



REPORT TO NHS LEICESTERSHIRE COUNTY AND RUTLAND

SUPPORTING QUALITY OF CARE FOR PATIENTS IN NHS LC&R

Executive Summary

In December 2008, NHS Stoke on Trent placed a tender for the development of a Quality Improvement Framework (QIF). This was to include a review of all practices with the development of a Practice Development Plan for each. CHEC was awarded the contract and started work on January 6th 2009.

Over the course of four months CHEC delivered:

- The development of criteria, standards and evidence to be used in creating the baseline for all practices
- Support for the PCT in recruiting all practices to the scheme
- The development of questionnaires and data extraction inventories
- A visit proforma
- The setting up of a database from which each practice had a quantitative briefing sheet comparing it to local and national norms
- The recruitment and training of six experienced practice visitors/assessors
- 55 half day practice visits
- The creation of 55 draft Practice Development Plans
- Advice to the PCT on qualification for the QIF

This report shows how the project was delivered on time, within budget and to the quality expected by the PCT

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Context

NHS Stoke on Trent operates within a national context. The *Next Steps Review* led by Lord Darzi, the final report of which is *High Quality Care for All* (Stationary Office, 2008), has emphasised the role of quality in service delivery and the need for world class commissioning. Every PCT is expected to ensure that all the services it commissions, including general medical services, are of sufficient quality.

This builds on a number of pre-existing agendas. These include clinical governance, clinical audit, evidence based medicine and guidelines, value for money, patient safety, practice based commissioning, patient choice, public and patient involvement, expert patients, self care, clinical incentives (QoF) and support for data quality.

Following the publication of the White Paper *Trust, Assurance and Safety* the scene is set for the introduction of enhanced appraisal for GPs in 2009 and revalidation of GPs from 2010. NHS Stoke on Trent must support its general practitioners to be in a position to be revalidated, or it will risk experiencing a medical workforce crisis.

As the Care Quality Commission develops its PCT assessments and the expectation that practices will be expected to undergo practice accreditation grows, the pressure on PCT Boards to place an increased emphasis on quality of primary care will build.

NHS Stoke on Trent had already recognised these imperatives and is actively planning to address them. It is piloting Map of Medicine and is an active partner in the Fit for the Future project which is redesigning care pathways. It commissioned a report *Improving Health Outcomes* from Professor Ruth Chambers and Zafar Iqbal¹. This paper set out a number of ways to address the quality and health inequalities agendas in Stoke on Trent.

The population of Stoke is characterised by widespread deprivation with the majority of people having poorer health outcomes compared to the rest of England. While the underlying causes of health inequalities predominantly rest with social determinants, there were significant opportunities for action in primary care. The detection and management of patients with long term conditions was not maximised, and primary care's ability to influence lifestyles and behaviour was not fully exploited.

NHS Stoke-on-Trent was also vividly aware that the developing agenda, from the *Next Steps Review* to the introduction of revalidation, required action on

¹ Improving Health Outcomes: setting aspirational standards in general medical practices in Stoke on Trent. Chambers R, Iqbal Z. NHS Stoke on Trent, 2008

suspected long-standing unacceptable performance from a minority of general medical practices. So, while the main driver was to improve care for the population there was also a sharper focus on underperformance.

In response a Quality Improvement Framework (QIF) was to be managed by a new Primary Care Development Unit. The QIF will incentivise qualifying volunteer practices to reach, over three years, a range of aspirational targets. Support will be given to practices wishing to enter the QIF but which do not qualify.

In preparation a second report was commissioned which looked at contractual standards which practices should meet². The content of this report and the one on aspirational standards were central to the development of the QIF.

The work described in this report is the first step towards putting the QIF into operation. It established the baseline for practices and assessed all of them against the qualification standards for entry into the QIF. For those that qualified, it provided draft practice development plans which will allow NHS Stoke on Trent to agree with practices the steps towards the aspirational standards that each practice will need to make, year by year, to receive their QIF payments.

² Improving Health Outcomes: Setting a baseline for general practices in Stoke on Trent. Norton B, Pullen M. NHS Primary Care Contracting and NHS Stoke on Trent, 2008

The CHEC Team that undertook this project

CHEC is a not-for-profit social enterprise registered as a company limited by guarantee. It is allowed to use the NHS Logo. CHEC has been trading since April 2004 when it was set up with core funding by the (precursor of the) East Midlands Workforce Deanery. It was created with the overall aim of addressing the four “r”s – recruitment, refreshment, retention and re-tracking – in primary care in the East Midlands. Its vision is of a primary care based educational facility in which high quality multi-professional education occurs in a local setting. CHEC’s education is work based, flexible and relevant to the expressed needs of all clinical and non-clinical workers in primary health care.

The CHEC team for this project was:

Jacqui Smith – Manager of CHEC. Previously an Associate Director in a large acute Trust and a radiographer by profession, Jacqui has over 25 years NHS experience both as a clinician and in management and education. She achieved an MBA (Health Executive) in 2005. Specialising in service redesign and leadership, Jacqui is also a former finalist for CIPFA Public Servant of the Year 2004. She has previously been responsible for capital projects up to £12m and revenue £23m. In addition Jacqui has experience of assessment against quality standards being a former member of the Trent Cancer Standards team and a lead for ISO9002.

Jacqui took overall management responsibility for this project.

Professor Mike Pringle – Educational Director of CHEC. Mike is Professor of General Practice in the University of Nottingham; Strategic Director of PRIMIS+; former Chairman of the Royal College of General practitioners (1998-2001); ex-member of the General Medical Council; member of the council of the Medical Defence Union; and deputy chair of the board of UK Biobank. He is part-time Medical Director of the Revalidation Support Team and part time Interim Medical Director for Revalidation in the RCGP.

In this project Mike Pringle led several work streams, provided key knowledge input and was a Lead Practice Visitor

Julie Reid – Director of CHEC. Julie returned to the NHS in 2001 following 6 years general management within warehousing and distribution. She is a former member of a Trent Breast Screening Quality Assurance team and Trent IHM regional committee member. Julie is Practice Manager at the Collingham Medical Practice and current chair of the Newark & Sherwood Practice Managers’ Forum and Newark & Sherwood PBC Consortium. She has experience of practice assessment visits (both provider and assessor) in the RCGP PMCPA pilots. She is co-founder of the original CHEC.

In this project Julie Reid had designated management responsibilities and was a Lead Practice Visitor.

Diana Kirk – Practice Management Consultant to CHEC. She is Practice Director at Lombard Street Surgeries in Newark. She has a particular interest in training and development and has recently led her practice to its third successful re-accreditation in Investors in People. She is a previous runner up in the Doctor 'Practice Manager of the Year' awards and an occasional contributor of articles for Practice Manager publications. She is a past Chair of the Newark & Sherwood Practice Managers' Forum and a member of the Trent re-approval visiting teams for GP trainers.

In this project she had designated management responsibilities and was a Lead Practice Visitor.

Olivia Hart – After graduating in 2004 York St John's University, York, she has been employed in health care first with the elderly and then with mental health patients.

In this project Olivia Hart was employed full time as the Practice Visit Administrator for Phase 1.

Judith Baron – CHEC Administrator. After 30 years working in secondary school education Judith decided to make a career change into a post where she could still apply her educational knowledge and principles. Judith gives administrative support to the CHEC Team.

Judith Baron took over the role as administrator for Phase 2.

The enhanced team for this project

In addition, CHEC employed staff on short term contracts specifically to deliver this project:

Christine Johnson – Christine was a principal in general practice for 15 years before becoming a salaried GP to Nottinghamshire County PCT in 2003. She has supported a variety of practices during times of sickness, remediation of practitioners or expansion of services. Her university and deanery work has involved practical support to practices and doctors wishing to be involved in the teaching of students or training of young doctors. She has been a QoF assessor since the introduction of the GP contract in 2004 and more recently an IM&T DES assessor. Previously she was a QTD (Quality team development) and Primary Care Practice Research Accreditation assessor for the RCGP.

In this project Christine Johnson was a Lead Practice Visitor.

Rashbal Ghattaora – insert bio

The project

The aim of this project was to assess the 55 General Practices in Stoke on Trent with a view to supporting them to develop a practice based development plan in order to achieve the quality standards and approach desired by NHS Stoke on Trent.

The contract was awarded to CHEC by NHS Stoke on Trent at the end of December 2008. CHEC started work on this project on 5th January 2009 and completed work, as contracted, on 30th April 2009. All planned deliverables were delivered to NHS Stoke on Trent to the agreed quality and to time.

There were five workstreams in this project:

Workstream 1: Development of the process for practice assessment

This workstream was led by Professor Mike Pringle and Jacqui Smith, with significant input by Julie Reid and Diana Kirk. It was conducted in the first four weeks of the contract and completed on schedule. The PCT and key stakeholders were consulted throughout and were involved in signing off the outputs. The documents resulting from this workstream are in Appendices A1 and A2

Workstream 2: Assessment of the 55 practices

The work in this workstream was led Julie Reid. She worked through the six Lead Practice Visitors (Julie Reid, Diana Kirk, Liz Heath, Richard Widdison, Christine Johnson and Rob Lawrence), and the Practice Visit Administrator. Professor Mike Pringle trained the practice visiting teams and addressed problems that arose.

CHEC attended a meeting of practice representatives on 3rd February 2009 and communicated with practices, at the practices' or the PCT's request, throughout.

Prior to the visits, clinical governance and other PCT information (including QoF) was used to populate the practice assessment spreadsheet. These data were then processed to produce a report for each practice that contained a representation of that practice's and comparative performance. For an example practice performance report see Appendix A3.

Each practice was approached, given a written briefing on the project and invited to fix a time for their visit. They were asked to complete a pre-visit questionnaire (see Appendix A4).

Six experienced practice assessors were recruited and trained. Professor Ruth Chambers, who advised CHEC throughout the project on behalf of the PCT, attended the training in order to ensure that the PCT's expectations were imbued.

Each visit was undertaken by a Lead Practice Visitor and the Practice Visit Administrator and lasted no longer than three hours. Normally there were two visits in a day. The CHEC visitors usually met at least one GP, one nurse and the practice manager.

In addition the Project Manager also attended a minimum of one practice visit with each Lead Visitor to ensure consistency of approach.

Both before and during the visit, the workload and disruption to the practice was minimised. The information collected on the visit was entered into the database.

A key deliverable from this workstream was a database containing data derived from the PCT, practice questionnaires and the practice visits. From the data in the database normative data (mainly means and quartiles) was derived. For each practice an individualised five page report was developed that presented that practices performance with comparisons to the performance of their peers. This database, with the underlying data and practice reports, has been provided to the PCT and can be updated and used over time.

This workstream started with the first visit on 9th February 2009 and was completed with the last visit on 23rd March 2009. The visits were completed ahead of schedule.

Workstream 3: Feedback to the PCT

This workstream was led by Professor Mike Pringle. An analysis of the information from every practice was distilled into individual practice reports. Key findings from the visits and the provided data were written and provided to the PCT. Examples of best practice were provided.

Using the data accumulated before the visits and during the visits, a descriptive report for each practice was generated each of which contained comparative data from the PCT as a whole. From these a Red/Amber/Green (RAG) spreadsheet was generated. This used the PCT's qualifying criteria to rank individual practices and to categorise them overall into one of three categories.

The underlying data base, the individual practice information sheets, the RAG status report and all the accumulated comments from the visits have been provided to the PCT before the project completion date of 30th April 2009. As requested, the RAG spreadsheet which allowed the PCT to identify qualifying practices was delivered before 31st March 2009.

PCT staff has been trained on the use of the database so that it can be used by the PCT in the future.

