**WOULD YOU LIKE TO BE INVOLVED IN**

**MAGNA GROUP PRACTICE**

**PATIENT REFERENCE GROUP**

**What Is a Patient Participation/Reference Group?**

Members of the group should be registered patients of the practice.

A format that encourages people to engage with the NHS, at the same time as

 engaging in their own health care.

Contribute to service development and decision making

Help with patient surveys, and discuss results

They can provide practical support for the practice.

They can contribute to the continuous improvement of services

Lobby local organisations, patients etc.

Health awareness events i.e. walking/cycling/swimming/knitting/reading group

Provide services/facilities in the surgery i.e. resource library, health promotion

 information (where space allows)

Patient participation/reference groups were developed as a way to extend patient

 involvement.

**For more information**

National Association of Patient Participation

N.A.P.P contact information

0870 7743666

**www.napp.org.uk**

**Would you like to join our group?**

**If you would like to join the group please complete the tear off slip below and**

**Return to the Practice Manager, and someone from the practice or the group will contact you.**

**…………………………………………………………………………………………………**

**Please provide the following information.**

**I am interested in joining the Patient Participation/ Reference Group YES/NO**

**I am a registered patient at Magna Group Practice YES/NO**

Name……………………………………………

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

Telephone No................................................

Mobile.............................................................

E-mail.............................................................