

**ST THOMAS MEDICAL GROUP
ST THOMAS and EXWICK HEALTH CENTRES
EXETER EX4 1HJ**

«SYSTEM_Date»

«PATIENT_Title» «PATIENT_Forename1» «PATIENT_Surname»

«PATIENT_House»

«PATIENT_Road»

«PATIENT_Locality»

«PATIENT_Town» «PATIENT_Postcode»

Dear «PATIENT_Title» «PATIENT_Surname»

Patient Participation Group

Further to our recent communication regarding the above Group, I am now happy to confirm that we are in a position to take this to the next stage.

Please find enclosed a Questionnaire which I would be grateful if you would complete and return ASAP in the enclosed stamped addressed envelope. This will form the base of our initial survey.

Once all Questionnaires have been completed/received I will be in contact with you again to take the Group to the next stage.

Thank you again for your interest in taking part in our Patient Participation Group and I look forward to receiving your completed Questionnaire in due course.

Alternatively;

Do you have access to a computer? Do you have an email address? If so, I wonder whether you would like to take part in our Virtual Patient Participation Group using our on-line service.

If this sounds like something you would be interested in doing, please see the attached document for further details on how to register on line.

Kind regards.

Yours sincerely

«PATIENT_Registered_GP»

INSTRUCTIONS FOR REGISTERING ON-LINE

Just log onto our website:

www.stthomasmedicalgroup.co.uk and click on

"Join Our Patient Group" in the bottom right hand corner.

Follow the simple registration process which should take no longer than a few minutes.

Once registered you will be able to complete our virtual PRG questionnaire which will form the base of our initial survey.

You will then be able to complete future on-line surveys and keep up to date on the latest patient responses with our smart analysis tool, **all from the comfort of your own home!**

Your contact details will only be used for the purpose of our Participation Group and will be kept safe.

I look forward to seeing that you have registered on line.

ST THOMAS MEDICAL GROUP PATIENT PARTICIPATION QUESTIONNAIRE

We are in the process of planning our Patient Participation Survey and to ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide.

What do you think are the most important issues on which we should consult our patients? For example, which of the following do you think we should focus on?

	Please tick
Clinical Care	
Getting an Appointment	
Reception Issues	
Opening Times	
Parking	

Are you?		Please tick
	Male	
	Female	

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

Continued.....

		Please tick

Which Ethnic background would you most closely identify with?	White British	
	White and Black Caribbean	
	White & Black African	
	White and Asian	
	Indian	
	Pakistani	
	Bangladeshi	
	Caribbean	
	African	
	Chinese	
	Any other:	

		Please tick
How would you describe how often you come to the Practice?	Regularly	
	Occasionally	
	Very rarely	

Thank you for completing and returning this Questionnaire in the enclosed stamped address envelope.

We will be in contact again shortly with the next Stage.

Kind regards.