

**Ever wanted to
tell someone
what you think
about your
Health or Care
Services?**



**Tell us what
you think...**

No stamp
required





FREEPOST RSAH-LBRH-RHJY
North Somerset Local Involvement Network
23 High Street
Yatton
North Somerset
BS49 4JD

Local Involvement Network

 **Tel:** 01934 876 806

 **Email:** contact@nsomersetlink.co.uk

 **Website:** www.nsomersetlink.co.uk

Contact us if you require this in other formats such as  large print,
 audio,  Braille and  other languages, or if you need help
completing the form.

We need your views:

- So we know what issues are important
- To influence decisions
- To improve health and social care services

North Somerset Local Involvement Network (LINK) is working on your behalf to make sure we have the best possible health and adult social care services.

The LINK is made up of local people who will listen and take your views seriously.

NHS North Somerset and North Somerset Council must legally respond to North Somerset LINK and this will help us to improve services for you.

We need you to tell us what's important to you.

- Please complete the form opposite.
This will help us decide what we need to work on.
- When completed, send the answers to us - this is free - no stamp is required.
- Tear off the form, fold it in half, stick using the gummed strips and pop in the post by the 30th April 2009.

You can also complete this form online
Or telephone us and we can complete it on your behalf
(Our contact details are on the front)

- Groups - we can visit you to discuss the LINK and this survey
- Contact us if you require more copies of this survey

Mark an 'x' in the box next to your top five most important issues

- | | |
|---|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Hospital acquired infection |
| <input type="checkbox"/> Support and information for carers | <input type="checkbox"/> Ambulance services |
| <input type="checkbox"/> NHS dentists | <input type="checkbox"/> Maternity services |
| <input type="checkbox"/> Support for people with disabilities | <input type="checkbox"/> Alzheimer's and dementia care |
| <input type="checkbox"/> Treatment for drug/alcohol addicts | <input type="checkbox"/> Awareness of and access to services |
| <input type="checkbox"/> Sexual health services | <input type="checkbox"/> Appropriate care for the elderly |
| <input type="checkbox"/> Hospital discharge process & after care | <input type="checkbox"/> Paying for health and social care services |
| <input type="checkbox"/> Helping people to stay healthy - preventative services | |

* Please tell us in the space below if there are other issues that are important to you

*Comments or other issues:

OPTIONAL

Name:

Address

Email:

Telephone:

Please indicate how we can contact you in the future:

- Email Post Telephone Do not contact me

- If you would like to become a member of the LINK and be more actively involved in our work, please check this box.

We would like to add the above information to our participant's database so we can keep you informed of our work and you can continue to share your views with us from time to time. We will not disclose personal information about you to any other person or organisation without your permission. If you would not like us to hold your details on our database, please check the following box.