Workstream 4: Feedback to the 55 practices

This workstream was led by Diana Kirk, with support from Professor Mike Pringle. In meetings and correspondence with the PCT a format for a Practice Development Plan (PDP) was agreed. This took the baseline information for each practice from the previous workstreams and the aspiration standards for the QIF. For each of three years the practice's draft PDP sets out the steps to be achieved.

The PDPs will need to be discussed with the practices and agreed. This will be undertaken by the PCT after this particular project is complete. The PCT will then need to assess progress to deliver the PDP annually. This workstream was completed on time by 30th April 2009.

Workstream 5: Development of Practice Development Plans for all 55 practices

This workstream was led by Professor Mike Pringle. The CHEC Team wrote 55 draft Practice Development Plans that were based on the baseline assessment of each practice, the aspirational standards set by the PCT and the three annual stages required for the transition.

The draft PDPs included three categories of standards. There were those that were core contractual standards that all practices should achieve as a baseline. Some were identified as "good practice". These were achieved by some of the practices and were set at a level that all practices should attain them in the first years of the QIF. The last category was of aspirational standards. These were achieved by few or no practices at baseline. They were standards that reflected the aspiration of the PCT to address health inequalities and the developing quality agenda.

The PDPs were completed by Monday 27th April 2009, and emailed to the PCT. In addition hardcopies of the practice proforma were posted to the PCT.

Timescales and progress

The project commenced on 5th January 2009 and completed on 1st May 2009 as per the original brief. A breakdown showing key milestones can be found in Appendix A7

Results

Although some practices expressed initial reservations with regards to the process of assessment none refused to participate. All practices returned their completed questionnaires and participated in a practice visit within agreed timescales.

In addition all practices were extremely open in their approach and cooperated fully.

Key result areas have been shared with the PCT via the database and documents outlined in Workstream 3. However, several additional issues were raised during the visits which the PCT may wish to note:

- Correspondence from Secondary Care:

Practices reported delays (several weeks) in receiving hospital discharge letters and clinic letters (specifically referencing cardiology). Problems with receiving appropriate and timely A&E attendance information were also raised.

In addition references were made to poor speed of response and inappropriate triaging and referral by Mental health Services.

- Premises:

Several practices felt they had been “promised” new practice buildings for many years and had been let down on several occasions, particularly around the time of PCT reconfiguration.

However, the visitors also observed “victim” mentality with some practices appearing not to maintain, develop and utilise current accommodation effectively.

The quality of premises varied significantly, some practices clearly were not fit for purpose others were of a high quality.

- PCT Provided Training:

Several practices expressed disappointment that Protected Learning Time had been withdrawn 2 years ago. This was viewed as a missed opportunity for the PCT to support General Practice, maintain engagement and improve standards through education.

There was a general perception that there is insufficient training to meet needs and what is scheduled is often cancelled.

There was some evidence of staff delivering services with inadequate/no training e.g. admin staff undertaking role of chaperone.

PCT employed staff did seem to have good access to CPD.

A few of the Nurses said they had access to training through the PCT Nurse network but not all nurses appeared to be aware this was available.

Some Practices have no access to the PCT intranet/shared drive so do not have access to the full Child Protection Procedures, only having a flow chart that could not be verified as being up to date.

- Practice Managers:

There appeared to be some good quality PMs in the patch but overall knowledge and quality was variable.

Many appear to need specific development and support in:

- Business planning
- HR procedures
- Employment Law
- Producing and maintaining protocols

There appeared to be limited access to PM networks. Limited numbers of PMs meet regularly and by invite only “if face fits”. Opportunities exist for the PCT to make a significant contribution to improve networks and communicate important policies/ strategies.

- Practice Based Commissioning (PBC):

Surprisingly few references to PBC were made. Whilst this assessment did not ask any questions specifically around commissioning, it would be expected that references would be made. It was unclear if this was due to lack of practice engagement, poor knowledge of the Practice Managers or just merely that this assessment did not probe related areas.

- QOF:

There appeared to be some discrepancies between evidence available for QOF and for this QIF assessment. Some practices appear to have scored full QOF points whilst not having the same evidence available for this QIF assessment. Also some practices made reference to the fact that changes are often communicated late in the year.

- Protocol/ Policies:

There did not appear to be a standard format for protocols and very few were written or in an electronic version, many were verbal only. In some cases the protocols in existence appeared to have been hastily put together to meet QOF requirements (or the QIF visit).

Policies again were of variable quality (where in place) with no standard approach or templates.

Some examples of good practice were evidenced but do not appear to be cascaded/shared across the Health Community.

- Practice Development Plans:

There was no standard format and very few practices actually had a plan. There was a limited understanding in some practices regarding what was actually meant by a "Practice Development Plan".

- Strengths:

It is important to also note the strengths that were observed during the practice visits. Of particular note were:

- The quality of Practice nursing was generally high Support from PCT Modern Matrons (specifically) was noted as being very high
- Very loyal and committed staff (in a lot of cases going the extra mile) let down by lack of CPD and training opportunities
- Appraisal process (GP and other staff) appeared satisfactory (although some PMs appear to need training in undertaking the process). Many GPs using the electronic toolkit but will need more support to meet revalidation

Recommendations

Having completed this initial phase it is important to maintain momentum to ensure practice engagement. Regular monitoring of practice achievement against their PDP will be required.

To support the process the PCT may wish to undertake the following:

- Provide a training programme for Practice Managers to ensure they are competent to practice in today's climate
- Provide standard templates and protocols for practices to modify locally
- Consider re-instating Protected Learning Time education to provide a medium for practice education and for the PCT to engage with the practices

Appendices

A1- Stoke Data Sources

SUPPORTING QUALITY OF CARE FOR PATIENTS IN NHS STOKE ON TRENT THE SOURCES OF EVIDENCE

PCT DATA:

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| The practice knows its demography | List size Number of patients aged 18 and under Number of patients aged 65 and over Number of patients aged 75 and over Number of patient with non-white ethnicity |
| The practice collects information on the risk factors for their patients | QoF scores |
| The practice achieves adequate uptake of prevention procedures | Percentage uptake of cervical cytology Percentage uptake of childhood immunisations Percentage uptake of pre-school booster Percentage uptake of flu vaccine in eligible groups Percentage uptake of pneumococcal immunisations in over 65s Percentage of smokers given advice |
| The practice has participated in PCT clinical audits during 2006-7 and 2007-8 (CHD, Diabetes) and has demonstrated acceptable care in those audits | Variables in the two PCT audits |
| The practice achieves appropriate QoF clinical scores | QoF scores |
| The practice prevalences for diabetes, CHD, asthma, heart failure, Stroke/TIA, hypertension, COPD, epilepsy, hypothyroidism, obesity and smoking are appropriate to its population characteristics | QoF prevalence (% practice population) for: Diabetes CHD Asthma heart failure Stroke/TIA Hypertension COPD Epilepsy Hypothyroidism Obesity Smoking Including rank order and SD from mean |
| The practice can show that it's use of exemption codes in QoF is appropriate | QoF exemption code rates |
| The expected practice prevalences for the PCT are | Expected prevalence (% practice |

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| known for diabetes, CHD, asthma, heart failure, Stroke/TIA, hypertension, COPD, epilepsy, hypothyroidism, obesity and smoking are appropriate to its population characteristics | population) for: Diabetes CHD Asthma heart failure Stroke/TIA Hypertension COPD Epilepsy Hypothyroidism Obesity Smoking |
| The practice achieves in QoF overall and in specific clinical domains | Overall QoF score QoF scores in: CHD Stroke/TIA Hypertension Diabetes COPD Epilepsy Hypothyroidism Cancer Mental health Asthma |
| The practice population use A&E, walk-in clinics and out of hours appropriately | Av numbers of patients attending A&E per month/list size in 1000 Av numbers of patients attending walk in centre per month/list size in 1000 Av numbers of patients contacting (phone or consultation) OOH per month/list size in 1000 |
| Emergency hospital admission rates are appropriate | Av numbers of unplanned admitted per month/list size in 1000 for patients aged 18 and under Av numbers of unplanned admitted per month/list size in 1000 for patients aged 19 and over |
| The ethnicity of at least 80% of the practice's patients is recorded | % Recording of ethnicity |
| The practice offers access to appointments with the patient's GP | The percent of patients being offered a appointment with their GP within 48 hours |

PRACTICE QUESTIONNAIRE:

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| Practice knows its demography | Number of patients in nursing homes Number of patients in residential care Number of nursing homes covered Number of residential homes covered |
| The practice employs the appropriate numbers of GPs and practice nurses, and the overall balance (excluding Registrars and student nurses etc) in appropriate | List size/WTE GP List size/WTE nurse List size/(WTE GP+(WTE nurse/3)) |
| The practice employs the appropriate numbers of managers, administrators and receptionists | List size/WTE support staff List size/WTE HCA |
| All of the medical practitioners within the practice currently are included In the medical performers list | 0 – not met 1 – partially met 2 – fully met |
| The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | 0 – not met 1 – partially met 2 – fully met |
| The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | 0 – not met 1 – partially met 2 – fully met |
| The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows a focus on BME issues | 0 – not met 1 – partially met 2 – fully met |
| All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | 0 – not met 1 – partially met 2 – fully met |
| GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | 0 – not met 1 – partially met 2 – fully met |
| All practice staff (including GPs) experience regular appraisal and personal development planning - opportunity for formative discussion as well as performance management | 0 – not met 1 – partially met 2 – fully met |
| The practice participates in National DESs: Extended Hours Access Scheme; Childhood Immunisations; Influenza and Pneumococcal Immunisation; Violent Patients; and Minor Surgery (Note IM&T DES below) | 0 – not met 1 – partially met 2 – fully met |
| Participation in Stoke's LESs – Primary Prevention & Lifestyle Programme, Choose and Book | 0 – not met 1 – partially met 2 – fully met |
| Participation in additional contractual services: cervical screening, contraceptive services; Vaccinations and immunisations; child health surveillance; maternity; and minor surgery | 0 – not met 1 – partially met 2 – fully met |
| The practice is a member of a recognised research network (e.g. Keele GP Research Network) | 0 – not met 1 – partially met 2 – fully met |
| The practice teaches medical or nursing students, GP registrars etc | 0 – not met 1 – partially met 2 – fully met |

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| The practice's hours of opening meet the PCT requirements and the extended opening hours DES/LES | 0 – not met 1 – partially met 2 – fully met |
| The practice conducts an appropriate number of appointments in surgery | Number of surgery appointments with GP in sample month/list size in 1000s Number of surgery appointments with nurses in sample month/list size in 1000s Number of surgery appointments with GP or nurse in sample month/list size in 1000s |
| The practice conducts an appropriate number of all face-to-face patient contacts (surgery, visits etc) | Number of all GP face-to-face contacts in sample month/list size in 1000s |
| The practice has a policy to regularly review patients in nursing homes; and follows that policy | 0 – not met 1 – partially met 2 – fully met |
| The practice records minor surgery treatment given and the consent of the patient | 0 – not met 1 – partially met 2 – fully met |
| The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | 0 – not met 1 – partially met 2 – fully met |
| Newly registered patients are invited to participate in a consultation within six months of joining the practice | 0 – not met 1 – partially met 2 – fully met |
| The practice offers non-attending adult patients offered health promotion appointments | 0 – not met 1 – partially met 2 – fully met |
| The practice provides the PCT with timely reports of temporary resident and emergency care patients seen | 0 – not met 1 – partially met 2 – fully met |
| The practice provides immediately necessary care when it is required | 0 – not met 1 – partially met 2 – fully met |
| There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met |
| The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met |
| All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | 0 – not met 1 – partially met 2 – fully met |
| The practice notifies, in writing, the reason for refusal to any person who has applied to join their patient list and has been refused | 0 – not met 1 – partially met 2 – fully met |
| The practice keeps a written record of all removals from its practice list that is available to the PCT on request | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for the follow up of patients after | 0 – not met |

