

Patient Participation Group

HELP SHAPE THE SURGERY TO WORK FOR YOU

As the practice manager of Cassio Surgery I would like to get the views of our patients on all aspects of the surgery, what we do well and what would be even better if..... This is your surgery and we want to make sure we are offering you the best service possible and feedback from patients is vital to help shape the service for the future.

Are there services that you would like to access that are not yet available?

Do you want to help improve the service that you get?

I would like to get a group of patients together to work with the surgery and get involved in decisions about the range, shape and quality of the services provided. The aim of the group would be to discuss changes or improvements that can be made, put together a priority list and create an action plan to make the necessary changes. If this is something that you would be interested in being involved with please fill in the form below.

Keeley Bauldry

Practice Manager

Cassio Surgery Patient Participation Opt-in Form

If you are happy for us to contact you periodically by email please complete your details below and hand this form back to either reception, a patient group representative, or post in the 'secure box'.

Name

Email address

Postcode

Would you be interested in joining a "Google Group" where suggestions and discussions could take place online?

YES NO

Would you be interested in attending a meeting with the other group participants face to face?

YES NO

*The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.

Could we also ask you your current smoking status

Current smoker

Current non-smoker

Never smoked tobacco

If you currently smoke, would you like to be contacted by the smoking cessation advisor