Upwell Street Survey Questionnaire

Please help us improve services by answering the following questions

WHICH THREE AREAS CONCERN YOU MOST ?

Please choose from the list 1 – 7 below

1. Telephone advice from a doctor or nurse ☐

2. Cleanliness of the practice ☐

3. Opening times of the surgery ☐

4. Out of Hours service (deputising) ☐

5. How staff should contact you ☐

6. Getting an appointment ☐

7. Quality of care provided by Doctors and Nurses ☐

ANY OTHER CONCERNS ? Please give brief details below .....

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Please now turn over the page

ARE YOU AWARE THAT WE PROVIDE THE FOLLOWING SERVICES ?

Tick ✓ Yes or No

Online Prescription Ordering	Yes ☐ No ☐
Text Messaging Service	Yes ☐ No ☐
Minor surgery (wart clinic, soft tissue & joint injections)	Yes ☐ No ☐
Chiropody for diabetic patients - by GP referral only	Yes ☐ No ☐
Flu vaccination clinics in October and November each year.	Yes ☐ No ☐
Health Reviews	Yes ☐ No ☐
Women's Health Reviews including Menopause	Yes ☐ No ☐
Arrange Physiotherapy - by GP referral only	Yes ☐ No ☐
Travel advice and injections – (Not Yellow Fever)	Yes ☐ No ☐
Well baby clinics for advice and injections	Yes ☐ No ☐
Well person checks and general screening – includes BP Check, height, weight, smear testing.	Yes ☐ No ☐
Contraception & Sexual Health	Yes ☐ No ☐
Emergency contraception - fully confidential service.	Yes ☐ No ☐
Counsellor - by GP referral only	Yes ☐ No ☐
Smoking Cessation Advice including one-to-one advice	Yes ☐ No ☐
Elderly Over 75 check	Yes ☐ No ☐

ARE THERE OTHER SERVICES YOU WOULD LIKE US TO PROVIDE ? - If yes please say below .

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	Tick √ as appropriate	
Would you like to speak to the practice manager about any of the points you have made above	Yes ☐ No ☐	**If yes:** **Please give your name and contact details below** **Name:** **Telephone:**
Would you like to come to the next patient participation group meeting (see notice in surgery)	Yes ☐ No ☐	**If yes:** **Please give your name and contact details below** **Name:** **Telephone :**

Thank you for taking the time to complete this questionnaire. Please hand your completed questionnaire back into reception. We will notify patients of the results of this survey some time during March 2013