

# Patient Involvement

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# Blackfriars Medical Practice

## **“Listening to our patients”**

**Have your say in service improvements at the Surgery……..**

Are you interested in:

* Discussing your experiences of services provided by the Surgery?
* Working with the practice in finding ways of improving services?

If you are interested then please read the rest of this leaflet to see how you can become involved.

**What will this involve?**

If you are interested, your details will be kept on our patient involvement register.

You may then be **invited to attend a patient discussion group held at the practice** along with members of the practice team. This will take the form **of a short evening meeting three/four times a year**. The group will focus on a particular service and by listening to patients experiences of the service, identify areas where improvements can be made…

You may be asked for your **comments on written patient information** produced by the practice, for example – Practice Leaflet.

Or **you may have your own ideas** of how you would like to be involved in improving services at the Practice…please let us know!!

If you are interested in going on our patient involvement register please complete the following information, tear off and hand in to reception. If you have any queries please speak to Reception on 020 7928 6216

**Patient Involvement Register**

I am interested in going on the Patient Involvement Register at Blackfriars Medical Practice:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tear off this page containing your details and hand back to reception.**

**Many Thanks for your interest.**

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