

A PRACTICAL GUIDE · EDITION I

# The Aafiyah Guide to Proper Primary Care.

*What good healthcare in Dubai should actually look like — and what to expect after the appointment.*

BY AMAR ADRIS — FOUNDER, AAFIYAH



## CONTENTS

# Sixteen short chapters. One clear idea.

*Read it cover to cover in twenty minutes, or open the page that matters most to you today.*

## FOR THE READER

This guide is written for people who want better healthcare for themselves and their families — not more of it, just better.

01	A note from Amar	03
02	What primary care actually is	04
03	Reactive medicine vs. proper care	05
04	What good primary care should include	06
05	After the blood test: never random	07
06	What follow-up actually means	08
07	What recall actually means	09
08	Real accountability in primary care	10
09	Where complex health makes sense	11
10	Healthcare in real Dubai life	12
11	What we check & help manage	13
12	What good care feels like	14
13	The Aafiyah way of working	15
14	Behind the scenes: how good care is built	16
15	Meet Amar & the team	17
16	Where to go from here	18



## A NOTE FROM AMAR

# Most people in Dubai have **never experienced** what proper primary care should feel like.

I built Afiyah because I kept meeting busy, capable people who were doing everything right — and still getting fragmented, reactive care. They were collecting appointments, prescriptions and blood tests, but no one was joining the dots.

This short guide is my honest answer to the question I get asked most: *what does good actually look like?*

It is not a sales document. It is a quiet education on what to expect from a healthcare service that genuinely takes responsibility for what happens next.

Read it. Share it with someone you care about. And whenever you are ready, come and experience the difference.

— *Amar*

DUBAI, 2025

**Amar Adris**  
FOUNDER · AAFIYAH CARE CLINIC

## CHAPTER ONE

# What primary care **actually** is.

It is not the doctor you see when something goes wrong. It is the person who is responsible for what happens next.

Primary care is the first point of contact in your healthcare journey — but that is the smallest part of it.

Done properly, it includes prevention, continuity, long-term oversight, follow-up, interpretation, coordination, recall and accountability.

It is the discipline of looking after a person over time, not the transaction of treating a symptom in a moment.

**IN ONE SENTENCE**

*Primary care is ongoing responsibility for your health — not occasional treatment of your symptoms.*

## CHAPTER TWO

# Reactive medicine, vs. proper primary care.













A simple side-by-side. Read each row slowly — most people are receiving the column on the left and assuming it is the column on the right.

<p>WHAT MOST EXPERIENCE</p> <p>See a doctor when sick.</p>	<p>WHAT GOOD LOOKS LIKE</p> <p>Ongoing management of your health.</p>
<p>WHAT MOST EXPERIENCE</p> <p>A blood test is done.</p>	<p>WHAT GOOD LOOKS LIKE</p> <p>Results interpreted, explained, tracked and acted on.</p>
<p>WHAT MOST EXPERIENCE</p> <p>A prescription is given.</p>	<p>WHAT GOOD LOOKS LIKE</p> <p>The condition is monitored, reviewed and followed through.</p>
<p>WHAT MOST EXPERIENCE</p> <p>One appointment, one outcome.</p>	<p>WHAT GOOD LOOKS LIKE</p> <p>Continuity, accountability and a plan for what's next.</p>
<p>WHAT MOST EXPERIENCE</p> <p>You remember to come back.</p>	<p>WHAT GOOD LOOKS LIKE</p> <p>You are recalled at the right moment, by design.</p>

## CHAPTER THREE

# What good primary care **should** include.

A working checklist. If your current healthcare experience is missing more than three of these, you are not getting primary care — you are getting episodic treatment.

 <p><b>Clear assessment</b> Time to listen, examine, and understand the full picture.</p>	 <p><b>Plain-English explanation</b> What is happening, why it matters, what we will do.</p>	 <p><b>Preventive screening</b> Catching risk early — before it becomes a diagnosis.</p>
 <p><b>Planned follow-up</b> Not 'come back if needed' — a real, intentional plan.</p>	 <p><b>Recall systems</b> We remember when you should be reviewed, so you don't have to.</p>	 <p><b>Monitoring over time</b> Trends, not snapshots. Small changes matter.</p>
 <p><b>Bloods reviewed properly</b> With meaning, action, and a clear next step.</p>	 <p><b>Joined-up care</b> Coordination across specialists, scans and second opinions.</p>	 <p><b>Chronic disease oversight</b> Long conditions, managed with discipline, not drift.</p>
 <p><b>Family &amp; lifestyle context</b> Care that fits your life — not the other way round.</p>	 <p><b>Medication reviews</b> Right drug, right dose, right reason — checked over time.</p>	 <p><b>Accountability</b> Someone is responsible for what happens next. Always.</p>



## CHAPTER FIVE

# What **follow-up** actually means.

"Come back if it gets worse" is not a follow-up plan. It is the absence of one.

