**PATIENT PARTICIPATION**

Riverside Medical Practice has an existing Patient Group that meets every second Tuesday of the month (except August) and undertakes a host of fundraising activities on behalf of the Practice. This has been a long and successful relationship much appreciated by everyone at the Practice.

The existing group also support developments within the Practice and give their opinions on existing services and proposed service developments. However, the membership is not particularly representative and we would like to gauge opinion from a wider circulation.

We understand that it can be difficult for patients to commit to attending meetings and not everyone is interested in fundraising activities. We are therefore seeking to establish a patient reference group, which we hope will compliment our current group in terms of patient engagement.

The Patient Reference Group will be a virtual group who are contacted occasionally and asked for an opinion on aspects of the Practice and the services provided. We would like as many people as possible to provide their email addresses and agree to be contacted every now and again to answer a few questions.

If you are interested in joining this group please complete the form on the final page of this document and hand it in at reception or email it to anita.fisher@nhs.net

**Please be assured that your contact details will only be used for this purpose and will be kept safely and securely.**

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

*Name:* ……………………………………………………………………………….

*Email address:* ……………………………………………………………………………….

*Postcode:* ……………………………………………………………………………….

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

**Are you?**

Male □ or Female □

**Age: Group**

Under 16 □ 17 – 24 □

25 – 34 □ 35 – 44 □

45 – 54 □ 55 – 64 □

65 – 74 □ 75 – 84 □

Over 84 □

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

**White**

British Group □ Irish □

**Mixed**

White & Black Caribbean □ White & Black African □ White & Asian □

**Asian or Asian British**

Indian □ Pakistani □ Bangladeshi □

**Black or Black British**

Caribbean □ African □

**Chinese or other ethnic Group**

Chinese □ Any Other □

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

Frequently □ Occasionally □ Very rarely □

*Thank you.*

*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 this information is handled properly.*