

Appointment Type	Time	Patricia	Karen	Theresa	Delia	Lorraine	Sharon	Helen	Jane
Asthma Review	40	✓	✓	✓		✓	✓		
Asthma Review Under 8s	20	✓	✓	✓		✓	✓		
Audit 10/At Risk Of Diabetes	30	HEALTH TRAINER							
Blood Pressure	10	✓	✓	✓	✓	✓	✓	✓	✓
Bloods	10	✓	✓	✓	✓	✓	✓	✓	✓
CHD Review	20	✓	✓	✓	✓	✓	✓		
Child Immunisations	10	✓		✓			✓		
CKD Review	20	✓	✓	✓	✓	✓	✓		
Contraceptive Advice	10	✓	✓						
COPD Review	40	✓	✓	✓		✓	✓		
Depo Injection	10	✓	✓	✓			✓		
Diabetic Review	20	✓	✓	✓			✓		
ECG	20	✓	✓	✓	✓	✓	✓	✓	
Flu Vaccination	10	✓	✓	✓	✓	✓	✓	✓	
Hypertension Review	20	✓	✓	✓	✓	✓	✓		
Learning Disabilities Review	30	✓	✓	✓			✓		
Nasal Flu	10	✓	✓	✓			✓		
NHS Health Check	20	✓	✓	✓	✓	✓	✓	✓	✓
Pneumococcal Vaccination	10	✓	✓	✓			✓		
Pulse Check	10	✓	✓	✓	✓	✓	✓	✓	✓
Smear	20	✓		✓			✓		
Smoking Cessation	30	✓	✓	✓			✓		
Spirometry	40	✓	✓	✓		✓	✓		
Swabs (Nasal,Perineum,Groin)	10	✓	✓	✓					
Swabs (Vaginal)	10	✓	✓	✓			✓		
Travel Vaccination	20	✓		✓			✓		
Vitamin B12 Injection	10	✓	✓	✓	✓	✓	✓		
Zoladex Injection	10	✓	✓	✓					

Notes: