

YOUR AGE

- | | | | |
|---------|--------------------------|---------|--------------------------|
| 16 - 24 | <input type="checkbox"/> | 25 - 34 | <input type="checkbox"/> |
| 35 - 44 | <input type="checkbox"/> | 45 - 54 | <input type="checkbox"/> |
| 55 - 64 | <input type="checkbox"/> | 65 - 74 | <input type="checkbox"/> |
| 75 - 80 | <input type="checkbox"/> | Over 80 | <input type="checkbox"/> |

ETHNIC BACKGROUND

WHITE

- | | | | |
|---------|--------------------------|-------|--------------------------|
| British | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
|---------|--------------------------|-------|--------------------------|

MIXED

- | | | | |
|-------------------------|--------------------------|-----------------------|--------------------------|
| White & Black Caribbean | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> |
|-------------------------|--------------------------|-----------------------|--------------------------|

ASIAN OR ASIAN BRITISH

- | | | | |
|-------------|--------------------------|-----------|--------------------------|
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | | |

BLACK OR BLACK BRITISH

- | | | | |
|-----------|--------------------------|---------|--------------------------|
| Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
|-----------|--------------------------|---------|--------------------------|

CHINESE OR OTHER

- | | | | |
|---------|--------------------------|-----------|--------------------------|
| Chinese | <input type="checkbox"/> | Any other | <input type="checkbox"/> |
|---------|--------------------------|-----------|--------------------------|

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 infor-

Davenal House Surgery

General opening times

Monday to Friday 8.30am to 1.00pm and 2.00 to 6.30pm

Our emergency line is operated Monday to Friday from 8.00am to 6.30pm.

Telephone numbers

Appointments 01527 875998
General Enquiries 01527 872008
Repeat prescriptions 01527 559330
Emergencies 01527 879035

Stoke Prior Surgery

General opening times

Monday 8.30am to 1.00pm 2.00 to 6.00pm
Tuesday 8.30am to 1.00pm 2.00 to 6.00pm
Wednesday 8.30am to 12.30pm
Thursday 8.30am to 1.00pm 2.00 to 4.00pm
Friday 8.30am to 1.00pm 2.00 to 6.00pm
Telephone 01527 832423

Patient Participation Group

Davenal House and Stoke Prior Surgeries

28 Birmingham Road

Bromsgrove

Worcestershire

B61 0DD

Tel 01527 872008

www.davenalhousesurgery.co.uk

Join today and have your say



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. These will include email, a virtual group, so that patients can participate via our website and we will also have paper based questionnaires available. We 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 aged 16 years and over - teenagers, 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.

You can find out more information or you can complete a sign-up form by visiting our website - www.davenalhousesurgery.co.uk

Many thanks for your assistance
Kate Smith

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 and 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 and 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 and 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 and secure, they will only be used for the purpose you have provided them for and 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 and no longer wish to be involved, let us know in writing and we

Sign-Up Form

NAME:	
ADDRESS:	
TEL NO:	
EMAIL:	

Please tick which speech bubble 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