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| hospital discharge; and it follows this policy | 1 – partially met 2 – fully met |
| The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult issues; and inclusion in staff contracts | 0 – not met 1 – partially met 2 – fully met |
| The practice carries out its policy on protecting confidentiality | 0 – not met 1 – partially met 2 – fully met |
| The practice undertakes significant event auditing with regular timed meetings; at least 3 professionals/staff present | 0 – not met 1 – partially met 2 – fully met |
| Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | 0 – not met 1 – partially met 2 – fully met |
| Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | 0 – not met 1 – partially met 2 – fully met |
| The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | 0 – not met 1 – partially met 2 – fully met |
| Structured reviews of patients with long term conditions, both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion; are recorded appropriately; and result in patients having management plans | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers | 0 – not met 1 – partially met 2 – fully met |
| The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | 0 – not met 1 – partially met 2 – fully met |
| The practice has produced a practice leaflet that includes all of the items required in schedule 3 | 0 – not met 1 – partially met 2 – fully met |
| The practice has reviewed it's leaflet in the past 12 months | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | 0 – not met 1 – partially met 2 – fully met |
| The practice has established an operational complaints procedure | 0 – not met 1 – partially met 2 – fully met |

PRACTICE VISIT: (those items only gathered on the visit are shaded)

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| The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | 0 – not met 1 – partially met 2 – fully met |
| The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | 0 – not met 1 – partially met 2 – fully met |
| The practice has public liability insurance and a valid certificate to show it. | 0 – not met 1 – partially met 2 – fully met |
| The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows a focus on BME issues | 0 – not met 1 – partially met 2 – fully met |
| All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | 0 – not met 1 – partially met 2 – fully met |
| GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | 0 – not met 1 – partially met 2 – fully met |
| All practice staff (including GPs) experience regular appraisal and personal development planning - opportunity for formative discussion as well as performance management | 0 – not met 1 – partially met 2 – fully met |
| The practice demonstrates appropriate procedure from its last recruitment | 0 – not met 1 – partially met 2 – fully met |
| The practice demonstrates that it is IM&T DES compliant | 0 – not met 1 – partially met 2 – fully met |
| The ethnicity of at least 80% of the practice's patients is recorded | 0 – not met 1 – partially met 2 – fully met |
| The practice has evidence of practice management and clinical team meetings – minutes | 0 – not met 1 – partially met 2 – fully met |
| The practice has evidence of meetings with wider primary care team (Community Nurses etc) | 0 – not met 1 – partially met 2 – fully met |
| The practice has evidence of policies for infection control, child protection; health & safety of premises; secure premises; lone working; use of chaperones | 0 – not met 1 – partially met 2 – fully met |
| The practice has policies and named individuals responsible for clinical governance, information governance and data quality | 0 – not met 1 – partially met 2 – fully met |
| The practice is a member of a recognised research network (e.g. Keele GP Research Network) | 0 – not met 1 – partially met 2 – fully met |
| The practice's hours of opening meet the PCT requirements and the extended opening hours DES/LES | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy to regularly review patients in nursing homes; and follows that policy | 0 – not met 1 – partially met 2 – fully met |
| The practice offers an appropriate numbers of GP and nurse | 0 – not met |

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| appointments throughout the year | 1 – partially met 2 – fully met |
| The practice offers access to appointments with the patient's GP | The percent of patients being offered a appointment with their GP within 48 hours |
| The practice's premises which meet the minimum contractual requirement: disabled access; a wash basin with running hot and cold water in every consulting room; and they appear clean, in good repair, well lit and at a suitable temperature | 0 – not met 1 – partially met 2 – fully met |
| The practice offers and uses an area for confidential discussion between receptionist and patient | 0 – not met 1 – partially met 2 – fully met |
| The practice's medical equipment is appropriate, up to date, functioning and maintained and electrical equipment has been PAT tested within the past year; there are no apparent health and safety hazards in the practice's premises | 0 – not met 1 – partially met 2 – fully met |
| Drugs on the practice's premises, in emergency bags and in doctors' cars are in date and stored appropriately | 0 – not met 1 – partially met 2 – fully met |
| The practice uses and maintains appropriate sterilisation equipment and every consulting room has hand cleaning gel present | 0 – not met 1 – partially met 2 – fully met |
| The number of "police incidents" involving the practice are known and security arrangements are appropriate | 0 – not met 1 – partially met 2 – fully met |
| Patient leaflets are available within the practice; they are appropriate and available in common languages of the patient population | 0 – not met 1 – partially met 2 – fully met |
| Posters and public messages displayed in the practices are appropriate and are in common languages of the patient population | 0 – not met 1 – partially met 2 – fully met |
| The practice records minor surgery treatment given and the consent of the patient | 0 – not met 1 – partially met 2 – fully met |
| The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | 0 – not met 1 – partially met 2 – fully met |
| The practice offers non-attending adult patients offered health promotion appointments | 0 – not met 1 – partially met 2 – fully met |
| The practice provides immediately necessary care when it is required | 0 – not met 1 – partially met 2 – fully met |
| The practice provides appropriate information and advice to patients about vaccinations and immunisations | 0 – not met 1 – partially met 2 – fully met |
| There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met |
| The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met |
| All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | 0 – not met 1 – partially met |

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| | 2 – fully met |
| The practice notifies, in writing, the reason for refusal to any person who has applied to join their patient list and has been refused | 0 – not met 1 – partially met 2 – fully met |
| The practice keeps a written record of all removals from its practice list that is available to the PCT on request | 0 – not met 1 – partially met 2 – fully met |
| The practice is able to give examples of how its health promotion activity is sensitive to the needs of BME patients (e.g. during Ramadan) | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for the follow up of patients after hospital discharge; and it follows this policy | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult issues; and inclusion in staff contracts | 0 – not met 1 – partially met 2 – fully met |
| The practice undertakes significant event auditing with regular timed meetings; at least 3 professionals/staff present | 0 – not met 1 – partially met 2 – fully met |
| Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | 0 – not met 1 – partially met 2 – fully met |
| Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | 0 – not met 1 – partially met 2 – fully met |
| The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | 0 – not met 1 – partially met 2 – fully met |
| Structured reviews of patients with long term conditions, both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion; are recorded appropriately; and result in patients having management plans | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers | 0 – not met 1 – partially met 2 – fully met |
| The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for identifying and following up patients who attend A&E without having contacted the practice or OOH service first. | 0 – not met 1 – partially met 2 – fully met |
| The practice has produced a practice leaflet that includes all of the items required in schedule 3 | 0 – not met 1 – partially met 2 – fully met |
| The practice has reviewed it's leaflet in the past 12 months | 0 – not met 1 – partially met 2 – fully met |

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| The leaflet is available to patients | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | 0 – not met 1 – partially met 2 – fully met |
| The practice has established an operational complaints procedure | 0 – not met 1 – partially met 2 – fully met |
| The practice's operational complaints procedure ensures compliance | 0 – not met 1 – partially met 2 – fully met |
| The practice undertakes patient surveys; collates suggestions from patients; and considers/acts on the findings | 0 – not met 1 – partially met 2 – fully met |
| Translation services are available and used | 0 – not met 1 – partially met 2 – fully met |
| The practice has a patient participation group or other formal method for eliciting patient views; that group has a focus on BME issues; and uses the PPG's views in designing services | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy to minimise health inequalities by adapting services to the needs of BME, housebound, nursing home patients and those with disabilities | 0 – not met 1 – partially met 2 – fully met |
| The practice has a policy on pandemic flu and has put in place the necessary preparations and training | 0 – not met 1 – partially met 2 – fully met |

