**Have Your Say!**

**CEDAR BROOK PRACTICE**

**PATIENT PARTICIPATION GROUP**

**Email:** [**Hillccg.cedarbrookppg@nhs.net**](mailto:Hillccg.cedarbrookppg@nhs.net)

As patients of the Cedar Brook Practice, your Patient Participation Group works with the Practice to advise and inform on what matters most to patients.

Sharing your experiences of the surgery with us will help us to improve services.

Please download form and send as an attachment to [Hillccgbrookppg@nhs.net](mailto:Hillccgbrookppg@nhs.net) Thank you

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| My positive experiences    ………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  C:\Users\sue.warner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8UJR1H49\140px-Smiley_Face[1].jpg |

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| How could we make our service better for you?  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  C:\Users\sue.warner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8UJR1H49\140px-Smiley_Face[1].jpg |