**PCN Services Survey**

**Please tick all that apply:**

|  |
| --- |
| **When would you prefer an appointment?** |
| Between 8:00am-6:30pm Monday to Friday  |  |
| Early morning appointment (before 8:00am Monday to Friday) |  |
| Late evening appointment (6:30am-8:00pm Monday to Friday)  |  |
| Saturday appointment (9:00am-5:00pm) |  |
| Any of the above |  |

**Please tick all that apply:**

|  |
| --- |
| **Who would you like this appointment to be with?** |
| With a GP |  |
| With an Advanced Nurse Practitioner |  |
| With a Nurse |  |
| With another health care professional eg, Clinical Pharmacist, First Contact Practitioner, Health Care Assistant  |  |
| Any of the above |  |

**Please tick all that apply:**

|  |
| --- |
| **Would you like this appt to be:** |
| By telephone |  |
| By video call |  |
| Face to face with a clinician |  |
| Any of the above |  |

**Please tick all that apply:**

|  |
| --- |
| **If you cannot make an appointment with your practice, where do you usually go?** |
| A&E |  |
| Walk in Centre |  |
| NHS 111 |  |
| Local Pharmacist |  |
| Private Provider |  |
| Try the practice another day |  |

**Please tick one option only:**

|  |
| --- |
| **Please select your age group (Choose only one option below)** |
| Under 18 |  |
| 18-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65-74 |  |
| 75+ |  |