A2- Stoke Criteria, Standards and Evidence – The assessment framework

SUPPORTING QUALITY OF CARE FOR PATIENTS IN NHS STOKE ON TRENT THE ASSESSMENT FRAMEWORK

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|-------------------------------|--|---|---|--|
| Workforce and workload | There should be a sufficient appropriate clinical workforce to deliver contractual services | The practice knows its demography | List size Numbers of patients aged 65 and over Numbers of patients aged 75 and over Number of patients aged 18 and under | PCT Data |
| | | | Number of patients in nursing homes Number of patients in residential care Number of nursing homes covered Number of residential homes covered | Practice questionnaire |
| | | The practice employs the appropriate numbers of GPs and practice nurses, and the overall balance (excluding Registrars and student nurses etc) in appropriate | List size/WTE GP List size/WTE nurse List size/(WTE GP+(WTE nurse/3)) | Practice questionnaire |
| | There should be a sufficient appropriate non-clinical workforce to deliver contractual services | The practice employs the appropriate numbers of managers, administrators and receptionists | List size/WTE support staff List size/WTE HCA | Practice questionnaire |
| | Subject to clause 341, no medical practitioner shall perform medical services under the Contract unless he is: 340.1 included in a medical performers list for a Primary Care | All of the medical practitioners within the practice currently are included In the medical performers list | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and PCT questionnaire |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|--|--|---|---|
| | Trust in England; 340.2 not suspended from that list or from the Medical Register; and 340.3 not subject to interim suspension under section 41A of the Medical Act 1983. | | | |
| | The Contractor shall not employ or engage a health care professional to perform medical services under the Contract unless 351.1 that person has provided two clinical references, relating to two recent posts (which may include any current post) as a health care professional which lasted for three months without a significant break, or where this is not possible, a full explanation and alternative referees; and 351.2 the Contractor has checked and is satisfied with the references. | The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | The Contractor shall at all times hold adequate insurance against liability arising from negligent performance of clinical services under the Contract. | The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Clause 492. The Contractor shall at all times hold adequate public liability insurance in relation to liabilities to third parties arising under or in connection with the Contract which are not covered by the insurance referred to in clause 489. | The practice has public liability insurance and a valid certificate to show it. | 0 – not met 1 – partially met 2 – fully met | Practice visit |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|---|---|---|---|
| | All staff members are suitably trained for the tasks and roles they undertake | The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows in its Practice Development Plan a focus on minority groups such as BME | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Mentorship and supervision in place for all staff | All practice staff (including GPs) experience annual appraisal and personal development planning - opportunity for formative discussion as well as performance management | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Good employment & HR practices which demonstrate fairness, equity and diversity | The practice demonstrates appropriate procedure from its last recruitment | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | Take up of national DESs and Stoke LESSs | The practice participates in National DESs: Extended Hours Access Scheme; Childhood Immunisations; Influenza and Pneumococcal Immunisation; Violent Patients; and Minor Surgery (Note IM&T DES below) | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire |
| | | Participation in Stoke's LESSs – Primary Prevention & Lifestyle Programme, Choose and Book | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire |
| | | Participation in additional contractual | 0 – not met | Practice |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|--|--|---|---|
| | | services: cervical screening, contraceptive services; Vaccinations and immunisations; child health surveillance; maternity; and minor surgery | 1 – partially met 2 – fully met | questionnaire |
| | Records management: best practice for electronic and hand written formats | The practice demonstrates that it is IM&T DES compliant | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The ethnicity of at least 80% of the practice's patients is recorded | Level of recording of ethnicity | PCT Data |
| | The practice holds regular multi-disciplinary team meetings – opportunity to meet, communicate and tangibly support one another to provide consistent approach and advice to patients from all practice team members | The practice has evidence of practice management and clinical team meetings – minutes | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice has evidence of meetings with wider primary care team (Community Nurses etc) | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | Policies in place and adherence monitored for: infection control, child protection; health & safety of premises; secure premises; lone working; use of chaperones | The practice has evidence of policies for infection control; vaccination and immunisation; health & safety of premises; secure premises; lone working; use of chaperones | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice has a policy on child protection/safeguarding children | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | The practice demonstrates leadership in having policies and named individuals responsible for clinical governance and information governance | The practice has policies and named individuals responsible for clinical governance and information governance | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | The practice recognises its responsibilities in research and teaching | The practice is a member of a recognised research network (e.g. Keele GP Research Network) | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice teaches medical or | 0 – not met | Practice |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------------------------------|--|--|--|---|
| | | nursing students, GP registrars etc | 1 – partially met 2 – fully met | questionnaire |
| Access and availability | The Contractor must provide primary medical services required in core hours for the immediately necessary treatment of any person falling within clause 51 who requests such treatment, for the period specified in clause 52. Clause 51. A person falls within this clause if he is a person 51.1 whose application for inclusion in the Contractor's list of patients has been refused in accordance with clauses 181 to 184 and who is not registered with another provider of essential services (or their equivalent) in the area of the PCT; 51.2 whose application for acceptance as a temporary resident has been rejected under clauses 181 to 184; or 51.3 who is present in the Contractor's practice area for less than 24 hours Clause 52. The period referred to in clause 50 is 52.1 in the case of clause 51.3, 14 days beginning with the date on which that person's application was refused or until that person has been registered elsewhere for the provision of essential services (or their equivalent), whichever occurs first | The practice's hours of opening meet the PCT requirements and the extended opening hours DES/LES | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice conducts an appropriate number of appointments in surgery | Number of surgery appointments with GP in sample month/list size in 1000s Number of surgery appointments with nurses in sample month/list size in 1000s Number of surgery appointments with GP or nurse in sample month/list size in 1000s | Practice Questionnaire |
| | | The practice offers an appropriate numbers of GP and nurse appointments throughout the year | 0 – not met 1 – partially met 2 – fully met | Practice Visit |
| | | The practice conducts an appropriate number of all face-to-face patient contacts (surgery, visits etc) | Number of all GP face-to-face contacts in sample month/list size in 1000s | Practice questionnaire |
| | | The practice has a policy to regularly review patients in nursing homes; and follows that policy | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice offers access to appointments with the patient's GP | The percent of patients being offered a appointment with their GP within 48 hours | PCT Data |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--|--|---|---|--------------------|
| | 52.2 in the case of clause 51.2, 14 days beginning with the date on which that person's application was rejected or until that person has been subsequently accepted elsewhere as a temporary resident, whichever occurs first; and 52.3 in the case of clause 51.3, 24 hours or such shorter period as the person is present in the Contractor's practice area. | | | |
| Premises; Equipment; Records; and health and safety | Subject to any plan which is included in the Contract pursuant to clause 28, the Contractor shall ensure that premises used for the provision of services under the Contract are: 27.1 suitable for the delivery of those services; and 27.2 sufficient to meet the reasonable needs of the Contractor's patients. | The practice's premises which meet the minimum contractual requirement: disabled access; a wash basin with running hot and cold water in every consulting room; and they appear clean, in good repair, well lit and at a suitable temperature | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice offers and uses an area for confidential discussion between receptionist and patient | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice's medical equipment is appropriate, up to date, functioning and maintained and electrical equipment has been PAT tested within the past year; there are no apparent health and safety hazards in the practice's premises | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | Drugs on the practice's premises, in emergency bags and in doctors' cars are in date and stored appropriately | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice has a policy for single use or multi-use equipment including, if appropriate, sterilisation equipment; | 0 – not met 1 – partially met 2 – fully met | Practice visit |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|----------------------|---|---|---|--|
| | | it has clean and dirty utilities for minor surgery; and every consulting room has hand cleaning gel present | | |
| | | The number of “police incidents” involving the practice are known and security arrangements are appropriate | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | Patient leaflets are available within the practice; they are appropriate and available in common languages of the patient population | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | Posters and public messages displayed in the practices are appropriate and are in common languages of the patient population | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | The Contractor shall ensure that its record of any treatment provided pursuant to clause 81 includes the consent of the patient to that treatment. (Clause 81. The Contractor shall make available to patients where appropriate curettage and cautery and, in relation to warts, verrucae and other skin lesions, cryocautery.) | The practice records minor surgery treatment given and the consent of the patient | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| Clinical care | Where a patient has been accepted on the Contractor’s list of patients under clauses 171 to 176 or assigned to that list by the PCT, the Contractor shall, in addition and without prejudice to its other obligations in respect of that patient under the Contract, invite the patient to participate in a | The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | Newly registered patients are invited to participate in a consultation within six months of joining the practice | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and PCT questionnaire |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|---|---|--|---|
| | <p>consultation either at its practice premises or, if the medical condition of the patient so warrants, at one of the places referred to in clause 31. Such an invitation shall be issued within six months of the date of the acceptance of the patient on, or their assignment to, the Contractor's list of patients CO 120.</p> | | | |
| | <p>The Contractor must provide primary medical services required in core hours for the immediately necessary treatment of any person falling within clause 51 who requests such treatment, for the period specified in clause 52. Clause 51. A person falls within this clause if he is a person 51.1 whose application for inclusion in the Contractor's list of patients has been refused in accordance with clauses 181 to 184 and who is not registered with another provider of essential services (or their equivalent) in the area of the PCT; 51.2 whose application for acceptance as a temporary resident has been rejected under clauses 181 to 184; or 51.3 who is present in the Contractor's practice area for less than 24 hours Clause 52. The period referred to in clause 50 is 52.1 in the case of</p> | <p>The practice provides immediately necessary care when it is required</p> | <p>0 – not met 1 – partially met 2 – fully met</p> | <p>Practice questionnaire, PCT questionnaire and practice visit</p> |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|---|---|---|---|
| | clause 51.3, 14 days beginning with the date on which that person's application was refused or until that person has been registered elsewhere for the provision of essential services (or their equivalent), whichever occurs first 52.2 in the case of clause 51.2, 14 days beginning with the date on which that person's application was rejected or until that person has been subsequently accepted elsewhere as a temporary resident, whichever occurs first; and 52.3 in the case of clause 51.3, 24 hours or such shorter period as the person is present in the Contractor's practice area. | | | |
| | The Contractor shall ensure that all staff involved in administering vaccines are trained in the recognition and initial treatment of anaphylaxis. | The practice provides appropriate information and advice to patients about vaccinations and immunisations | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | The Contractor shall only refuse an | The practice notifies, in writing, the | 0 – not met | Practice |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|---|---|--|--|
| | <p>application made under clauses 171 to 180 if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Clause 183. If the Contractor refuses an application made under clauses 171 to 180, it shall, within 14 days of its decision, notify the applicant (or, in the case of a child or incapable adult, the person making the application on their behalf) in writing of the refusal and the reason for it</p> | <p>reason for refusal to any person who has applied to join their patient list and has been refused</p> | <p>1 – partially met 2 – fully met</p> | <p>questionnaire, PCT questionnaire and practice visit</p> |
| | <p>The Contractor shall keep a written record of removals under clause 192 which shall include the reason for removal given to the patient, the circumstances of the removal and in cases where clause 193 applies, the grounds for a more specific reason not being appropriate, and the Contractor shall make this record available to the PCT on request</p> | <p>The practice keeps a written record of all removals from its practice list that is available to the PCT on request</p> | <p>0 – not met 1 – partially met 2 – fully met</p> | <p>Practice questionnaire and practice visit</p> |
| | <p>The practice should do health promotion</p> | <p>The practice collects information on the risk factors for their patients</p> | <p>QoF scores</p> | <p>PCT data</p> |
| | | <p>The practice achieves adequate uptake of prevention procedures</p> | <p>Percentage uptake of cervical cytology Percentage uptake of childhood immunisations Percentage uptake of pre-</p> | <p>PCT data</p> |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|--|--|--|--|
| | | | school booster Percentage uptake of flu vaccine in eligible groups Percentage uptake of pneumococcal immunisations in over 65s Percentage of smokers given advice | |
| | | The practice is able to give examples of how its health promotion activity is sensitive to the needs of minority groups such as BME patients (e.g. during Ramadan) | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | The practice offers integrated care | The practice has a policy for the follow up of patients after hospital discharge; and it follows this policy | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | The practice monitors drug concordance | The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Medication is reviewed appropriately | The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Patient confidentiality is preserved | The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult issues, and records any disclosures with reasons; and includes confidentiality in staff contracts | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice carries out its policy on protecting confidentiality | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and PCT questionnaire |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|--|---|--|---|
| | | | | including any formal complaints |
| | The practice reflects on its care and aspires to improve its quality | The practice undertakes significant event auditing with regular (at least quarterly) timed meetings; at least 3 professionals/staff present | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice has participated in PCT clinical audits during 2006-7 and 2007-8 (CHD, Diabetes) and has demonstrated acceptable care in those audits | Variables in the two PCT audits | PCT data |
| | Chronic disease management is effective | The practice achieves appropriate QoF clinical scores | QoF scores | PCT data |
| | | The expected practice prevalences for the PCT are known for diabetes, CHD, asthma, heart failure, Stroke/TIA, hypertension, COPD, epilepsy, hypothyroidism, obesity and smoking are appropriate to its population characteristics | Expected prevalence (% practice population) for: Diabetes CHD Asthma heart failure Stroke/TIA Hypertension COPD Epilepsy | PCT data |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|----------|---|--|---|
| | | | Hypothyroidism Obesity Smoking | |
| | | The practice prevalences for diabetes, CHD, asthma, heart failure, Stroke/TIA, hypertension, COPD, epilepsy, hypothyroidism, obesity and smoking are appropriate to its population characteristics | QoF prevalence (% practice population) for: Diabetes CHD Asthma heart failure Stroke/TIA Hypertension COPD Epilepsy Hypothyroidism Obesity Smoking Including rank order and SD from mean | PCT data |
| | | The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | Structured reviews of patients with long term conditions, both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion; are recorded appropriately; and result in patients having management plans | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice has a policy for searching for and responding to patients who are not within QoF scores, including those | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--------|---------------------------------------|--|--|---|
| | | who are habitual non-compliers | | |
| | | The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | Clinical care is appropriate | The practice can show that it's use of exemption codes in QoF is appropriate | QoF exemption code rates | PCT data |
| | | The practice achieves in QoF overall and in specific clinical domains | Overall QoF score QoF scores in: CHD Stroke/TIA Hypertension Diabetes COPD Epilepsy Hypothyroidism Cancer Mental health Asthma | PCT data |
| | Hospitalisation rates are appropriate | The practice population use A&E, walk-in clinics and out of hours appropriately | Av numbers of patients attending A&E per month/list size in 1000 Av numbers of patients attending walk in centre per month/list size in 1000 Av numbers of patients contacting (phone or consultation) OOH per month/list size in 1000 | PCT data |
| | | Emergency hospital admission rates are appropriate | Av numbers of unplanned admitted per month/list size in 1000 | PCT data |
| | | The practice has a policy for identifying and following up patients | 0 – not met 1 – partially met | Practice visit |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--|---|--|---|---|
| | | who attend A&E without having contacted the practice or OOH service first. | 2 – fully met | |
| Patient information and involvement | The Contractor shall compile a practice leaflet which shall include the information specified in Schedule 3; 438.2 review its practice leaflet at least once in every period of 12 months and make any amendments necessary to maintain its accuracy; and 438.3 make available a copy of the leaflet, and any subsequent updates, to its patients and prospective patients. | The practice has produced a practice leaflet that includes all of the items required in schedule 3 | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice has reviewed it's leaflet in the past 12 months | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The leaflet is available to patients | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | The practice supports self-care | The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | The Contractor shall establish and operate a complaints procedure to deal with any complaints in relation to any matter reasonably connected with the provision of services under the Contract. Clause 502. The Contractor shall take reasonable steps to ensure that patients are aware of 502.1 the complaints procedure; 502.2 the role of the PCT and other bodies in relation to complaints about services under the Contract, | The practice has established an operational complaints procedure | 0 – not met 1 – partially met 2 – fully met | Practice questionnaire and practice visit |
| | | The practice's operational complaints procedure ensures compliance | 0 – not met 1 – partially met 2 – fully met | Practice visit |
| | | The practice undertakes patient surveys; collates suggestions from patients; and considers/acts on the findings | 0 – not met 1 – partially met 2 – fully met | PCT questionnaire and practice visit |
| | | Translation services are available and used | 0 – not met 1 – partially met 2 – fully met | Practice visit |

| Domain | Criteria | Standards | Evidence type | Source of evidence |
|--|--|--|--|-----------------------|
| | <p>and 502.3 the right to assistance with any complaint from independent advocacy services provided under section 19A of the Act.</p> <p>Clause 503. The Contractor shall take reasonable steps to ensure that the complaints procedure is accessible to all patients.</p> | <p>The practice has a patient participation group or other formal method for eliciting patient views; that group has a focus on BME issues; and uses the PPG's views in designing services</p> | <p>0 – not met 1 – partially met 2 – fully met</p> | <p>Practice visit</p> |
| <p>The practice has a policy to minimise health inequalities by adapting services to the needs of minority groups such as BME, housebound, nursing home patients and those with disabilities</p> | | <p>0 – not met 1 – partially met 2 – fully met</p> | <p>Practice visit</p> | |
| <p>The practice has a policy on pandemic flu and has put in place the necessary preparations and training</p> | | <p>0 – not met 1 – partially met 2 – fully met</p> | <p>Practice visit</p> | |

