	DOCUMENT NAME	DOCUMENT NUMBER
	DISPLAY AND COMMUNICATION OF USER EXPERIEND OF CARE SURVEY RESULTS	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

1. PURPOSE & SCOPE

To ensure transparency and continuous quality improvement by making the results of patient experience surveys available to users, as required under **National Core Standards**.

This SOP applies to the display, updating, and availability of survey results from users accessing services at the health establishment.

2. RESPONSIBILITIES

Job description of person responsible	Duties
Practice Manager	Ensure survey is conducted at least annually
Reception/Admin	Display survey results or notice on how to access them
Clinical Staff	Encourage user participation in surveys when applicable

3. PROCEDURE

3.1 Conducting the Survey

- A **User Experience of Care Survey** must be conducted **at least once every 12 months**.
- Questions should reflect areas such as communication, wait times, cleanliness, respect, confidentiality, and overall satisfaction.
- Responses can be collected via paper forms, tablets, or online links.

3.2 Analysis and Summarising

- Compile and analyses responses.
- Identify common themes, concerns, and areas for improvement.
- Summarise key results in a **user-friendly format**.

3.3 Display of Results

- Display printed results **at reception or in the waiting area**.
- The display should include:
    - Survey period

- Number of participants
- Key findings (positive and areas for improvement)
- Actions taken or planned in response

3.4 Alternative Method

If physical space is limited, you may display a **notice** with:

- Summary statement
- Website link to full report
- Information on how to request a printed copy

4. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

5. ATTACHMENT

📌 Display Poster Template

🧾 **USER EXPERIENCE SURVEY RESULTS**
🗓️ **Period Covered**: [e.g., Jan–Mar 2025]
👥 **Participants**: [Insert number]

🔍 **Key Findings**

- 92% said they were treated with respect
- 88% found the consultation helpful
- 15% requested shorter waiting times
- 10% wanted improved communication on costs

✅ **You Said — We Did!**

- Introduced appointment reminders
- Improved waiting area comfort
- Updated consultation cost display

📌 Full survey report available at reception or visit: [Insert Website URL]

📣 Thank you for helping us improve your care!

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE