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Practice Manager:
Mr Peter Haydn Jones

All Bersted Green Surgery Patients

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Appointments: 01243 864843
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Date: 1 July 2011

Dear Patient,

Patient Participation – Virtual Patient Reference Group (vPRG)

In order to improve and widen our interface with our patients at the surgery we are looking to establish a virtual Patient Reference Group (vPRG). The purpose of this group is to establish contact and communication periodically via e-mail and if you are willing to participate in this group we would be grateful that you complete the form overleaf. The Group will be used to encourage dialogue electronically with our patients and you will be asked, from time to time, to complete an online questionnaire. This would be no more than twice a year.

We would wish to hope that the vPRG would have representation from all age groups, ethnic backgrounds and social groups.

This group will run in parallel to the Friends of Bersted Green Surgery who will continue to lead with fundraising activities for the surgery as well as being an avenue for patient feedback. It will also act as the interface for those patients who do not wish to become part of the vPRG.

Thank you for your co-operation.



Dr M L Weeks
Senior Partner

I would like to register for the virtual Patient Reference Group (vPRG): YES / NO

If yes please turn over and complete the other side

BERSTED GREEN SURGERY virtual PATIENT REFERENCE GROUP (vPRG)

If you are happy for us to contact you periodically by email please enter your details below and hand this form back to reception:

Forename	
Surname	
Date of Birth	
Postcode	
E-mail Address <i>(please print clearly!)</i>	
Mobile phone number	

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.

Are you?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age Group:	Under 16 <input type="checkbox"/>	17 – 24 <input type="checkbox"/>
	25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>
	45 – 54 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>
	65 – 74 <input type="checkbox"/>	75 – 84 <input type="checkbox"/>
	Over 84 <input type="checkbox"/>	

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?

White	Mixed
British Group <input type="checkbox"/> Irish <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
Asian or Asian British	Black or Black British
Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/> African <input type="checkbox"/>
Chinese or Other Ethnic Group	
Chinese <input type="checkbox"/>	Any Other <input type="checkbox"/>

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

Regularly <input type="checkbox"/>
Occasionally <input type="checkbox"/>
Very rarely <input type="checkbox"/>

Thank you.

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.