Guidance template for discussion of local survey findings and action plan

Completing this form will help you meet the requirements of the patient participation directed enhanced service (DES) for GMS contract.

Please retain this form for future reference and to present to your CCG if required.

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. Discussion of previous local practice survey findings in relation to the current ones (if applicable)

$\overline{}$					
1.	1. What activities have you undertaken to address issues raised by your last survey which were deemed as priority by your CCG and your practice staff?				
	Patient experience issue	What has been done to address this?			
2.	Do the results of this survey reflect the whole to fully determine this).	se activities? (Please look at the report as a			
3.	3. In which areas have you seen most change?				
	Last survey	This survey			
	Last survey	This survey			
1					



C. Action plan

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 CCG (or similar body) need to be contacted?

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

Your details		
Name:	Practice address:	
Job title:		
Practice name:	CCG (or similar body name):	
Your signature:		