A3- Stoke Data Sheet - example

| PRACTICE ID: | Example | Dr Example | Location | PAGE 1 |
|--|----------|------------|-----------|---------------------|
| PRACTICE POPULATION | | | | |
| | Practice | | PCT means | Quartile1 Quartile3 |
| Total registered list | 5265 | | 5069 | |
| Population under 18 | 21% | | 22% | |
| Population aged 75 and over | 10% | | 8.2% | |
| Population aged 65-75 | 6% | | 7.2% | |
| Patients in nursing home | 0.00% | 0 | 0.32% | |
| Patients in residential care | 0.23% | 12 | 0.41% | |
| Population with ethnicity recorded | 31% | | 61% | 46% 80% |
| WORKFORCE AND WORKLOAD | | | | |
| | Practice | | PCT means | |
| WTE GPs | 2.00 | | 2.44 | |
| WTE practice nurses | 1.90 | | 1.48 | |
| WTE HCA | 0.20 | | 0.37 | |
| WTE Support staff | 5.70 | | 6.31 | |
| WTE GPs/1000 patients | 2650 | | 2231.36 | |
| WTE PNs/1000 patients | 2790 | | 3916.07 | |
| WTE HCA/1000 patients | 26503 | | 10085.99 | |
| WTE GP and one third PN/1000 patients | 2013 | | 1841.53 | |
| WTE Support staff/1000 patients | 930 | | 875.96 | |
| | Practice | | Visit | |
| Medical practitioners Performers list | 2 | | | |
| References for clinicians and pre-employment checks | 1 | | 1 | |
| Medical insurance for GPs | 2 | | 1 | |
| Public liability insurance | | | 2 | |
| Development plans, education and training needs | 1 | | 0 | |
| Appropriate training and records | 2 | | 2 | |
| GPs and PNs trained and use brief interventions | 2 | | 1 | |
| All staff Appraisals and development plans | 2 | | 2 | |
| Correct recruitment procedure for last recruitment | | | 2 | |
| Takes part in standard DESs | 2 | | | |
| Takes part in Stoke LESSs | 1 | | | |
| Takes part in additional contractual services | 2 | | | |
| Is Practice IM&T DES Compliant | | | | 1 |
| Evidence of management and clinical team meeting | | | | 1 |
| Wider primary care meetings (Community nurses etc) | | | | 1 |
| Evidence of policies for infection control, lone workers etc | | | | 1 |
| Named individual GP and IG | | | | 2 |
| Research network member | 0 | | 0 | |
| Practice teaches | 1 | | | |

ACCESS AND AVAILABILITY

| In November 2008 | Practice | PCT means |
|---|----------|-----------|
| Appoints with GP or nurse/1000 patients | 284.30 | 313.51 |
| Face2face with GP/1000 patients | 0.57 | 9.30 |
| Appointments offered with 48 hours | 60% | 86% |

| | Practice | Visit |
|--|----------|-------|
| Opening hours meet PCT Requirements | 2 | 2 |
| Appropriate number of appointments thru year | | 1 |
| Policy for review of patients in nursing care. | NA | 2 |

PREMISES, EQUIPMENT, RECORDS AND H&S

| | Practice | Visit |
|--|----------|-------|
| Premises clean, well lit, suitable temperature | | 1 |
| Area for confidential discussions for reception and patients | | 1 |
| Practice equipment, H&S, Hazards, PAT test | | 2 |
| All drugs Stored correctly and in date (Doctors cars etc) | | 2 |
| Maintains appropriate sterilisation equipment; hand gel | | 2 |
| Police incidents' are known and security in place | | 1 |
| Patient leaflets available and in common Languages | | 1 |
| Notice board are appropriate and in common languages | | 1 |
| Appropriate log of minor Surgeries and consent | 2 | 1 |

CLINICAL CARE

| | Practice | PCT means |
|----------------------------|----------|-----------|
| %cervical cytology uptake | 84% | 79% |
| %child immunisation uptake | NA | 79% |
| %pre-school booster uptake | NA | 77% |

| | In QoF | Practice | PCT means | Quartile1 | Quartile3 |
|---------------------------------------|--------|----------|-----------|-----------|-----------|
| % Exemption recording in CHD patients | | 25.63 % | 25.56 | 24.23 | 26.42 |
| % Exemption recording in Hypertension | | 4.25 % | 2.59 | 1.58 | 3.01 |
| % Exemption recording in Diabetes | | 13.38 % | 11.91 | 10.15 | 12.97 |
| % Exemption recording in Epilepsy | | 3.70 % | 8.00 | 3.81 | 11.11 |

| | Practice | PCT means | | | |
|--------------------------------------|----------|-----------|-----------|-----------|-----------|
| Overall clinical domain QoF score | 571.03 | 630.13 | | | |
| CHD | 87.61 | 88.29 | | | |
| Heart failure | 17.64 | 19.47 | | | |
| Stroke/TIA | 23.52 | 23.70 | | | |
| Hypertension | 80.64 | 80.97 | | | |
| Diabetes | 92.29 | 91.19 | | | |
| COPD | 32.87 | 31.90 | | | |
| Epilepsy | 11.00 | 13.29 | | | |
| Hypothyroid | 7.00 | 7.00 | | | |
| Cancer | 8.51 | 10.39 | | | |
| Palliative care | 6.00 | 5.73 | | | |
| Mental health | 17.69 | 35.06 | | | |
| Asthma | 37.14 | 43.09 | | | |
| Dementia | 8.57 | 19.25 | | | |
| Depression | 7.13 | 28.35 | | | |
| CKD | 27.00 | 25.73 | | | |
| Atrial fibrillation | 26.42 | 29.82 | | | |
| Obesity | 8.00 | 8.00 | | | |
| Learning disabilities | 4.00 | 4.00 | | | |
| Smoking | 68.00 | 67.60 | | | |
| Cervical cytology (CS1) | 22.00 | 21.37 | | | |
| Organisational domain QoF score | 119.33 | 170.31 | | | |
| Additional Services domain QoF score | 36.00 | 35.15 | | | |
| Patient experience domain QoF score | 108.00 | 105.40 | | | |
| Holistic care domain QoF score | 9.07 | 17.70 | | | |
| Overall QoF score | 843.35 | 958.69 | | | |
| Disease Prevalence | Practice | Nat av | PCT means | Quartile1 | Quartile3 |
| CHD | 3.67% | 3.51% | 3.93% | 3.50% | 4.42% |
| Heart failure | 0.66% | 0.76% | 0.75% | 0.59% | 0.93% |
| Stroke/TIA | 1.48% | 1.64% | 1.68% | 1.42% | 1.92% |
| Hypertension | 20.25% | 12.72% | 15.05% | 13.14% | 16.76% |
| Diabetes | 5.20% | 3.84% | 4.42% | 3.89% | 4.90% |
| COPD | 1.22% | 1.48% | 1.68% | 1.35% | 2.03% |
| Epilepsy | 0.48% | 0.60% | 0.76% | 0.63% | 0.87% |
| Hypothyroid | 3.23% | 2.70% | 2.57% | 2.05% | 3.16% |
| Cancer | 1.07% | 1.06% | 0.98% | 0.76% | 1.20% |
| Palliative care | 0.13% | 0.12% | 0.13% | 0.08% | 0.18% |
| Mental health | 0.42% | 0.73% | 0.72% | 0.50% | 0.88% |
| Asthma | 6.20% | 5.78% | 5.95% | 5.10% | 6.53% |
| Dementia | 0.15% | 0.40% | 0.39% | 0.20% | 0.45% |
| Depression | 4.37% | 7.57% | 10.53% | 6.72% | 12.84% |
| CKD | 1.14% | 2.94% | 3.28% | 2.27% | 4.29% |
| Atrial fibrillation | 1.42% | 1.29% | 1.27% | 1.07% | 1.49% |
| Obesity | 7.25% | 7.49% | 10.01% | 8.46% | 11.38% |
| Learning disabilities | 0.41% | 0.27% | 0.44% | 0.24% | 0.58% |
| Smoking | 27.43% | 21.15% | 22.97% | 21.07% | 24.97% |

| Over 7 months in 2008 | Practice | PCT means | Quartile1 | Quartile3 |
|---------------------------------------|----------|-----------|-----------|-----------|
| Attendance at A&E/1000 patients | 134.0 | 126.78 | 112.00 | 139.50 |
| A&E, Walk-in C, OOH/1000 patients | 200.0 | 230.91 | 200.00 | 267.50 |
| Non elective admissions/1000 patients | 68.6 | 71.31 | 61.80 | 79.30 |

PCT CLINICAL AUDITS

| Coronary Heart Disease | Practice | PCT means | Quartile1 | Quartile3 |
|---------------------------------------|----------|-----------|-----------|-----------|
| % with BP recorded past year | 88.8% | 94.1% | 92.2% | 96.2% |
| % with Cholesterol recorded past year | 89.8% | 82.5% | 80.3% | 85.3% |
| % with smoking recorded past year | 93.9% | 93.9% | 92.4% | 96.4% |
| % with last BP < 150/90 | 81.2% | 78.3% | 73.6% | 82.7% |
| % with last BP < 140/90 | 31.5% | 22.3% | 18.4% | 25.4% |
| % with last cholesterol < 5 | 80.2% | 67.1% | 62.9% | 70.8% |
| Diabetes Mellitus | | | | |
| % with BMI recorded past year | 86.4% | 85.6% | 81.1% | 89.7% |
| % with HbA1c recorded past year | 91.8% | 89.2% | 86.9% | 91.8% |
| % with BMI more than 30 | 39.5% | 39.2% | 34.9% | 43.7% |
| % with HbA1c < 7.5 | 65.6% | 57.1% | 51.6% | 63.4% |

| | Practice | Visit |
|--|----------|-------|
| Policy new patients consultation within 6 months | 2 | 2 |
| Action new patients consultation within 6 months | 2 | |
| Provided PCT with timely reports on TRs and EC patients | 1 | |
| Information and advise on vaccinations and immunisations | | 2 |
| Policy for refusals for V&Is to be recorded | 2 | 2 |
| Refusals for Vaccinations are recorded in Notes | 2 | 2 |
| Staff giving Vaccinations trained in Anaphylaxis | 2 | 1 |
| Reason for refusal for person to join practice list notified | NA | 1 |
| Written record of removals from practice list | 2 | 2 |
| Health Promotion sensitive to BME needs | | 0 |
| Policy and action for following up after hospital discharge | 1 | 2 |
| Policy for non-collection of prescriptions being carried out | 1 | 2 |
| Regular review of long term medication | 2 | 1 |
| Policy for patient confidentiality and legitimate disclosure | 2 | 1 |
| Practice carries out policy on confidentiality | 2 | |
| Significant event auditing, with regular meeting | 1 | 2 |
| Adverse events result in action plan | 2 | 2 |
| Clinical audit activity shows outcomes | 1 | 1 |
| Protocols and templates show systematic approach to CDM | 1 | 2 |
| Structured reviews of CDM patients | 2 | 2 |
| Policy for acting on non-QoF score patients | 1 | 2 |
| CDM reviews and measures similar BME and non-BME | 2 | 2 |
| Policy for follow up of A&E and OOH attenders | | 0 |

