**Al-Shafa Medical Centre**

**Al Shafa Medical Centre,**

**5-7 Little Oaks Road,**

**Aston,**

**Birmingham,**

**West Midlands,**

**B6 6JY**

**www.surgeriesonline.com/al-shafa**

**How to join the Virtual Patient Participation Group**

If you would like to become a member of the Virtual Patients Group Scheme, use any of the following methods:

Email us at noorin.akhtar@nhs.net,(Enter your Email Address in the Practice Setup screen)

*(Please ensure you provide your name AND preferred email address)*

OR

Visit the Al-Shafa Medical Centre Website at

www.surgeriesonline.com/al-shafa

or follow the links

OR

Visit the Practice or Phone on 0121 328 1977 and request a Contact Form – please return it to the Practice when you have completed it.

**Members of the Al-Shafa Medical Centre**

**Patient Participation Group**

**Zafar Ali (Secretary)**

**Shazad Zaman (Chairman)**

**Denise Woods (Vice Chair)**

**The information you supply will be used to contact you by email for your opinion on a range of topics.**

**This facility is intended for this purpose only and not for personal medical issues or complaints for which there are procedures already in place**

**Al-Shafa Medical Centre**

**PATIENT PARTICIPATION GROUP**

**We want to hear from you**

**You can have your say on**

**Health matters**

**What is the role of the Patient**

**Participation Group?**

At its simplest, patient participation refers to patients such as you who are taking an active interest in healthcare

It gives you, the local people, a say in how our services are planned, developed and evaluated, by developing a good working relationship with the practice staff and GPs.

To date we have taken on the job of maintaining the notice boards in an effort to provide you, the patient, with information about health issues and details of where you can find help and support

Our members get involved in PCT consultations and we recently set up the information kiosk currently standing in reception.

We carry out surveys seeking your opinion on various matters, from this, we consider changes that you feel are needed to improve the services and then implement them wherever possible

**Do you have something to say,**

**but don’t have the time to attend meetings?**

***Do you have ideas***

***about how to improve***

***your local Practice?***

***Do you have ideas***

***about how to improve***

***your local health service?***

**If so,**

**then why not join the**

**“Virtual Patient Participation Group”**

**What is the Virtual Patient Participation Group?**

This is a group which has been set up in response to patients who have said they would like to be involved in the Patient Participation Group but are unable to attend meetings.

As a member of the Virtual Participation Patient Group we will send you emails asking you for your opinion on a range of topics.

You decide how often and when you would like to answer.

**Benefits of becoming a Member**

You can provide information about your own personal experiences.

This will help your GPs to provide an accessible and responsive service and you will be amongst the first to hear about news and updates.

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# Al-Shafa Medical Centre

# VIRTUAL PATIENT PARTICIPATION GROUP CONTACT FORM

Our Patient Participation Group at Al-Shafa Medical Centre is encouraging patients to give their views about how the Practice is performing.

They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so that they can contact you by email every now and again to ask you a question or two.

If you are happy to be contacted periodically by e-mail please complete your details below and return this form to Reception, a Patient Participation Group Representative,

or post it in the ‘secure box’.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Postcode:** |  |
| **Email Address:** |  | | |

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** |  | **Female** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age Group** | **Under 16** |  | **17 – 24** |  | **25 – 34** |  |
| **35 – 44** |  | **45 – 54** |  | **65 – 64** |  |
| **65 – 74** |  | **75 – 84** |  | **Over 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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White:** | | | | | |
| British Group |  | Irish |  |
| **Mixed:** | | | | | |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian or Asian British:** | | | | | |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British:** | | | | | |
| Caribbean |  | African |  |
| **Chinese or other ethnic Group:** | | | | | |
| Chinese |  | Any Other |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Regularly |  | Occasionally |  | Very rarely |  |

*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.*