

# Patient Participation Group and Patient Reference Group Application Form

What do you think you can bring to the group?

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When you have completed this section, please tear off and return to us at:

**Patient Participation**

Cedar Practice  
John Scott Health Centre  
Green Lanes  
London N4 2NU

Or hand this slip in at reception



## Patient and Public Involvement



**How can you help to shape patient  
services at your GP Practice?**

Cedar Practice  
John Scott Health Centre  
Green Lanes  
London N4 2NU

Phone: 020 8036 6388  
Fax: 020 8809 6900  
[www.cedarpractice.co.uk](http://www.cedarpractice.co.uk)

# Purpose of the Patient Groups at Cedar Practice

## Patient Participation Group

We currently have an active group of approximately 10 patients, plus practice staff. The group meets at the surgery once every 1-2 months at varying times of the day.

We believe that the group is invaluable in acting as an interface between patients and the practice, working proactively to improve services.



The groups aims include:-

- exchange of ideas to improve the patient experience
- discussions regarding new patient services
- to act as a forum to feedback to the practice suggestions for improvement to services provided to us (patient services, the organisation and to the building and premises)

The group is happy to welcome new members, particularly those with young families or patients of working age.

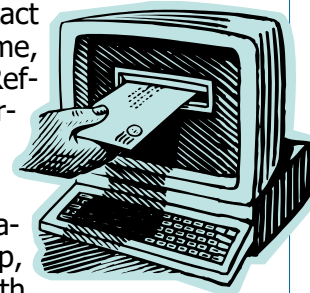
Please contact us to find out more.

## Patient Reference Group

We are aiming to setup a new group with whom we can gather information and exchange ideas via **e-mail**. The group would not meet in person but could consist of up to 400 patients making up a "virtual" group.

This group would be called upon to assist the Patient Participation Group when creating and conducting surveys or when the Practice requires patient input for new services and developments.

The Practice would set up and manage this e-mail group and contact patients from time to time, giving patients in the Reference Group an opportunity to have a say.



We are looking for patients in any age group, but particularly those with young children or teenagers, carers, patients with a disability, as well as those with long term conditions (such as asthma, hypertension, heart disease, kidney disease, diabetes) who may regularly use the services of the practice.

## Application to become a member

I would like to help shape the future of patient services at Cedar Practice Surgery, please include me in the following groups:-

- Patient Participation Group (I can attend meetings)
- Patient Reference Group (Please contact me via e-mail)
- Both Groups

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing the above, I give consent to be contacted in order to support Cedar Practice Surgery as and when required with regard to Patient and Public Involvement.