**Action plan for pharmacy/GP practice**

Below is an action plan for members of staff to complete once they have visited the community pharmacy/GP practice to document what actions they and their team will take to change current practice.

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

**Action 1**

|  |  |
| --- | --- |
| Current practice: |  |
| Proposed change to practice: |  |
| How will this change occur? |  |
| When will this change occur by? |  |
| Possible challenges? |  |
| How will we know we’ve achieved it? |  |

**Action 2**

|  |  |
| --- | --- |
| Current practice: |  |
| Proposed change to practice: |  |
| How will this change occur? |  |
| When will this change occur by? |  |
| Possible challenges? |  |
| How will we know we’ve achieved it? |  |

**Action 3**

|  |  |
| --- | --- |
| Current practice: |  |
| Proposed change to practice: |  |
| How will this change occur? |  |
| When will this change occur by? |  |
| Possible challenges? |  |
| How will we know we’ve achieved it? |  |