PATIENT INVOLVEMENT AND INFORMATION

| | Practice | Visit |
|--|----------|-------|
| Practice leaflet with information required in schedule 3 | 2 | 2 |
| Leaflet has been reviewed in last 12 months | 2 | 2 |
| The leaflet is available to patients | | 1 |
| Policy on self-care | 1 | 1 |
| Has established an operational complaints procedure | 2 | 2 |
| Operational complaints procedure ensures compliance | | 2 |
| Practice undertakes patient surveys | | 1 |
| Translation services are available and used | | 2 |
| Practice has PPG | | 1 |
| Practice has policy to minimise health inequalities | | 0 |
| Policy and planning for pandemic Flu | | 0 |

A4- Practice Questionnaire



**SUPPORTING QUALITY OF CARE FOR PATIENTS IN
NHS STOKE ON TRENT
PRACTICE QUESTIONNAIRE**

Please complete this form and return it to CHEC (Olivia.Hart@gp-c84045.nhs.uk) before your practice visit. On page one we ask for some numbers – please just type them in. On the next pages you are asked to use one of three responses.

| | ENTER NUMBER |
|---|--------------|
| Number of patients in a nursing home | |
| Number of patients in residential care | |
| Number of nursing homes covered | |
| Number of residential homes covered | |
| Whole time equivalent ³ number of GPs regularly working (not locums, not registrars) in the practice | |
| Whole time equivalent number of practice nurses employed regularly by the practice | |
| Whole time equivalent number of health care assistants employed regularly by the practice | |
| Whole time equivalent number of support staff (managers, secretaries, receptionists etc) employed regularly by the practice | |
| Number of surgery consultations with a GP in November 2008 | |
| Number of non-surgery (visits etc but not telephone, email) consultations with a GP in November 2008 | |
| Number of surgery consultations with a nurse in November 2008 | |

³ It can be difficult to calculate FTEs for GPs. As a rule of thumb, a full time GP should be at work for at least 40 hours a week with at least 20 hours consulting time, perhaps spread over only 4.5 or even 4 days. If in doubt, write down your calculation please. For other staff, 1 whole time equivalent is 37.5 hours

In this section you have three options for each criterion statement. It is expected that there will be no practices able to meet them all – indeed many will not be able to meet many of them. Please choose the response that most applies. If in doubt, we suggest you choose “Partially Met”.

| CRITERION | | PRACTICE RESPONSE | |
|-----------|---|-------------------|--|
| Q1 | All of the medical practitioners within the practice currently are included In the medical performers list | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q2 | The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q3 | The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q4 | The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows in its Practice Development Plan a focus on minority groups such as BME | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q5 | All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q6 | GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q7 | All practice staff (including GPs) experience annual appraisal and personal development planning - opportunity for formative discussion as well as performance management | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q8 | The practice participates in National DESs: Extended Hours Access Scheme; Childhood Immunisations; Influenza and Pneumococcal Immunisation; Violent Patients; and Minor Surgery (Note IM&T DES below) | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q9 | Participation in Stoke’s LESs – Primary Prevention & Lifestyle Programme, Choose and Book | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q10 | Participation in additional contractual services: cervical screening, contraceptive services; Vaccinations and immunisations; child health surveillance; maternity; and minor surgery | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q11 | The practice is a member of a recognised research network (e.g. Keele GP Research Network) | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q12 | The practice teaches medical or nursing students, GP registrars etc | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q13 | The practice’s hours of opening meet the PCT requirements and the extended opening hours DES/LES | Not met | |
| | | Partially met | |

| CRITERION | | PRACTICE RESPONSE | |
|-----------|--|-------------------|--|
| Q14 | The practice has a policy to regularly review patients in nursing homes; and follows that policy | Fully met | |
| | | Not met | |
| | | Partially met | |
| | | Fully met | |

| CRITERION | | PRACTICE RESPONSE | |
|-----------|--|-------------------|--|
| Q15 | The practice offers access to appointments with the patient's GP | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q16 | The practice records minor surgery treatment given and the consent of the patient | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q17 | The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q18 | Newly registered patients are invited to participate in a consultation within six months of joining the practice | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q19 | The practice provides the PCT with timely reports of temporary resident and emergency care patients seen | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q20 | There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q21 | The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q22 | All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q23 | The practice notifies, in writing, the reason for refusal to any person who has applied to join their patient list and has been refused | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q24 | The practice keeps a written record of all removals from its practice list that is available to the PCT on request | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q25 | The practice has a policy for the follow up of patients after hospital discharge; and it follows this policy | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q26 | The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q27 | The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q28 | The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult issues, and records any disclosures with reasons; and includes confidentiality in staff contracts | Not met | |
| | | Partially met | |
| | | Fully met | |

| CRITERION | | PRACTICE RESPONSE | |
|-----------|---|-------------------|--|
| Q29 | The practice carries out its policy on protecting confidentiality | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q30 | The practice undertakes significant event auditing with regular (at least quarterly) timed meetings; at least 3 professionals/staff present | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q31 | Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q32 | Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q33 | The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q34 | Structured reviews of patients with long term conditions, both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion; are recorded appropriately; and result in patients having management plans | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q35 | The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q36 | The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q37 | The practice has produced a practice leaflet that includes all of the items required in schedule 3 | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q38 | The practice has reviewed it's leaflet in the past 12 months | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q39 | The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | Not met | |
| | | Partially met | |
| | | Fully met | |
| Q40 | The practice has established an operational complaints procedure | Not met | |
| | | Partially met | |
| | | Fully met | |

THANK YOU VERY MUCH

Please return to Olivia.Hart@gp-c84045.nhs.uk or fax to (01636) 893391 or post

to:

Olivia Hart

CHEC

The Medical Centre

High Street

Collingham

A5- Visit Proforma

PRACTICE VISIT PROFORMA

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|---|---|---|---|----------------------|
| 1 | The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | Ask PM Ask to see file on last clinical recruitment | | |
| 2 | The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | Ask to confirm that certificates are seen Ask a doctor who insures them | | |
| 3 | The practice has public liability insurance and a valid certificate to show it. | Ask to see certificate | | |
| 4 | The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows in its Practice Development Plan a focus on minority groups such as BME | Ask to see the practice PDP Look particularly for E&T and BME issue inclusion | | |
| 5 | All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | If not in PDP ask to see log | | |
| 6 | GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | Ask about training Ask about appointments or clinics; and who does them Ask for numbers of referrals to smoking and alcohol | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|--|---|----------------------|
| 7 | All practice staff (including GPs) experience annual appraisal and personal development planning - opportunity for formative discussion as well as performance management | Ask for evidence Ask GP for date of last and next appraisal Ask staff about appraisals | | |
| 8 | The practice demonstrates appropriate procedure from its last recruitment | Ask PM Ask to see file on last recruitment; look for JD, person spec; advert; appointment process and CRB check | | |
| 9 | The practice demonstrates that it is IM&T DES compliant | Ask if registered for IM&T DES (1) or certified (verbal only) (2) | | |
| 10 | The practice has evidence of practice management and clinical team meetings – minutes | Ask to see most recent minutes | | |
| 11 | The practice has evidence of meetings with wider primary care team (Community Nurses etc) | Ask to see most recent minutes | | |
| 12 | The practice has evidence of policies for infection control; vaccination and immunisation; health & safety of premises; secure premises; lone working; use of chaperones | Ask to see one or two of these policies | | |
| 13 | The practice has a policy on child protection/safeguarding children | Ask to see the policy | | |
| 14 | The practice has policies and named individuals responsible for clinical governance and information governance | Ask if there are named people; and who they are | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|---|---|----------------------|
| 15 | The practice is a member of a recognised research network (e.g. Keele GP Research Network) | Ask about all research activity (research and trials) looking for any unapproved research | | |
| 16 | The practice's hours of opening meet the PCT requirements and the extended opening hours DES/LES | Ask about compliance with DES or LES Check appointments system | | |
| 17 | The practice has a policy to regularly review patients in nursing homes; and follows that policy | Ask for policy | | |
| 18 | The practice offers an appropriate numbers of GP and nurse appointments throughout the year | Specifically ask about holiday cover, planned and unplanned absences especially for single handed GPs | | |
| 19 | The practice offers access to appointments with the patient's GP | Ask about audits of appointment availability Look at appointments system | | |
| 20 | The practice's premises which meet the minimum contractual requirement: disabled access; a wash basin with running hot and cold water in every consulting room; and they appear clean, in good repair, well lit and at a suitable temperature | Look for these items as you walk around | | |
| 21 | The practice offers and uses an area for confidential discussion between receptionist and patient | See if one is present Ask receptionists if used Look for sign in waiting room | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|---|---|----------------------|
| 22 | The practice's medical equipment is appropriate, up to date, functioning and maintained and electrical equipment has been PAT tested within the past year; there are no apparent health and safety hazards in the practice's premises | Look at equipment as you walk around Check for basic examination equipment in sample consulting rooms | | |
| 23 | Drugs on the practice's premises, in emergency bags and in doctors' cars are in date and stored appropriately | Ask to see a GP's bag Check drugs (including vaccines) on the premises; fridge temperature etc | | |
| 24 | The practice has a policy for single use or multi-use equipment including, if appropriate, sterilisation equipment; it has clean and dirty utilities for minor surgery; and every consulting room has hand cleaning gel present | Check the steriliser Look for hand washes in consulting rooms | | |
| 25 | The number of "police incidents" involving the practice are known and security arrangements are appropriate | Ask about type and number of police incidents Ask about security esp. during extended hours and lone working Look at security arrangements e.g. panic button, CCTV, locks | | |
| 26 | Patient leaflets are available within the practice; they are appropriate and available in common languages of the patient population | Look at patient information leaflets | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|--|---|----------------------|
| 27 | Posters and public messages displayed in the practices are appropriate and are in common languages of the patient population | Look at the posters in the waiting room (especially aggressive, rude or inappropriate ones) | | |
| 28 | The practice records minor surgery treatment given and the consent of the patient | Ask to see the log | | |
| 29 | The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | Ask to see the policy Seek evidence that it is followed; ask who enters it; ask the Pm if it gets done | | |
| 30 | The practice provides appropriate information and advice to patients about vaccinations and immunisations | Ask to see advice leaflets for patients | | |
| 31 | There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | Ask about the policy | | |
| 32 | The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | Ask to see the log | | |
| 33 | All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | Ask about staff training Ask a nurse about their training Ask for training log | | |
| 34 | The practice notifies, in writing, the reason for refusal to any person who has applied to join their patient list and has been refused | Ask to see the policy Ask if it is followed | | |
| 35 | The practice keeps a written record of all removals from its practice list that is available to the PCT on request | Ask for written record of any refusals | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|--|--|---|----------------------|
| 36 | The practice is able to give examples of how its health promotion activity is sensitive to the needs of minority groups such as BME patients (e.g. during Ramadan) | Ask for an example | | |
| 37 | The practice has a policy for the follow up of patients after hospital discharge; and it follows this policy | Ask for policy Look for evidence that it is followed | | |
| 38 | The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | Ask for policy Look for evidence that it is followed | | |
| 39 | The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | Ask for policy Look for evidence that it is followed | | |
| 40 | The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult issues, and records any disclosures with reasons; and includes confidentiality in staff contracts | Ask for policy Look for evidence that it is followed | | |
| 41 | The practice undertakes significant event auditing with regular (at least quarterly) timed meetings; at least 3 professionals/staff present | Ask to see recordings of SEA discussions | | |
| 42 | Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | Ask to see recordings of SEA discussions, particularly looking for actions resulting | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|--|---|----------------------|
| 43 | Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | Ask to see audits undertaken in the past year 1 if QoF only; 2 if beyond QoF | | |
| 44 | The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | Ask to see practice protocols and computer templates | | |
| 45 | Structured reviews of patients with long term conditions, both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion; are recorded appropriately; and result in patients having management plans | Ask who does the reviews and what they do Who reviews the housebound? | | |
| 46 | The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers | Ask what they do Look for evidence that they do it What do they do to reach “hard to reach” groups | | |
| 47 | The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | Ask for the practice’s evidence that this is so | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|--|--|---|----------------------|
| 48 | The practice has a policy for identifying and following up patients who attend A&E without having contacted the practice or OOH service first. | Ask for policy Ask for evidence that the policy is followed | | |
| 49 | The practice has produced a practice leaflet that includes all of the items required in schedule 3 | Ask to see the practice leaflet | | |
| 50 | The practice has reviewed it's leaflet in the past 12 months | Ask when it was last reviewed Look for out of date information | | |
| 51 | The leaflet is available to patients | Look for leaflet availability | | |
| 52 | The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | Ask about the policy Ask what the practice actually does | | |
| 53 | The practice has established an operational complaints procedure | Ask to see the complaints procedure Look for patient notice | | |
| 54 | The practice's operational complaints procedure ensures compliance | Ask to see the file on the most recent complaint Ask to see the annual complaints return to the PCT | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|---|---|----------------------|
| 55 | The practice undertakes patient surveys; collates suggestions from patients; and considers/acts on the findings | Ask to see the results of any recent patient surveys (1 if practice based; 2 if individual GP based) Ask what happens to comments or suggestions | | |
| 56 | Translation services are available and used | Ask what is available and how they use translation services` | | |
| 57 | The practice has a patient participation group or other formal method for eliciting patient views; that group has a focus on minority groups such as BME issues; and uses the PPG's views in designing services | Ask if there is a PPG If there is, ask about its input, including on BME issues and service design | | |
| 58 | The practice has a policy to minimise health inequalities by adapting services to the needs of minority groups such as BME, housebound, nursing home patients and those with disabilities | Ask about the practice policy Ask for evidence that it is followed | | |
| 59 | The practice has a policy on pandemic flu and has put in place the necessary preparations and training | Ask about the practice policy Ask for evidence that preparations and training are occurring. | | |

