***LONDON LANE CLINIC***

Patient Involvement Group



Patient Involvement Groups (also known as Patient Participation Groups) have a key role to play in the workings of a practice as they help ensure patients and their carers can influence their local services. They support the practice in developing services to ensure the needs and wishes of the patient population are met.

The role of the Patient Involvement Group includes:

* being a critical friend to the practice
* advising the practice on patient perspective, providing an insight into the quality of services
* encouraging patients to take greater responsibility for their own health
* researching the views of those who use the practice
* participating in health promotion events
* regularly communicating with the patient population

If you would be prepared to help us with our Patient Involvement Group, please complete the information below:

Name....................................................................................................................................................

Address ................................................................................................................................................

................................................................MobileTel...............................................................................

e-mail ................................................................... Signature …………………………………………………………….

Interest from people with experience and/or knowledge of any of the following would be most welcome:-

* Disability
* Mental health problems
* Young people's needs
* Cancer and other incurable conditions
* Carer duties.

The special needs of these patients can be overlooked in the system and additional focus within the Patient Involvement Group could provide useful suggestions for improvements.

P.T.O

Just so we can learn a little more about you, we would be grateful if you could answer the following questions:

1. How did you hear about the Patient Involvement Group?
2. Why do you want to join the Patient Involvement Group
3. What qualities would you offer to the Patient Involvement Group

Please confirm that you are happy for your details to be shared with the other members of the Patient Involvement Group.

**Please email back to selicb.londonlaneclinicadmin@nhs.net**

**Or post to the surgery**

**or hand it in when you next come in**

**It will then be forwarded to the Patient Involvement Group Chairperson who will then make appropriate contact.**

**(please do not use the above email address for any medical queries)**