

Patient Survey - Practice Websites

South Warwickshire CCG have been successful in securing funding from NHS England for new websites for GP Practices and Primary Care Networks. We are keen for patients to help shape the specification for these new websites and would be most grateful if you would take a moment to complete this short survey. Thank you

Q1) Registered GP Practice: _____

Q2) Town/Village of Residence: _____

Considering a new Practice Website

Q3) What are the key benefits you would like to see from a new practice website?

Q4) Please prioritise the following FUNCTIONAL DESIGN elements - rank 1 (highest) to 5(lowest):

- | | | |
|--|---|---|
| <input type="checkbox"/> Responsive Design | <input type="checkbox"/> Uncluttered Design | <input type="checkbox"/> Social Media Feeds |
| <input type="checkbox"/> News Feeds | <input type="checkbox"/> Promotional Banners (practice info and events) | |

Q5) Please prioritise the following TECHNICAL FUNCTIONALITY elements - rank 1 (highest) to 5(lowest):

- | | | |
|---|---|---|
| <input type="checkbox"/> Full content control (local editing) | <input type="checkbox"/> Hierarchical design allowing Federation to centrally share content | |
| <input type="checkbox"/> Secure form builder | <input type="checkbox"/> Seamless integration of online consultations | <input type="checkbox"/> Smart search functionality |

Q4) Please prioritise the following CONTENT PAGES - rank 1 (highest) to 7(lowest):

- | | | |
|--|---|--|
| <input type="checkbox"/> Signposting information | <input type="checkbox"/> e-Newsletter | <input type="checkbox"/> Patient engagement pages |
| <input type="checkbox"/> EMIS Access / NHS App | <input type="checkbox"/> New patient registration | <input type="checkbox"/> National campaigns and alerts |
| <input type="checkbox"/> Practice staff photos and information | | |

Q5) Please detail any additional functionality you would like to see included in the specification for your PRACTICE website:

Q6) Please detail any additional functionality you would like to see included in the specification for your PRIMARY CARE NETWORK (local network of practices) website:

Q7) Please indicate the content you would like to see on your practice website (tick all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Opening times | <input type="checkbox"/> Appointment booking information | <input type="checkbox"/> Information on immunisations |
| <input type="checkbox"/> Information on practice services | <input type="checkbox"/> Information on other services | <input type="checkbox"/> Travel health information |
| <input type="checkbox"/> Information on parking / bus routes | <input type="checkbox"/> Information surgery location | <input type="checkbox"/> Information on Networks |
| <input type="checkbox"/> Information on current medical issues | <input type="checkbox"/> Information on support groups | <input type="checkbox"/> Feedback and suggestion form |

Q9) If you have an example of a good practice website, please provide the details/hyperlink:

Q8) Any other comments or suggestions for the websites:

Q9) Would you like to get involved in the website project?

- Yes, if so, please provide contact details: _____
- No

About you

Q10) Age

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Rather not say |

Q11) Gender

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| <input type="checkbox"/> Female | <input type="checkbox"/> Rather not say |

THANK YOU FOR COMPLETING THE SURVEY

PLEASE HAND TO RECEPTION ONCE COMPLETE

INFORMATION FOR PRACTICE TEAMS

PLEASE COLLATE COMPLETED SURVEYS AND RETURN TO SWGP, GAINSBOROUGH HALL, RUSSELL STREET, LEAMINGTON SPA