

# 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

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2. Cleanliness of the practice

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3. Opening times of the surgery

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4. Out of Hours service (deputising)

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5. How staff should contact you

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6. Getting an appointment

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

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

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**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 2012**

**If you would like the Practice Manager to contact you about any of the points you have made or would be interested in attending a Patient Group meeting please give your Name and contact details below. Alternatively ask to speak to the practice manager when you next visit the surgery or telephone the surgery on 0845 1202826 .**

**Name .....**

**Contact Details .....**

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