

Drs, Chin, Ross, Cameron, Rayner, Santhanam & Malone The Northolme Practice

www.thenortholmepractice.co.uk

Northowram Surgery

Northowram Green
Northowram
HALIFAX HX3 7JE
Tel: 01422 206121
Fax: 01422 205764



Kos Clinic

Roydlands Street
Hipperholme
HALIFAX HX3 8AF
Tel: 01422 205154
Fax: 01422 201443

PATIENT PARTICIPATION GROUP

The practice is currently looking for patients to volunteer to join our Patient Participation Group.

The practice is looking for patients from all age groups, social and cultural backgrounds to re-establish the patient participation group. All that is required is that you attend regularly and participate in open and honest discussion.

The Partners are keen to involve patients in the development of patient services and care at Northolme. The practice believes that the Patient Participation Group is invaluable in acting as a main interface between patients at the practice.

The Patient Participation Group can work together with the practice to influence the decisions that are made on behalf of patients about the services that are to be available to them.

What does a Patient Participation Group do?

This group will work with the practice to:

- Be a forum to feedback to the practice suggestions for continual improvement to services provided by the practice in order to improve services offered to patients

To improve communication between the practice and its patients, to promote a clearer understanding from both sides

- Help patients to take more responsibility for their health; and
- Provide practical support and help to implement changes

Meetings

Meetings will be held every 3-4 months and will take place early evening at either Northowram or Kos clinic.

PATIENT PARTICIPATION GROUP

Expression of interest:

If you would like to be part of the Patient Participation Group at The Northolme Practice and you feel you can represent the views of patients, please complete this slip and hand it to reception.

If you would like to discuss this further before completing this slip, please speak to one of the receptionists or contact the surgery to speak to Diane Branford (Practice Manager) or Jenny Heavyside (Clinical Information Manager)

Name

Address

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Telephone: Home

Mobile

Email address

Please let us know how you would prefer the practice to contact you:

Letter	Yes / no	Email	Yes / no
Telephone call	Yes / no	Text message	Yes / no

Do you have any issues we need to take into account when communicating with you?
Yes / no (if yes please state)

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Do you have any access needs, hearing loop, interpreter, please provide details in order that we can accommodate your requirements?

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