APPENDIX 2

NHS LEICESTER CITY

ANNUAL QUALITY REVIEW – [INSERT PRACTICE NAME]
[DATE]
[TIME]

AGENDA

MAIN REVIEW – [TIME]			
PRESENT – [PCT] PRESENT- [PRACTICE]			
NO.	**ITEM**	**LEAD**	**TIME**
1.	INTRODUCTION		
	PCT TOPICS		
2.	Profile		
3.	Demand		
4.	Public Health Data		
5.	Access & Responsiveness		
6.	Quality - Effectiveness		
7.	Patient Choice		
8.	Service Provision		
9.	PRACTICE TOPICS		
10.	NEXT STEPS		

QOF REVIEW – [TIME]			
PRESENT – [PCT] PRESENT- [PRACTICE]			
NO.	**ITEM**	**LEAD**	**TIME**
1.	Clinical Achievement		
2.	Exception Rates		
3.	Clinical Indicators		
4.	Organisational Domain		
5.	Additional Services		

APPENDIX 2

ANNUAL QUALITY REVIEW - REPORTING FLOWCHART