

## Introduction

### About the IPQ

The IPQ is a well-established questionnaire widely used in the UK.

Since 2004, over 3,000,000 patients have completed an IPQ providing valuable patient feedback to over 4,000 practices and over 16,000 health practitioners, many of these practices and health practitioners having completed the survey on more than one occasion.

Extensive published validation studies (please see <http://www.cfepsurveys.co.uk/library/publications.aspx>) have established that the IPQ is a reliable and sensitive tool: accurately measuring patient satisfaction in designated areas and is sensitive to change - if the IPQ is carried out on more than one occasion any change in patient perception of service can be clearly and reliably monitored.

This report outlines the feedback that has been collected and analysed from a sample of your patients. Full explanation on how to interpret this information can be found in the report. We hope that this feedback is useful and a basis for reflection.

A sample of the IPQ questionnaire is included at the end of this report for reference.

### About the benchmarks

Benchmarks are a useful guide as to how your practice performed in relation to all the practices who have carried out an IPQ survey. Benchmark data provided relates to either all practices or according to practice list size (the practice list size benchmarks displayed in this report are representative of your practice), as we have established this plays a part in scores achieved. However, it should be noted that other factors such as geographical location and clinical setting may also affect scores and benchmarks may not always be truly representative. Furthermore as it is not mandatory for a practice to carry out an IPQ survey, benchmarks provided are effectively based on data collected from a *volunteer* sample. Volunteer samples often perform better than an 'average' sample which could make the benchmarks provided artificially high.

### Your feedback

From the report you will be able to clearly pinpoint areas where you scored well and also those areas where you might feel that improvements may be needed. However, it is advisable to take time to assimilate all the feedback and to avoid scanning the report and noting specific scores on which too much emphasis can be placed. In fact, the clearest reflection of patient satisfaction can often be seen in the frequency and distribution of patient ratings and in their written comments.

A page by page guide to the interpretation of your report has been incorporated in the supporting documentation at the end of this report which you may find useful.

### Other useful information

Together with your report you will receive:

- An A4 poster: to enable you to share the results of your local survey with the patients in your practice.
- A 'Guidance template for discussion of local findings and action plan': completion of which may help you meet the requirements of the patient participation directed enhanced services (DES) for GMS contract, if required.

Your patient feedback

## Your patient feedback

Table 1: Distribution and frequency of ratings, questions 1-28

Question	Poor	Fair	Good	Very Good	Excellent	Blank
Q1 Opening hours satisfaction	0	7	32	22	28	2
Q2 Telephone access	1	5	30	20	29	6
Q3 Appointment satisfaction	2	5	39	14	29	2
Q4 See practitioner within 48hrs	4	14	31	20	20	2
Q5 See practitioner of choice	3	6	24	30	22	6
Q6 Speak to practitioner on phone	9	9	23	21	17	12
Q7 Comfort of waiting room	0	7	21	33	28	2
Q8 Waiting time	1	18	20	31	17	4
Q9 Satisfaction with visit	0	7	29	24	27	4
Q10 Warmth of greeting	0	4	26	19	37	5
Q11 Ability to listen	0	4	27	21	35	4
Q12 Explanations	0	4	26	23	34	4
Q13 Reassurance	0	5	25	24	32	5
Q14 Confidence in ability	0	4	23	25	33	6
Q15 Express concerns/fears	0	6	29	20	32	4
Q16 Respect shown	0	2	26	23	35	5
Q17 Time for visit	1	2	29	23	28	8
Q18 Consideration	1	2	36	18	31	3
Q19 Concern for patient	0	4	30	14	36	7
Q20 Self care	1	3	34	18	32	3
Q21 Recommendation	1	2	31	23	32	2
Q22 Reception staff	0	4	28	33	21	5
Q23 Respect shown	1	5	27	33	25	0
Q24 Information of services	1	6	23	30	26	5
Q25 Complaints/compliments	1	7	33	30	12	8
Q26 Illness prevention	1	6	34	25	19	6
Q27 Reminder systems	0	6	36	23	23	3
Q28 Second opinion / comp medicine	0	9	34	21	19	8

Blank responses are not included in the analysis (see score explanation)

