

WASHWAY ROAD MEDICAL CENTRE

WE'D LIKE TO HEAR FROM YOU!

In line with current NHS England policy, the practice has a representative group of patients (Patient Participation Group) who are willing to give a little of their time, ideas, feedback and support to the development of the practice and its services.

If you're interested in contributing for the benefit of all our patients, please would you complete the enquiry form below & return to reception. We will then select a representative group of patients from these enquiries.

We anticipate that the practice will communicate with group members on a quarterly basis and set up an annual meeting to review progress. We will of course make arrangements to gather feedback from group members who are not able to attend in person, but feel that they would like to contribute.

To ensure our patient group is representative of a cross section of all our patients, please would you answer the questions below by circling your replies.

Age

Under 16 16 - 25 26 - 35 36 - 45 46 - 55 56 - 65 66 - 75 76+

Sex Male/Female

Ethnicity

White: British Irish Other

Mixed: White & Black Caribbean White & Black African White & Asian Other

Indian: Pakistani Bangladeshi Other Asian

Caribbean African Other Black

Chinese Other Would rather not state

Do you have (a) long-term medical condition(s)? NO/YES if yes, please circle all that apply -

Diabetes Heart or stroke disease Asthma Parkinsons Multiple sclerosis

Arthritis Depression/mental health problems Hypertension (high BP) Infertility

Chronic kidney or liver disease Skin condition COPD Hypothyroidism

Cancer Deaf/hearing impaired Blind/sight impaired Learning disability

Long-term disability Blue badge holder Other (please state)

Please continue overleaf

Are you a carer for another adult/child with a disability? YES/NO

How long have you been registered with the practice?

0 - 2 years 3 - 5 years 6 - 10 years 11 years+

Are you housebound? YES/NO

Are you pregnant or if you have children aged under 16, how old are they?

Pregnant 0 - 5 years 6 - 10 years 11 - 15 years

How many GP consultations have you had in the last year:

None 1 or 2 3 or 4 5 - 8 9+

How many nurse/healthcare assistant/phlebotomy appointments have you had in the last year:

None 1 or 2 3 or 4 5 - 8 9+

Do you take regular prescribed medication? YES/NO

Which (if any) online services do you use?

Prescription ordering Appointments Record access None

Anything else you'd like to add to help ensure our group is as representative as possible?

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Your contact details:

Name: Today's date:

Address: Postcode:

Email: Telephone:

Please return your completed application form to reception, WRMC, 67 Washway Road Sale M33 7SS

Our preferred method of communication will be email; we will contact those without an email address by letter or telephone. **Thanks for expressing your interest; all enquiries will be acknowledged.**