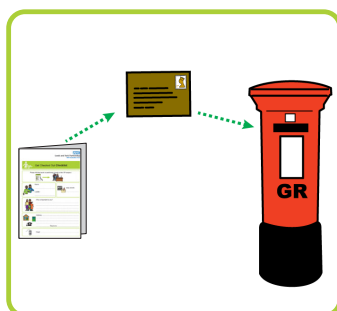


Annual Health Check Quality Practice Survey

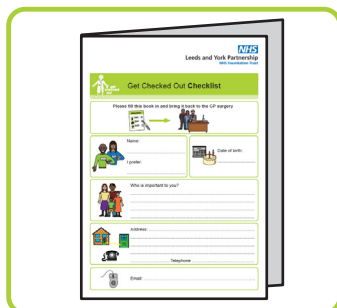


Get
Checked
Out



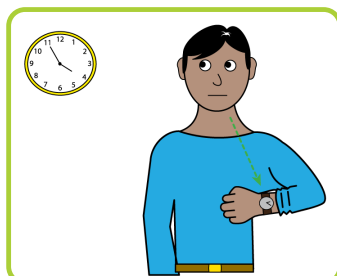
Did you send an easy read invitation?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

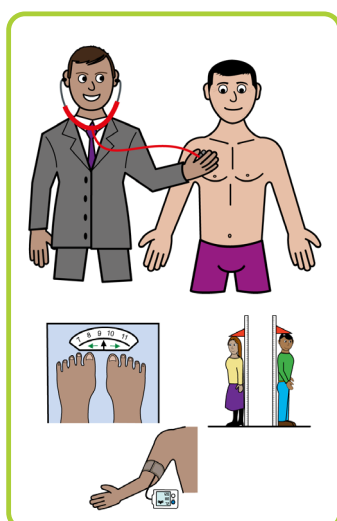


Did you send the easy read AHC checklist/booklet before the appointment?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



How long was the appointment you offered?



Did you perform a full physical examination of all systems?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



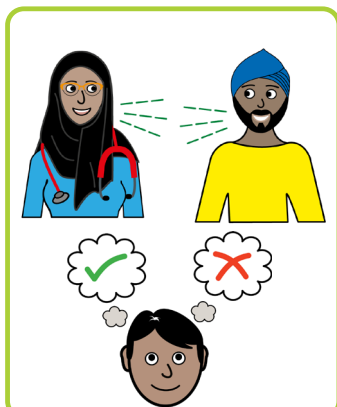
Did you dipstick a sample of your patients' urine and take or arrange for any blood tests required?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



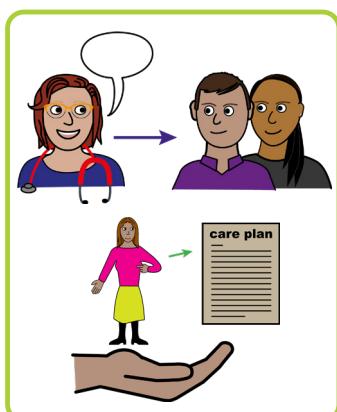
Did you perform a full medication review?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



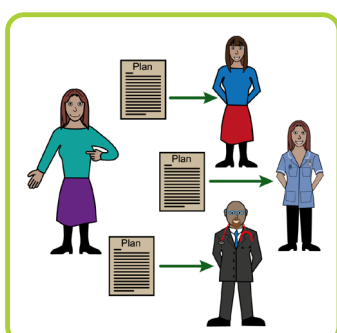
Did you discuss screening and vaccinations, offering easy read information, think about MCA/consent?

yes	N/A	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did you complete and share with the patient/carer a Health Action Plan?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Did you complete in the reasonable adjustment alert for the patient?

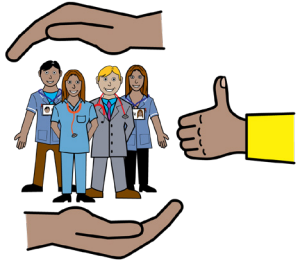
yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



How confident are you in delivering AHC in your practice?

Scale 1-10

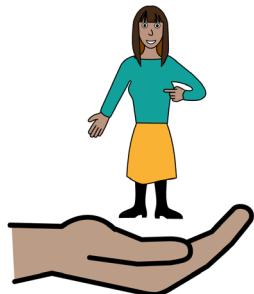
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10



Can you give examples of what is going well for your practice delivering AHCs?



Can you describe any specific issues the practice has in delivering the full LD AHC ES specifications?



Are there any areas in which you need support?
What are those areas?

Please return your survey to the **Health Facilitation Team** at getcheckedout.LYPFT@nhs.net or by post to Health Facilitation Team, St Mary's Hospital, No.4 Woodlands Square, Greenhill Road, Leeds LS12 3QE Tel: 0113 8555176