## Your patient feedback

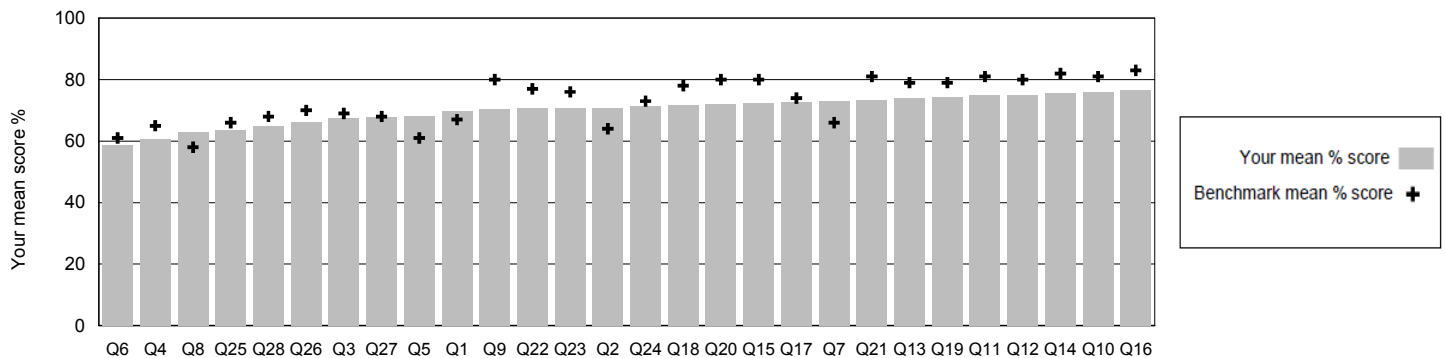
Table 2: Your mean percentage scores and benchmarks from all participating practices

	Your mean score (%)	Benchmark data (%)*					
		National mean score (%)	Min	Lower quartile	Median	Upper quartile	Max
<b>About the practice</b>							
Q1 Opening hours satisfaction	70	67	44	62	66	71	99
Q2 Telephone access	71	64	24	56	64	72	99
Q3 Appointment satisfaction	68	69	37	64	69	74	99
Q4 See practitioner within 48hrs	61	65	25	57	65	72	99
Q5 See practitioner of choice	68	61	24	53	60	69	99
Q6 Speak to practitioner on phone	59	61	31	54	61	67	99
Q7 Comfort of waiting room	73	66	31	61	66	72	100
Q8 Waiting time	63	58	24	51	57	63	99
<b>About the practitioner</b>							
Q9 Satisfaction with visit	70	80	49	76	80	84	99
Q10 Warmth of greeting	76	81	50	78	82	86	99
Q11 Ability to listen	75	81	50	78	82	86	100
Q12 Explanations	75	80	49	77	81	84	100
Q13 Reassurance	74	79	49	75	79	83	100
Q14 Confidence in ability	76	82	50	79	83	86	100
Q15 Express concerns/fears	72	80	50	76	80	84	100
Q16 Respect shown	76	83	50	80	84	88	100
Q17 Time for visit	73	74	46	70	74	79	100
Q18 Consideration	72	78	48	74	78	82	100
Q19 Concern for patient	74	79	48	75	79	83	100
Q20 Self care	72	80	51	78	81	85	99
Q21 Recommendation	73	81	46	77	81	85	100
<b>About the staff</b>							
Q22 Reception staff	71	77	40	72	76	81	99
Q23 Respect shown	71	76	45	72	76	80	100
Q24 Information of services	72	73	43	69	73	77	100
<b>Finally</b>							
Q25 Complaints/compliments	64	66	42	62	66	71	100
Q26 Illness prevention	66	70	46	66	69	73	100
Q27 Reminder systems	68	68	43	63	67	72	99
Q28 Second opinion / comp medicine	65	68	44	63	67	72	99
Overall score	70	73	46	69	73	77	100

Your mean score for this question falls in the highest 25% of all means  
 Your mean score for this question falls in the middle 50% of all means  
 Your mean score for this question falls in the lowest 25% of all means

\* Based on data from 3,027 practices surveyed between April 2008 and March 2011 with 25 or more responses. Please note the reliability of your patient feedback may be marginally reduced if less than 25 patient ratings per question is achieved (see table 1). In the event that there are less than 5 patient responses for any question, the corresponding score will not be illustrated. Please see the supporting documents at the end of this report for percentage score calculation and quartile information.