Real follow-up is planned, specific, and proportionate to the person, the condition, and the risk.

It might mean a repeat consultation, repeat tests, a medication review, a referral, symptom tracking, lifestyle support, or simple safety-netting — but it is always intentional.

## WHAT IT LOOKS LIKE IN PRACTICE

- ✔ A repeat blood pressure check in six weeks — booked, not suggested.
- ✔ A 3-month thyroid review after a dose change.
- ✔ A symptom diary, then a structured review.
- ✔ A referral with the result loop closed back to your GP.
- ✔ A safety-net: 'if X happens, here is exactly what to do.'

## CHAPTER SIX

# What **recall** actually means.

Recall is the practice of bringing a patient back at the right time — for a long-term condition review, an abnormal result, a repeat test, a vaccination, or a screening.

Good care does not depend on you remembering everything alone. Systems remember. People act. You are reviewed when you should be reviewed.

Without recall, abnormal findings drift. Risks grow quietly. Conditions deteriorate between appointments that never get booked.

#### THE SIMPLE TEST

*Ask your current provider: "If I don't book the next appointment myself, will anyone notice?"*



## CHAPTER SEVEN

# Real accountability in primary care.

In good primary care, **someone** is thinking ahead. Someone is connecting the dots. Someone is responsible for what happens next.



## Tracking trends, not just numbers

We watch the direction of travel, not only the latest reading.



## Closing loose ends

Referrals, results, repeat tests — followed up to completion.



## Catching what gets ignored

Borderline findings, near-misses, mid-range risks.



## Owning the next step

There is always a clearly named next action.

*At Aafiyah, we take responsibility for care — not just for consultations.*

## CHAPTER EIGHT

# Where complex health starts to make sense.

Many people carry several things at once: multiple symptoms, multiple medications, unclear diagnoses, low energy, poor sleep, weight or gut issues, repeat infections, hormonal questions, low mood.

Good primary care helps to **organise the picture** — to prioritise risk, investigate properly, follow through, and coordinate specialists when needed.

It is the single place where complexity becomes legible. Where you stop being passed around and start being looked after.

## THINGS WE COMMONLY HELP ORGANISE



### A QUIET TRUTH

*Complexity is not a problem for primary care to refer away. It is exactly what primary care is for.*

## CHAPTER NINE

# Healthcare in *real* Dubai life.



## Busy schedules

Care that fits between meetings, school runs and long-haul flights.

## High stress, low recovery

Sleep, hydration, nutrition — quietly compounding.

## Travel & disruption

Continuity that follows you, not the other way round.

## Family-led decisions

Care that respects how families actually look after each other here.

## Provider hopping

Records, results and reasoning — held in one place.

## Tests without meaning

Numbers explained, contextualised, and acted on.

## 55%

of global deaths in 2024 were from non-communicable, chronic conditions.

## ~34%

of UAE deaths attributed to cardiovascular disease — the leading NCD.

## 1 GP

assigned to you at Aafiyah — for continuity, by design.

## CHAPTER TEN

# What we check, and help you manage.

Not a menu. A working list of where ongoing primary care quietly does its best work.

<p>✓ General health checks</p>	<p>✓ Blood pressure</p>	<p>✓ Weight &amp; metabolic risk</p>
<p>✓ Diabetes risk</p>	<p>✓ Cholesterol &amp; cardiovascular risk</p>	<p>✓ Thyroid</p>
<p>✓ Fatigue work-up</p>	<p>✓ Nutritional review</p>	<p>✓ Women's health basics</p>
<p>✓ Men's health basics</p>	<p>✓ Repeat infections</p>	<p>✓ Gut symptoms</p>
<p>✓ Sleep &amp; stress concerns</p>	<p>✓ Long-term condition reviews</p>	<p>✓ Medication reviews</p>
<p>✓ Follow-up bloods &amp; monitoring</p>	<p>✓ Family health oversight</p>	<p>✓ Preventive screening planning</p>

WHAT GOOD CARE FEELS LIKE

# Clear. Calm. Joined up.

*Safe · Proactive · Explained · Followed through ·  
Personal · Accountable · Not rushed · Not forgotten*

When healthcare is built well, you stop noticing the system. You only notice the care.

