

# Lincoln House Surgery

33 Lincoln Road, Southport, Merseyside, PR8 4PR  
Tel: 01704 566277 Fax: 01704 565128 Email: gp.N84037@nhs.net

## **Patient Representative Group (PRG)**

We are creating a group to help improve our services. Would you like to be involved?

### **Frequently asked questions**

#### **Q Why are you asking people for their contact details?**

A We want to talk to people about the surgery and how well we are doing to identify areas for improvement.

#### **Q Will my doctor see this information?**

A No. It is purely to contact patients to ask them questions about the surgery and how well we are doing. Your doctor will only see the overall results.

#### **Q Will the questions you ask me be medical or personal?**

A No. They will be general questions about the practice, how we are providing services and what we can do to improve them.

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

A No one beyond the practice.

#### **Q How often will you contact me?**

A Not very often – possibly once or twice a year when we are running our survey.

#### **Q What is a patient representative group?**

A It is a group of volunteer patients who are involved in shaping the services to patients.

#### **Q Do I have to take part in the group?**

A No, but if you change your mind, please let us know.

#### **Q What if I no longer wish to be on the contact list or I leave the surgery?**

A We will ask you to let us know if you do not wish to receive further messages. If you leave the practice, you will no longer be eligible to remain on the group.

#### **Q Who do I contact if I have further questions?**

A Practice Manager.

### **Contact form**

If you are happy to be part of our Patient Representative Group, please complete the form overleaf and return it to the Practice Manager.

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 Tel: 01704 566277 Fax: 01704 565128 Email: gp.N84037@nhs.net

Name:

Address:

Postcode:

Email address:

(Contact will be by email where an email address is given – please write this carefully to avoid errors)

*The information below will help to ensure we speak to a representative sample of the patients registered at this practice and you must provide this information.*

Are you?      Male                  Female

Age Group:	Under 16		17-24	
	25 – 34		35 - 44	
	45 – 54		55 - 64	
	65 – 74		75 – 84	
	Over 84			

Which ethnic background do you represent?

<b>White</b>				
British Group		Irish		
<b>Mixed</b>				
White & Black Caribbean		White & Black African		White & Asian
<b>Asian or Asian British</b>				
Indian		Pakistani		Bangladeshi
<b>Black or Black British</b>				
Caribbean		African		
<b>Chinese or other Ethnic Group</b>				
Chinese		Any Other		

Which of the following areas do you think we should focus on improving? (please tick all that apply):

Getting an appointment	
Clinical care	
Telephone answering and access	
Waiting room facilities	
Customer service	
Time keeping	
Patient information	
Opening times	
Other (please specify)	

*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 that this information is handled properly.*