Graph 1: Your mean percentage scores in ascending order of performance with benchmark mean scores from all participating practices



Your patient feedback

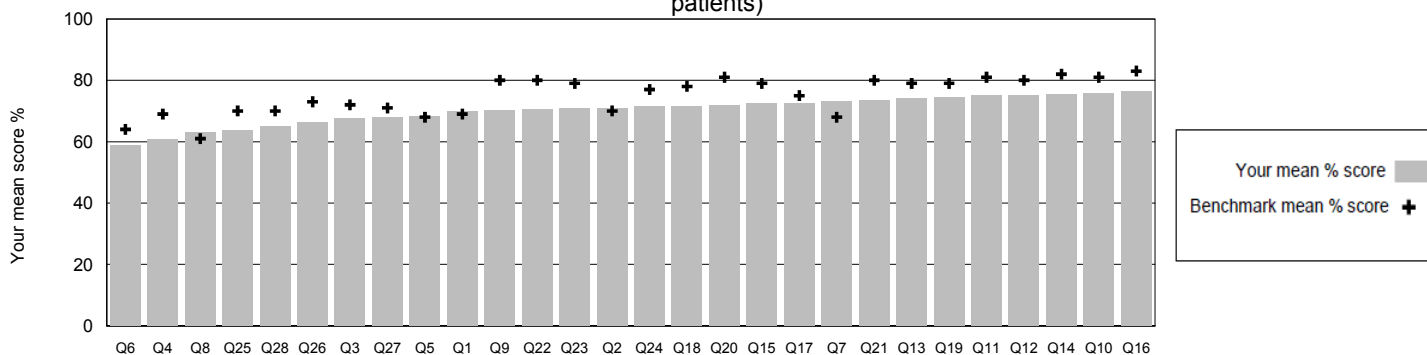
Table 3: Mean percentage scores and benchmarks by practice list size (2001-4000 patients)

	Your mean score (%)	Benchmark data (%)*					
		National mean score	Min	Lower quartile	Median	Upper quartile	Max
<b>About the practice</b>							
Q1 Opening hours satisfaction	70	69	45	64	69	74	98
Q2 Telephone access	71	70	33	63	71	79	99
Q3 Appointment satisfaction	68	72	39	66	73	79	98
Q4 See practitioner within 48hrs	61	69	31	62	70	78	98
Q5 See practitioner of choice	68	68	37	61	69	76	98
Q6 Speak to practitioner on phone	59	64	33	58	65	71	98
Q7 Comfort of waiting room	73	68	31	62	69	75	97
Q8 Waiting time	63	61	30	53	61	68	97
<b>About the practitioner</b>							
Q9 Satisfaction with visit	70	80	53	76	81	85	99
Q10 Warmth of greeting	76	81	57	77	82	86	99
Q11 Ability to listen	75	81	57	77	82	86	99
Q12 Explanations	75	80	54	76	81	85	99
Q13 Reassurance	74	79	54	74	79	84	98
Q14 Confidence in ability	76	82	57	78	83	87	99
Q15 Express concerns/fears	72	79	54	75	80	85	99
Q16 Respect shown	76	83	58	79	84	88	99
Q17 Time for visit	73	75	47	70	75	80	98
Q18 Consideration	72	78	54	73	78	83	98
Q19 Concern for patient	74	79	54	74	79	84	99
Q20 Self care	72	81	66	77	82	86	99
Q21 Recommendation	73	80	53	76	81	86	98
<b>About the staff</b>							
Q22 Reception staff	71	80	50	76	81	85	99
Q23 Respect shown	71	79	54	75	80	84	98
Q24 Information of services	72	77	52	72	77	81	98
<b>Finally</b>							
Q25 Complaints/compliments	64	70	43	65	70	74	98
Q26 Illness prevention	66	73	47	68	73	77	98
Q27 Reminder systems	68	71	43	66	71	76	97
Q28 Second opinion / comp medicine	65	70	46	66	70	75	96
Overall score	70	75	49	70	75	80	98

Your mean score for this question falls in the highest 25% of all means  
 Your mean score for this question falls in the middle 50% of all means  
 Your mean score for this question falls in the lowest 25% of all means

\* Based on data from 768 practices surveyed between April 2008 and February 2011 with 25 or more responses. Please note the reliability of your patient feedback may be marginally reduced if less than 25 patient responses per question is achieved. In the event that there are less than 5 patient responses for any question, this score will not be illustrated. See the supporting documents at the end of this report for percentage score calculation and quartile information.

