

# **Guidance template for discussion of local survey findings and action plan for 2011/2012 and 2012/2013**

Completing this form will help you meet the requirements of the patient participation directed enhanced service (DES) for GMS contract (April 2011). Please retain this form for future reference and to present to your PCT if required.

## **PART 1: 2011/2012**

### **A. Discussion of local practice survey findings**

1. Patient reference group (PRG) members present:

2. Practice staff (and designation) present:

3. Please state your key findings from this local survey – look at the report as a whole to include written patient comments in order to obtain a complete picture of performance (see guidance in the introduction of the report).

4. Which responses were most positive?

5. Which responses were least positive?

6. In which areas did you deviate most from the national benchmark? Can you explain why this might be?

7. What are the main priorities identified by the PRG?

8. What are the main priorities identified by practice staff?

## B. Action plan: 2011/2012

Which areas did you mutually agree as priorities for action and intervention? Please complete the table below.

| Priority for action | Proposed changes | Who needs to be involved? | What is an achievable time frame? |
|---------------------|------------------|---------------------------|-----------------------------------|
|                     |                  |                           |                                   |
|                     |                  |                           |                                   |
|                     |                  |                           |                                   |
|                     |                  |                           |                                   |

Does your PCT (or similar body) need to be contacted?

(This would only be the case if a practice proposes significant change and PRG agreement has not been obtained. Changes which impact on contractual arrangements also need to be agreed with the PCT).

### Your details

Name:

Practice address:

Job title:

Practice name:

PCT (or similar body name):

Your signature:

## **PART 2: 2012/2013**

(To be completed after completion of second survey)

### **A. Discussion of local practice survey findings**

1. Patient reference group (PRG) members present:

2. Practice staff (and designation) present:

3. What activities have you undertaken to address issues raised by your last survey which were deemed as priority by your PRG and your practice staff?

| Patient experience issue | What has been done to address this? |
|--------------------------|-------------------------------------|
|                          |                                     |
|                          |                                     |
|                          |                                     |
|                          |                                     |
|                          |                                     |

4. Do the results of this survey reflect these activities? (Please look at the report as a whole to fully determine this).

5. In which areas have you seen most change?

| Last survey (2011/2012) | This survey (2012/2013) |
|-------------------------|-------------------------|
|                         |                         |
|                         |                         |
|                         |                         |
|                         |                         |
|                         |                         |

6. What are the main priorities identified by the PRG? (These may be the same as for the last survey or other areas may now be deemed more significant).

7. What are the main priorities identified by practice staff?

## B. Action plan: 2012/2013

Which areas did you mutually agree as priorities for action and intervention? Please complete the table below.

| Priority for action | Proposed changes | Who needs to be involved? | What is an achievable time frame? |
|---------------------|------------------|---------------------------|-----------------------------------|
|                     |                  |                           |                                   |
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Practice name:

PCT (or similar body name):

Your signature: