

# Billericay Medical Practice

## PATIENT PARTICIPATION GROUP APPLICATION FORM



### Making Services Better: Your Views

Billericay Medical Practice is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for improving our services. If you are interested in getting involved, please complete and return this form when it will be forwarded to the PPG.

We were started in 2010 by Dr ClearHill as a committee. The objective was to improve communications between the patients and the Practice and help the practice as best we could in a non-medical way. This was expanded to the group, which is kept in touch by email etc, of what is happening.



### So, what does the committee do?

Before COVID we organised regular meetings on a variety of subjects such as Diabetic Awareness and Domestic Abuse.

COVID stopped all that and we turned to electronic newsletters, but hopefully the meetings can now be restarted.

We man the table in the waiting room which has a range of useful leaflets and persuade patients to complete the Friends and family forms after their appointment.

We also encourage those who need them to have their flu jab and to use the blood pressure machine where you can take your own blood pressure.

We have helped the Practice with Surveys and designed a leaflet Feeling Unwell – Who can help?

We usually have a Christmas function to which both staff and patients are invited and have also carried out fund raising events.

Recently we organised a big open event relating to Dementia where people from all over Billericay could come and have free coffee and refreshments while being able to talk to various organisations who could give help and advice on dementia.

We represent the practice on the Dementia Awareness Committee and through it got the Alzheimer's Society to walk around the building with a dementia patient checking on the signage that was in place. This was not thought to be adequate and so has to be improved.

The committee is elected each year at the AGM and without your support we could not continue.

Do please join us, you might find it rewarding!

## Patient Participation Group Application Form

By expressing your interest, you will be helping us to plan ways of involving patients. You will also be informed of opportunities to give your views and keep up to date with developments within the Practice.

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic backgrounds you would most likely identify with?

Name	
Address	
Postcode	
Telephone	
Home	
Mobile	
Email	

Are You?	Male		Female	
Age Group	Under 16		17-24	
	25-34		35-44	
	45-54		55-64	
	65-74		75-84	
	Over 84			

<b>White:</b>			
British Group		Irish	
<b>Mixed:</b>			
White & Black		White & Asian	
White & Black Caribbean			
<b>Asian or Asian British:</b>			
Indian		Pakistan	
<b>Black or Black British:</b>			
Caribbean		African	
<b>Chinese or another ethnic group:</b>			
Chinese		Other	

How would you describe how often you come to the practice?

Regularly		Occasionally		Very rarely	
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*Please note that no medical information or questions will be responded to.*

**Thank you.**