Graph 2: Your mean percentage scores in ascending order of performance with benchmark mean scores by list size (2001-4000 patients)



## Your patient feedback

Table 4: Your patient demographics

Number of patient responses by category, your mean percentage scores and benchmarks by practice list size (2001-4000 patients)

	Number of responses	Your mean score (%)	Benchmark data (%)*					
			National mean score (%)	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
<b>Age</b>								
Under 25	9	67	72	42	65	72	79	100
25 - 59	59	71	74	47	69	74	79	98
60 +	20	71	78	51	73	78	83	99
Blank	3	-	-	-	-	-	-	-
<b>Gender</b>								
Female	39	68	74	49	70	75	79	99
Male	45	73	76	49	71	76	81	97
Blank	7	65	73	35	66	74	81	100
<b>Visit usual practitioner</b>								
Yes	66	73	76	52	72	76	81	98
No	11	57	70	36	64	71	77	100
Blank	14	66	73	44	66	73	80	100
<b>Years attending</b>								
< 5 years	39	74	74	46	69	75	80	100
5 - 10 years	23	71	74	42	69	75	80	96
> 10 years	18	70	75	50	71	76	80	98
Blank	11	57	74	38	67	74	81	100

\* Based on data from 768 practices surveyed between April 2008 and February 2011 with 25 or more responses.

Demographic category mean percentage scores are calculated from all the ratings from all questions for that demographic group.

Please note the reliability of your patient feedback may be marginally reduced if less than 25 patient ratings per category is achieved. In the event that there are less than 5 patient responses for any question, the corresponding score will not be illustrated.

Please see the supporting documents at the end of this report for percentage score calculation and quartile information.

## Your patient feedback

All written patient comments have been included in their entirety but details which could identify a specific patient have been removed to ensure anonymity.

### Comments about how the practice could improve

- You need to improve the appointment system, it takes very long to see a doctor.
- Maybe a television in the waiting area to keep people calm whilst waiting for appointments.
- The waiting times are extremely poor. It's unfair for patients who come in on time and have to wait more than 30 minutes.
- Opportunity to see a doctor whenever it's an emergency. Thanks.
- More information on the walls.
- No, I'm quite satisfied.
- To maintain its service.
- I was asked for my date of birth, I'd rather not say this aloud, I'd rather write it on a piece of paper.
- Great doctor. Great surgery. I have great faith in the National Health Service.
- Hard to get a nurse's appointment.

### Comments about how the doctor/nurse could improve

- My doctor is excellent.
- I am extremely happy with the doctor and the practice.
- No complaints about the doctor, highly recommended.
- My doctor should keep up their hard work, they are very good to me as a patient.
- Very happy with my doctor generally.
- Good doctor.
- I am very happy with my doctor and I have no complaints whatsoever except to give them my praise. I am not sure about the nurse though, their communication with the patient is very poor.
- Quite satisfied.
- Patients should be given the chance to see their personal doctor and not the one that is available.

Supporting documents



## Supporting documents

### Details of score calculation

The score provided for each question in this questionnaire is the mean (average) value of all of the ratings from all patients who completed the question. It is expressed as a percentage - so the best possible score is 100%.

Example using data from your Q1 Opening hours satisfaction

Total number of patients responses = 91

Questionnaire rating scale	Poor	Fair	Good	Very Good	Excellent	Blank
Number of ratings	0	7	32	22	28	2

Value assigned to each rating	0	25	50	75	100	n/a

$$\frac{(\text{number of Poor ratings} \times 0) + (\text{number of Fair ratings} \times 25) + (\text{number of Good ratings} \times 50) + (\text{number of Very Good ratings} \times 75) + (\text{number of Excellent ratings} \times 100)}{(\text{Total number of patient responses} - \text{number of 'blanks'})} = \frac{(0 \times 0) + (7 \times 25) + (32 \times 50) + (22 \times 75) + (28 \times 100)}{(91 - 2)} = 6,225/89$$

Your mean percentage score for Q1 = 70%

Please note that the scoring scale used to calculate the mean percentage scores was updated in October 2009 in line with feedback from practices and health professionals. Prior to this time a -33 to 100 scale was used, where poor = -33.3333%, fair = 0%, good = 33.3333%, very good = 66.6667% and excellent = 100%.

### Explanation of quartiles

In statistics a quartile is any one of the three values that divide data into four equal parts, each part represents ¼ of the sampled population.

Quartiles comprise:

- Lower quartile, below which lies the lowest 25% of the data
- The median, cuts the data set in half
- Upper quartile, above which lies the top 25% of the data

Please note that the benchmarks presented in this report are based on data obtained from a volunteer sample of practices, and as such may be artificially high.

Question	Your mean score (%)
Q1 Opening hours satisfaction	70

Benchmark data (%)*				
Min	Lower quartile	Median	Upper quartile	Max
44	62	66	71	99

\* Based on data from 3,027 practices surveyed between April 2008 and March 2011 with 25 or more responses.