| | CRITERIA | CHEC NOTES | SCORE 0 – not met 1 – partially met 2 – fully met | VISITOR NOTES |
|----|---|------------|--|---------------|
| 60 | Any other comments, including any practice development plans already in place and relevant to this visit: | | | |

A6- Practice Development Plan

SUPPORTING QUALITY OF CARE FOR PATIENTS IN NHS STOKE ON TRENT PRACTICE DEVELOPMENT PLAN

Practice Number:

| # | Class-ification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|-------------------------------|------------------------------|--|----------|--------|--------|--------|--|
| Workforce and workload | | | | | | | |
| 1 | A | The practice knows its demography | | | | | The practice understands the basic characteristics of the population it serves |
| 2 | A | The practice employs the appropriate numbers of GPs and practice nurses, and the overall balance (excluding Registrars and student nurses etc) in appropriate | | | | | Weighted list size per WTE GP plus one third WTE Practice Nurse is under 2000 |
| 3 | A | The practice employs the appropriate numbers of managers, administrators and receptionists | | | | | Weighted list size per WTE support staff is under 900 |
| 4 | A | All of the medical practitioners within the practice currently are included In the medical performers list | | | | | All GPs are on the performers list |
| 5 | A | The practice has obtained two clinical references for health professionals engaged to performed medical services; and pre-employment checks are in place for all staff | | | | | References are obtained and checks are done when staff are newly appointed |
| 6 | A | The practice can confirm that all doctors have medical indemnity cover (including employed doctors and locums) and nurse have appropriate cover | | | | | Evidence of current indemnity is kept in the practice |
| 7 | A | The practice has public liability | | | | | Certificate of current |

⁴ A = Basic GMS; B = Good Practice; C = Exemplary practice

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|-----------------------------|---|----------|--------|--------|--------|--|
| | | insurance and a valid certificate to show it. | | | | | public liability is kept in the practice |
| 8 | A | The Practice Development Plan and individual Personal Development Plans records the educational and training needs of individuals and the team; and shows in its Practice Development Plan a focus on minority groups such as BME | | | | | Practice Development Plan and Personal Development plans are developed, are appropriate and are used |
| 9 | A | All staff, clinical and non-clinical, receive appropriate training, and that training is recorded | | | | | A training needs assessment and a training log are completed and available |
| 10 | B | GPs and nurses in the practice have been trained in and deliver brief intervention for smoking, alcohol and physical activity; or local referral services are used appropriately | | | | | Brief interventions for smoking, alcohol and physical activity and offered and delivered |
| 11 | A | All practice staff (including GPs) experience annual appraisal and personal development planning - opportunity for formative discussion as well as performance management | | | | | All staff experience appraisal and personal development planning |
| 12 | B | The practice demonstrates appropriate procedure from its last recruitment | | | | | The practice follows and records appropriate recruitment practice |
| 13 | A | The practice participates in National DESs: Extended Hours Access Scheme; Childhood Immunisations; Influenza and Pneumococcal Immunisation; Violent Patients; and Minor Surgery (Note IM&T DES below) | | | | | The practice takes part in National DESs |
| 14 | B | Participation in PCT LESs – Primary Prevention & Lifestyle Programme, | | | | | The practice takes part in Stoke LESs and |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|-----------------------------|---|----------|--------|--------|--------|---|
| | | Choose and Book | | | | | delivers "must do" LESSs e.g. lifestyle, primary prevention and vascular checks |
| 15 | B | Participation in additional contractual services: cervical screening, contraceptive services; Vaccinations and immunisations; child health surveillance; maternity; and minor surgery | | | | | The practice delivers the additional contracted services |
| 16 | B | The practice demonstrates that it is IM&T DES compliant | | | | | The practice achieves full IM&T DES compliance |
| 17 | B | The ethnicity of at least 80% of the practice's patients is recorded | | | | | 80% recording of ethnicity |
| 18 | B | The practice has evidence of practice management and clinical team meetings – minutes | | | | | All practice meetings, clinical and management, are minuted |
| 19 | B | The practice has evidence of meetings with wider primary care team (Community Nurses etc) | | | | | All meetings with community staff are minuted |
| 20 | A | The practice has evidence of policies for infection control; vaccination and immunisation; health & safety of premises; secure premises; lone working; use of chaperones | | | | | All six of these policies are in place |
| 21 | A | The practice has a policy on child protection/safeguarding children | | | | | Child protection policy is in place |
| 22 | B | The practice has policies and named individuals responsible for clinical governance and information governance | | | | | The practice has named individuals for CG and IG |
| 23 | B | The practice is a member of a recognised research network (e.g. | | | | | Research only conducted within |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|---------------------------------|-----------------------------|--|----------|--------|--------|--------|---|
| | | Keele GP Research Network) | | | | | recognised research networks |
| 24 | B | The practice teaches medical or nursing students, GP registrars etc | | | | | The practice teaches appropriately |
| Access and availability | | | | | | | |
| 25 | A | The practice's hours of opening meet the PCT requirements and the extended opening hours DES/LES | | | | | The practice meets extended opening hours requirement |
| 26 | A | The practice conducts an appropriate number of GP appointments in surgery | | | | | At least 200 appointments with either GP or nurse per 1000 weighted patient list size per month |
| 27 | A | The practice offers an appropriate numbers of GP and nurse appointments throughout the year | | | | | Arrangements are in place to ensure clinical cover for holiday and illness |
| 28 | A | The practice conducts an appropriate number of all face-to-face patient contacts (surgery, visits etc) | | | | | At least 350 appointments with either GP or Nurse per 1000 weighted patient list size per month |
| 29 | B | The practice has a policy to regularly review patients in nursing homes; and follows that policy | | | | | An appropriate policy for care for nursing home patients is present and used |
| 30 | A | The practice offers access to appointments with the patient's GP | | | | | More than 90% of patients report getting appointment within 48 hours |
| Premises & Equipment | | | | | | | |
| 31 | A | The practice's premises which meet the minimum contractual requirement: disabled access; a | | | | | The practice's premises are fit for purpose |

| # | Class-ification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|------------------------------|---|----------|--------|--------|--------|---|
| | | wash basin with running hot and cold water in every consulting room; and they appear clean, in good repair, well lit and at a suitable temperature | | | | | |
| 32 | A | The practice offers and uses an area for confidential discussion between receptionist and patient | | | | | Area for confidential discussion with receptionists is promoted and used |
| 33 | A | The practice's medical equipment is appropriate, up to date, functioning and maintained and electrical equipment has been PAT tested within the past year; there are no apparent health and safety hazards in the practice's premises | | | | | The practice can demonstrate that the practice's equipment is fit for purpose |
| 34 | A | Drugs on the practice's premises, in emergency bags and in doctors' cars are in date and stored appropriately | | | | | Drugs are stored correctly and are in date |
| 35 | A | The practice has a policy for single use or multi-use equipment including, if appropriate, sterilisation equipment; it has clean and dirty utilities for minor surgery; and every consulting room has hand cleaning gel present | | | | | Infection control in the practice is adequate |
| 36 | B | The number of "police incidents" involving the practice are known and security arrangements are appropriate | | | | | Appropriate security arrangements are in place |
| 37 | A | Patient leaflets are available within the practice; they are appropriate and available in common languages of the patient population | | | | | Patients have access to appropriate patient leaflets |
| 38 | B | Posters and public messages displayed in the practices are | | | | | Appropriate posters and public messages are |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----------------------|-----------------------------|---|----------|--------|--------|--------|---|
| | | appropriate and are in common languages of the patient population | | | | | displayed |
| 39 | A | The practice records minor surgery treatment given and the consent of the patient | | | | | Minor surgery is logged and consent recorded |
| Clinical care | | | | | | | |
| 40 | A | The practice has a procedure to ensure all newly registered patients are invited to participate in a consultation within six months of joining the practice | | | | | Procedure is in place for inviting new patients for registration consultations |
| 41 | A | Newly registered patients are invited to participate in a consultation within six months of joining the practice | | | | | New patients are invited to be screened |
| 42 | A | The practice provides appropriate information and advice to patients about vaccinations and immunisations | | | | | Appropriate information and advice is available to patients concerning Vaccinations and Immunisations |
| 43 | A | There is a practice policy to ensure all refusals of the offer of any vaccination or immunisation are recorded in the patient's medical records | | | | | A policy is present on the recording of all vac and Imms refusals |
| 44 | A | The practice records all refusals of the offer of any vaccination or immunisation recorded in the patient's medical records | | | | | The policy on recording of all vac and Imms refusals is carried out |
| 45 | A | All staff involved in the administration of vaccines are trained in the recognition and initial treatment of anaphylaxis | | | | | All staff involved in admin of vacs and Imms are trained |
| 46 | A | The practice notifies, in writing, the reason for refusal to any person who has applied to join their patient list | | | | | Refusals of registration are according to a protocol and are |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|-----------------------------|--|----------|--------|--------|--------|--|
| | | and has been refused | | | | | documented |
| 47 | A | The practice keeps a written record of all removals from its practice list that is available to the PCT on request | | | | | Removals are according to a protocol and are documented |
| 48 | A | The practice collects information on the risk factors for their patients | | | | | The practice knows the uptake of common prevention procedures |
| 49 | A | The practice achieves adequate uptake of prevention procedures | | | | | The practice achieves cervical cytology uptake over 85%; child immunisation over 90%; pre-school immunisation over 90% |
| 50 | B | The practice is able to give examples of how its health promotion activity is sensitive to the needs of minority groups such as BME patients (e.g. during Ramadan) | | | | | The practice sensitises its health promotion to the needs of minority groups |
| 51 | B | The practice has a policy for the follow up of patients after hospital discharge; and it follows this policy | | | | | On discharge from hospital, patients are followed up appropriately |
| 52 | B | The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy | | | | | The practice responds appropriately to non-collected scripts |
| 53 | B | The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews | | | | | All patients on long-term medication are reviewed regularly |
| 54 | A | The practice has a policy on protecting patient confidentiality and supporting legitimate disclosures e.g. child protection and vulnerable adult | | | | | The practice understands its obligations concerning confidentiality |

