleaford, NG34 7HD**

**Telephone: 01529 303301**

**E mail: lin-pct.C83023@nhs.net**

**Website: www.sleafordmedicalgroup.co.uk**

**Patient Participation Group**



# Introduction

Dear Patient

We would like to know how we can improve our service to you and we would welcome your thoughts about our surgery & staff.

To help us with this, we are setting up a patient representation group so that you can have your say. We will ask members of this group some questions from time to time, such as what you think about our opening times or the quality of the care or service you receive. We will use various methods of contact (based on your preference) and will keep communication brief so it shouldn't take up too much of your time.

We aim to gather a number of patients from as broad a spectrum as possible to get a truly representative sample of responses. We need everyone - young people, workers, retirees, people suffering from long-term conditions & people from non-British ethnic groups.

If you are happy for us to contact you occasionally by email or post, please complete the attached form & post it in the box in reception or hand it in to any member of staff.

We may ask a few patients to meet with us in the surgery from time to time but we will only invite those patients who indicate this would be something they are happy to do.

You can find out more information or you can complete a sign-up form by visiting our website - [www.sleafordmedidcalgroup.co.uk](http://www.sleafordmedidcalgroup.co.uk) and click on Patient Group

Many thanks for your assistance

# FAQ's

## What is a Patient Representation Group?

It is a group of patients who volunteer to get involved in making sure that the surgery is providing the services that its patients need.

## What is the purpose of me joining this group?

We want to ensure that the people who use our services are able to have their say. Your opinion matters to us, the people who use the services are the best people to tell us what works & what improvements we could make.

## How & when are you likely to contact me?

We can communicate with you in different ways to suit you - email, telephone or post. We will only contact people occasionally & the feedback we ask you will only take up a few moments of your time.

## Will my doctor see this information?

We only want to contact you to ask questions about the surgery, how well we are doing & to ask about patient focussed changes we are planning. If your doctor is responsible for making some of the planned changes they may see general feedback from patients.

## Will the questions be medical or personal?

We will only ask questions relating to the practice & the services we provide.




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

As always, all information you provide to us will be kept safe & secure, they will only be used for the purpose you have provided them for & they will not be shared with anyone else.

## What if I sign up & leave my contact details but then decide I no longer wish to be involved?

If at any time you change your mind & no longer wish to be involved, let us know in writing & we will removed your contact details from our list.

# Sign-Up Form

NAME:	
ADDRESS: 	
TEL NO: 	
EMAIL: 	

Please tick which smiley face is your preferred contact method - please feel free to tick more than one!

(The information requested below will help to make sure that we receive feedback from a representative sample of our patients)

How would you describe how often you visit the surgery?

Regularly

Occasionally

Very rarely

(Please tick to indicate the most appropriate option)

## YOUR GENDER

Male  Female