**Pharmacy/GP practice: outcomes of action plan**

Below is a resource to document later (for example, six months later) how the proposed actions which the member of staff proposed after their visit to the community pharmacy/GP practice have been implemented.

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| --- | --- | --- | --- |
| Name of pharmacy/GP practice: |  | | |
| Completed by: |  | Date: |  |

**Action 1**

|  |  |
| --- | --- |
| How has your practice changed to increase patient safety, improve patient outcomes or reduce waste? |  |
| What have you done to action this? |  |
| What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve? |  |
| How do you know you have achieved the change? (Please attach any evidence available). |  |

**Action 2**

|  |  |
| --- | --- |
| How has your practice changed to increase patient safety, improve patient outcomes or reduce waste? |  |
| What have you done to action this? |  |
| What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve? |  |
| How do you know you have achieved the change? (Please attach any evidence available). |  |

**Action 3**

|  |  |
| --- | --- |
| How has your practice changed to increase patient safety, improve patient outcomes or reduce waste? |  |
| What have you done to action this? |  |
| What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve? |  |
| How do you know you have achieved the change? (Please attach any evidence available). |  |