| # | Class-ification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|------------------------------|---|----------|--------|--------|--------|--|
| | | issues, and records any disclosures with reasons; and includes confidentiality in staff contracts | | | | | |
| 55 | A | The practice carries out its policy on protecting confidentiality | | | | | Patient confidentiality is protected |
| 56 | A | The practice undertakes significant event auditing with regular (at least quarterly) timed meetings; at least 3 professionals/staff present | | | | | The quality improvement opportunities from significant events are exploited |
| 57 | A | Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence | | | | | Adverse events are responded to appropriately, and lessons learnt |
| 58 | A | Clinical audit activity in the practice demonstrates outcomes of clinical care – monitored, acted upon and evaluated for impact of current and changed practice; such audits are continued on a regular cycle | | | | | Clinical audit is an integral part of the practice's activities |
| 59 | B/C | The practice has participated in PCT clinical audits during 2006-7 and 2007-8 (CHD, Diabetes) and has demonstrated acceptable care in those audits. | | | | | The practice will participate in three audits selected by the PCDU each year as well having a programme of audits of its own choice. PCT audits are used to improve and demonstrate the appropriate level of clinical care |
| 60 | A | The practice achieves appropriate QoF clinical scores | | | | | QoF scores show that clinical care is being |

| # | Class-ification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|------------------------------|---|----------|--------|--------|--------|---|
| | | | | | | | delivered to a high standard |
| 61 | C | The practice's prevalences for diabetes, CHD, asthma, heart failure, Stroke/TIA, hypertension, COPD, epilepsy, learning disability, hypothyroidism, obesity and smoking are appropriate to its population characteristics. Indicative prevalence targets will be set by the PEC based on local epidemiology and what can realistically be achieved by best practice. | | | | | The practice achieves the year 3 minimum prevalence targets or can justify why the target is inappropriate Audit to demonstrate % correct coding and register validation |
| 62 | B | Practice staff will demonstrate high level of competency in management of long-term conditions and health promotion areas as determined by PCDU | | | | | High competency in all long-term conditions and health promotion areas by all clinical staff |
| 63 | A | The practice has policies and systems (e.g. protocols and templates) that demonstrate a systematic approach to patients with long term conditions and complex needs | | | | | Policies and systems are in place for the monitoring of patients with long-term or complex conditions |
| 64 | C | Structured reviews of patients with long term conditions (see 62) , both uncomplicated and complicated, are undertaken regularly; by appropriate staff; have appropriate content including health promotion e.g. alcohol, physical activity , BMI , waist measurements , social factors, mental health, work status, recording of brief interventions where appropriate; are recorded | | | | | Patients with long-term or complex conditions are monitored effectively with at least 90% of chronic disease patients having information fields defined by the PCDU completed |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|-----------------------------|--|----------|--------|--------|--------|---|
| | | appropriately; and result in patients having management plans and referrals for self care | | | | | |
| 65 | C | Practice can demonstrate best practice for structured care including average time in annual reviews (or equivalent such as multiple in year reviews) against standards set by the PCDU for long-term conditions (as in 62) | | | | | Best practice for 90% of patients (PCDU will audit sample) |
| 66 | C | The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers | | | | | The practice does not ignore those patient who are habitual non-compliers |
| 67 | C | The outcomes of chronic disease reviews and disease control, measures (BP, HbA1c etc) are similar for BME and non-BME patients | | | | | BME patients achieve similar disease control and outcomes compared to non-BME patients |
| 68 | B | The practice can show that its use of exemption codes in QoF is appropriate and does not exceed the minimum set by the PEC or can justify why the rate is higher than the minimum for the QOF areas | | | | | The use of exemption codes is clinically appropriate and is less than the national mean for all QOF areas. |
| 69 | C | The practice has a comprehensive plan to address smoking and are measuring: smoking prevalence , brief interventions, referral rates to smoking cessation service as well as conversion rates | | | | | Practices have a comprehensive plan to address smoking and are measuring: smoking prevalence , brief interventions, referral rates to smoking cessation service as well as conversion |

| # | Classification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|--|-----------------------------|--|----------|--------|--------|--------|---|
| | | | | | | | rates; and has achieved uptake |
| 70 | C | The practice should act to reduce inequalities. | | | | | The practice reduces inequalities. |
| 71 | A | The practice achieves in QoF overall and in specific clinical domains | | | | | QoF scores show that clinical care is being delivered to a high standard |
| 72 | B | The practice population use A&E, walk-in clinics and out of hours appropriately | | | | | A&E, Walk in Centres and Out-of-hours services are used appropriately by the practice population |
| 73 | B | Emergency hospital admission rates are appropriate | | | | | Levels of non-elective admissions are appropriate |
| 74 | C | The practice has a policy for identifying and following up patients who attend A&E without having contacted the practice or OOH service first. | | | | | The practice identifies and responds to inappropriate use of A&E |
| Patient information and involvement | | | | | | | |
| 75 | A | The practice has produced a practice leaflet that includes all of the items required in schedule 3 | | | | | The practice leaflet is accurate and full |
| 76 | A | The practice has reviewed its leaflet in the past 12 months | | | | | The practice leaflet is regularly reviewed |
| 77 | A | The leaflet is available to patients | | | | | The practice leaflet is available to patients |
| 78 | B | The practice has a policy for supporting and developing self-care; including use of self-management plans, information prescriptions and links with the Expert Patient Programme | | | | | Patients are given information, education and support to take appropriate responsibility for their own care |

| # | Class-ification ⁴ | Standards | Baseline | Year 1 | Year 2 | Year 3 | Year 3 Target |
|----|------------------------------|---|----------|--------|--------|--------|---|
| 79 | A | The practice has established an operational complaints procedure | | | | | The practice has an effective complaints procedure |
| 80 | A | The practice's operational complaints procedure ensures compliance | | | | | The practice reports on complaints to the PCT |
| 81 | B | The practice undertakes patient surveys; collates suggestions from patients; and considers/acts on the findings | | | | | The practice uses patient views and feedback to improve its services and care |
| 82 | B | Translation services are available and used | | | | | Patient care is not normally adversely affected by language barriers |
| 83 | C | The practice has a patient participation group (PPG) or other formal method for eliciting patient views; that group has a focus on BME issues; and uses the PPG's views in designing services | | | | | The practice values and uses the views of its service users through a Patient Participation Group |
| 84 | C | The practice has a policy to minimise health inequalities by adapting services to the needs of minority groups such as BME, housebound, nursing home patients and those with disabilities | | | | | The practice understands and responds to the needs of minority groups of patients. |
| 85 | B | The practice has a policy on pandemic flu and has put in place the necessary preparations and training | | | | | The practice has prepared for unusual but serious events such as pandemic flu |

A7- Time Scales

| | | | |
|---|---------|------------|------------|
| Contract awarded | 0 days | 05/01/2009 | 05/01/2009 |
| Workstream 1 | 15 days | 05/01/2009 | 23/01/2009 |
| Letter received from PCT | 0 days | 15/01/2009 | 15/01/2009 |
| Signed off framework | 0 days | 16/01/2009 | 16/01/2009 |
| Signed off PCT questionnaire | 11 days | 05/01/2009 | 19/01/2009 |
| Signed off Practice questionnaire | 11 days | 05/01/2009 | 19/01/2009 |
| Signed off Visit Proforma | 11 days | 05/01/2009 | 19/01/2009 |
| Signed off visitor availability | 10 days | 12/01/2009 | 23/01/2009 |
| Agreed programme content for visitor training | 0 days | 14/01/2009 | 14/01/2009 |
| Questionnaire sent to practices | 1 day | 20/01/2009 | 20/01/2009 |
| Questionnaire sent to PCT | 1 day | 20/01/2009 | 20/01/2009 |
| Last date for PCT questionnaire return | 0 days | 23/01/2009 | 23/01/2009 |
| Workstream 2 | 50 days | 19/01/2009 | 27/03/2009 |
| Training Day 1 | 1 day | 19/01/2009 | 19/01/2009 |
| Contract monitoring meeting | 0 days | 03/02/2009 | 03/02/2009 |
| Briefing to practices | 0 days | 03/02/2009 | 03/02/2009 |
| Training Day 2 | 1 day | 10/02/2009 | 10/02/2009 |
| Last date for Practice questionnaires returns (wk 1 visits) | 0 days | 06/02/2009 | 06/02/2009 |
| Last date for Practice questionnaires returns (wk 2 visits) | 0 days | 13/02/2009 | 13/02/2009 |
| Last date for Practice questionnaires returns (wk 3 visits) | 0 days | 20/02/2009 | 20/02/2009 |
| Last date for Practice questionnaires returns (wk 4 visits) | 0 days | 27/02/2009 | 27/02/2009 |
| Last date for Practice questionnaires returns (wk 5 visits) | 0 days | 06/03/2009 | 06/03/2009 |
| Last date for Practice questionnaires returns (wk 6 visits) | 0 days | 13/03/2009 | 13/03/2009 |
| Last date for Practice questionnaires returns (wk 7 visits) - catch up wk | 0 days | 20/03/2009 | 20/03/2009 |
| Schedule practice visits | 11 days | 20/01/2009 | 03/02/2009 |
| Practice visits x 55 | 31 days | 09/02/2009 | 23/03/2009 |
| Analyse completed proformas | 34 days | 09/02/2009 | 26/03/2009 |
| Provide 1st cut of data (identify those outside of QIF and present sample PDP | 1 day | 27/03/2009 | 27/03/2009 |

| | | | |
|------------------------------------|---------|------------|------------|
| Workstream 3 | 21 days | 30/03/2009 | 27/04/2009 |
| Complete remaining PDPs | 21 days | 30/03/2009 | 27/04/2009 |
| Workstream 4 | 1 day | 20/04/2009 | 20/04/2009 |
| Feedback to practices (by the PCT) | 1 day | 20/04/2009 | 20/04/2009 |
| Workstream 5 | 10 days | 20/04/2009 | 01/05/2009 |
| Dev of PDPs | 10 days | 20/04/2009 | 01/05/2009 |
| Handover of database to the PCT | 1 day | 28/04/2009 | 28/04/2009 |
| Final Report to PCT | 1 day | 15/05/2009 | 15/05/2009 |

