

WEST ROAD MEDICAL CENTRE

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West Road Medical Centre **PATIENT GROUP**

Dear Patient,

We would like to know how we can improve our service to you and what you think about our surgery and staff.

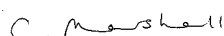
To help us with this, we are setting up a patient group so that you can have your say. We will ask the members of this group questions from time to time, such as what you think about our opening times or the quality of the care or service you received. We will contact you via email or by letter and we promise it won't take too much of your time!

As the NHS changes over the next year, GPs will have a greater say in how healthcare is provided for their patients. So as well as having a say on how we run the practice, you will get the opportunity to have a say on what healthcare is commissioned [or bought].

If you want to join our patient group please fill in your details on the back and hand it in to reception.

Further detail on our Practice and the Newcastle Bridges are available in leaflets in the Practice or the Consortium website www.newcastlebridges.net

Thank you



Charlotte Marshall
Acting Practice Manager

PS: Please note the Patient Group cannot discuss individual medical concerns. If you have any questions at all about your own health or treatment, please speak to your doctor.

Our Practice is a member of
Bridges Commissioning



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.

We would prefer to contact you by email. If you have an email address, please complete Box 1 **only**

Box 1	
Name	_____
Email address	_____
Postcode	_____

If you do not have an email address, or would prefer to be contacted by letter, please complete Box 2 **only**

Box 2	
Name	_____
Address	_____ _____
Postcode	_____

ABOUT YOU

We would like to make sure that our Patient Group includes a wide variety of patients. Please tell us:

Are you?	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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"/>			

White	<input checked="" type="checkbox"/>	Asian or Asian British	<input checked="" type="checkbox"/>
British		Indian	
Irish		Pakistani	
Any other White background		Bangladeshi	
Mixed		Any other Asian background	
White and Black Caribbean		Black or Black British	
White and Black African		Caribbean	
White and Asian		African	
Any other mixed background		Any other Black background	
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			