## Supporting documents

Page by page guide to the interpretation of your report

### Page 1

The frequency distribution table (table 1) shows the number of patient ratings from poor to excellent for every question and also the number of 'blank' responses where patients did not respond to the question. If these values are added up, for any one question, this will equate to the total number of patients surveyed (shown in the top right hand corner of the page). This table clearly shows the degree of satisfaction patients have with each aspect of the practice considered. Please note the spread of the ratings. Are they widely spread or closely packed around one or two specific ratings? One or two higher or lower ratings can make a big difference to your mean percentage scores illustrated in tables 2 and 3.

### Page 2

The mean percentage score and benchmark table (table 2) illustrates your mean percentage scores for each question calculated from the data in table 1. Each score is the mean (average) score calculated from valid patient ratings (i.e. not the blank responses) expressed as a percentage (see score calculation sheet also in the supporting document section of your report). It has been established by our statisticians that the reliability of your patient feedback for any one question may be marginally reduced if less than 25 valid patient responses is achieved (this number can be determined from table 1). In the event that there are less than 5 patient responses, the corresponding score for the question will not be illustrated.

Your scores have been displayed in colour coded boxes to indicate how your score falls within the benchmark data (within the highest 25%, the middle 50% or the lowest 25% of all the mean percentage scores achieved by all practices in the benchmark sample). The provenance of the benchmark data is provided in the footer below the table.

Graph 1 illustrates your mean percentage scores in ascending order of performance with benchmark means from all participating practices.

### Page 3

Table 3 and graph 2 are the same as for page 2, but with benchmarks provided relevant to your practice list size. Evidence indicates that practices with smaller list sizes tend to perform better than those with larger list sizes.

### Page 4

Table 4 shows the number of patient responses from each 'demographic' group detailed on the questionnaire i.e. age, gender, if the patient saw their usual practitioner or not and the number of years attending the practice. Demographic category mean percentage scores are calculated from all the ratings from all questions for that demographic group.

Associated benchmark mean scores relevant to your practice list size are also provided.

The same criteria concerning reliability of the feedback as explained in Page 2 above applies.

### Page 5

Patient comments usually reflect scores achieved. The IPQ was designed to simulate the patient's chronological journey through their visit to the practice. Although the questions in the IPQ are generic, comments can pinpoint specific issues identified by the patient from any part of this journey. If there is a particular problem within the practice e.g. getting through in the morning on the telephone or the lack of chairs in the waiting room suitable for the elderly, this can be clearly picked up in the themes and frequency of comments.

In order to ensure patient anonymity, any personal identifiers are removed. In the unlikely event that we receive a written comment which might relate to serious professional misconduct (e.g. allegations of sexual assault), the comment would be referred to our Clinical Associate who would discuss the matter with you.

# Improving Practice Questionnaire



OFFICE USE ONLY	Org ID
	Survey ID
	Practitioner ID

## You can help this general practice improve its service

- This practice would welcome your honest feedback
- Please read and complete this survey after you have seen the
- No-one at the practice will be able to identify your personal responses
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this  with a ball point pen. If you change your mind just cross out your old response and make your new choice.

**When giving your feedback, please only consider the consultation you have had today.**

### About the practice

	Poor	Fair	Good	Very good	Excellent
1 Your level of satisfaction with the practice's opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ease of contacting the practice on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Satisfaction with the day and time arranged for your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Chances of seeing a doctor/nurse within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Chances of seeing a doctor/nurse of <u>your</u> choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Opportunity of speaking to a doctor/nurse on the telephone when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Comfort level of waiting room (e.g. chairs, magazines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Length of time waiting in the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About the doctor/nurse (whom you have just seen)

	Poor	Fair	Good	Very good	Excellent
9 My overall satisfaction with this visit to the doctor/nurse is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 The warmth of the doctor/nurse's greeting to me was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 On this visit I would rate the doctor/nurse's ability to really listen to me as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 The doctor/nurse's explanations of things to me were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 The extent to which I felt reassured by this doctor/nurse was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 My confidence in this doctor/nurse's ability is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 The opportunity the doctor/nurse gave me to express my concerns or fears was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 The respect shown to me by this doctor/nurse was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 The amount of time given to me for this visit was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over ↶





**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.

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

**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.

# *Certificate of Completion*

This is to certify that

**Hilltop Medical Practice**  
Hillside Primary Care Centre  
150 Hilltop Avenue  
London  
NW10 8RY

**Practice List Size: 2059**

**Surveys Completed: 91**

has completed the

## Improving Practice Questionnaire

Completed on 03 January 2012



**Michael Greco**  
Director



Thank you to all patients who participated in this survey.  
By letting the practice know your views, positive changes can be made for the benefit of all patients.