

# Patient Participation Group (PPG) & Patient Reference Group (PRG) (Virtual Group)



The Amwell Group Practice formed a Patient Participation Group in 2013 this is commonly known as a PPG.

PPGs involve patients working with a practice to:

- Contribute to the improvement of services.
- Improve communication between the practice and its patients
- Help patients to take more responsibility for their health.
- Provide practical support and help to implement change.
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The PPG would aim to meet every 3 to 4 months in the practice meeting room.

If you would like to get involved or have more information please complete an application form at reception or contact our Clinical Administrator Sonia Hehir [amwellgrouppractice@nhs.net](mailto:amwellgrouppractice@nhs.net)

Alternatively if you prefer not to join a formal PPG but would like to have a say about the services we provide why not join our “Virtual ” Patient Reference Group (PRG ) by providing us with your email details so that we can contact you about specific issues discussed by the PPG.

Application forms are available from reception and on the back of this leaflet.

**Application to join Amwell Group Practice, Patient Participation Group**

I am interested/not interested\* in joining the Amwell Group Practice  
Patient Participation Group \*delete as appropriate

**Please complete this form and leave with reception**

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I would like to join the Amwell Group Practice:

Patient Participation Group

Patient Reference Group (Virtual Group)

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

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

**This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice**

Are You: Male  Female

Age: Under 16  17-24  25-34  35-44  45-54  55-64   
65-74  75-84

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

|                                   |                          |               |                          |               |                          |
|-----------------------------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| <b>White</b>                      |                          |               |                          |               |                          |
| British                           | <input type="checkbox"/> | Irish         | <input type="checkbox"/> | Other         | <input type="checkbox"/> |
| <b>Mixed</b>                      |                          |               |                          |               |                          |
| White & Black Caribbean           | <input type="checkbox"/> | White & Black | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> |
| <b>Asian or Asian British</b>     |                          |               |                          |               |                          |
| Indian                            | <input type="checkbox"/> | Pakistani     | <input type="checkbox"/> | Bangladeshi   | <input type="checkbox"/> |
| <b>Black or Black British</b>     |                          |               |                          |               |                          |
| Caribbean                         | <input type="checkbox"/> | African       | <input type="checkbox"/> |               |                          |
| <b>Chinese or Other Ethnicity</b> |                          |               |                          |               |                          |
| Chinese                           | <input type="checkbox"/> | Other         | <input type="checkbox"/> |               |                          |

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

Regularly  Occasionally  Rarely

**Please note that no medical information or questions will be responded to.**

*The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.*