

Supporting documents



About the doctor/nurse (continued....)

		Poor	Fair	Good	Very good	Excellent
18	This doctor/nurse's consideration of my personal situation in deciding a treatment or advising me was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	The doctor/nurse's concern for me as a person on this visit was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	The extent to which the doctor/nurse helped me to take care of myself was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	The recommendation I would give to my friends about this doctor/nurse would be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the staff

		Poor	Fair	Good	Very good	Excellent
22	The manner in which you were treated by the reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Respect shown for your privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Information provided by the practice about its service (e.g. repeat prescriptions, test results, cost of private certificates etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SAMPLE ONLY
PLEASE DO NOT COPY**

Finally

		Poor	Fair	Good	Very good	Excellent
25	The opportunity for making compliments or complaints to this practice about its service and quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	The information provided by this practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	The availability and administration of reminder systems for ongoing health checks is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	The practice's respect of your right to seek a second opinion or complementary medicine was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments about how this **practice** could improve its service?

Any comments about how the doctor/nurse could improve?

The following questions provide us only with general information about the range of people who have responded to this survey. No one at the practice will be able to identify your personal responses.

How old are you in years? <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+	Are you: <input type="checkbox"/> Female <input type="checkbox"/> Male	Was this visit with your usual clinician? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many years have you been attending this practice? <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> More than 10 years
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Thank you for your time and assistance



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?

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:

Feedback Form



At CFEP UK Surveys, we are continually striving to improve our service and would welcome any feedback you can give us so we can use this to shape our future work programme and support services.

	Poor	Fair	Good	Very good	Excellent
1(a). Please rate your overall experience of carrying out this survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1(b). Please comment on what you feel were the positive aspects of the survey

1(c). Please comment on any aspects of the survey which you feel could be improved

	Not useful	Fairly Useful	Useful	Very useful
2(a). How useful did you find the feedback report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2(b). Please comment below on your response in 2(a)

	Yes	No
3(a). Did the results of your survey encourage you to make any changes to your practice?	<input type="checkbox"/>	<input type="checkbox"/>

3(b). Please comment below on your response in 3(a)

**Thank you for your feedback. Please return this form to:-
CFEP UK Surveys,1 Northleigh House,Thorverton Road,Matford Business Park,Exeter,EX2 8HF**

- Please tick here if you do not wish for us to contact you regarding the service we have provided for you.
- We may wish to use the information you have provided as anonymous quotations. If you would prefer us not to use the information you have provided in this way, please tick here.