## CHAPTER TWELVE

# The Aafiyah way of working.

A signature model of care. Not a marketing promise — a working method.

- 01 We listen properly.**  
Time, attention and proper history-taking.
- 02 We assess carefully.**  
Thorough examination, considered reasoning.
- 03 We explain clearly.**  
In plain English, with no rush.
- 04 We investigate meaningfully.**  
The right tests, for the right reason.
- 05 We follow up appropriately.**  
Planned, proportionate, never vague.
- 06 We recall when needed.**  
By design — not by chance.
- 07 We coordinate care.**  
Specialists, scans, second opinions — looped back.
- 08 We take responsibility.**  
Someone owns what happens next. Always.

## CHAPTER THIRTEEN

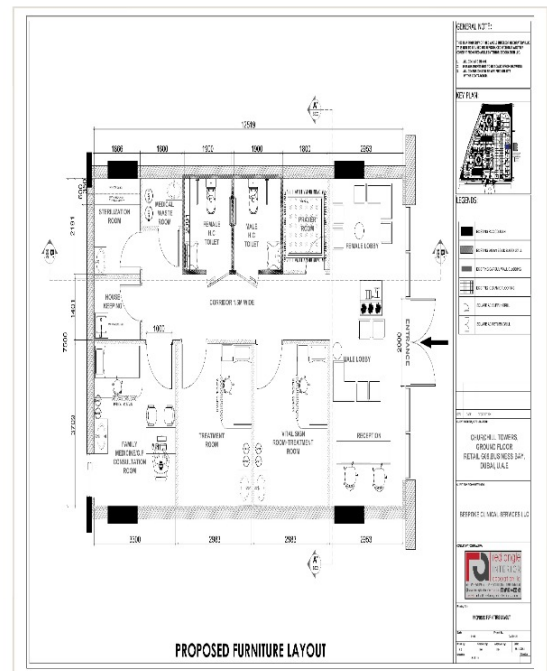
# Good primary care is **designed**, not improvised.

Great patient care does not happen by luck. It is built — through clear standards, thoughtful workflows, defined roles, follow-up and recall systems, governance, training, and operational discipline.

Aafiyah is the proof of concept. Every patient interaction sits on top of structure that has been carefully thought through, so the experience feels effortless.

That is the quiet difference between a clinic that *sees* patients, and a clinic that *looks after* them.

- Care pathways
- Recall systems
- SOPs & quality standards
- Roles & accountability
- Follow-up systems
- Clinical governance
- Operational structure
- Patient experience design



## FOR CLINIC OWNERS & OPERATORS

For selected enquiries, Amar is occasionally available to advise on primary care model design, governance, patient pathways and clinic standards.

*By introduction only.*

## THE PEOPLE

# Meet Amar & the Aafiyah team.



## Amar Adris

FOUNDER · AAFIYAH CARE CLINIC

Builder, operator, and clinical thinker — focused on bringing UK-style continuity of care to Dubai.



**Dr Shahbaz Afzal**  
LEAD DOCTOR · PRIMARY CARE



**Shoib**  
CLINIC MANAGER · OPERATIONS



**Louise**  
PRACTICE NURSE · CLINICAL



**The Aafiyah Team**  
TOGETHER · CONTINUITY OF CARE

*A small, careful team — built to know you over time.*

WHERE TO GO FROM HERE

# Better care begins with one good conversation.

*When you are ready, we are here. Choose whichever feels easiest.*



## WhatsApp us

Quick, direct, human.



## Visit [aafiyahcare.clinic](https://aafiyahcare.clinic)

Read more, book online.



## Follow

[@aafiyahcareclinic](https://www.instagram.com/aafiyahcareclinic)

Practical health education, weekly.



## Book a health review

Start with a proper baseline.



GP-LED PRIMARY CARE · DUBAI, UAE

*Share this guide with someone you care about. Good care should not be a secret.*

