King's Fund

Organisational
Audit

Primary
Health Care

Organisational standards
and criteria

Second edition

Contents

Preface
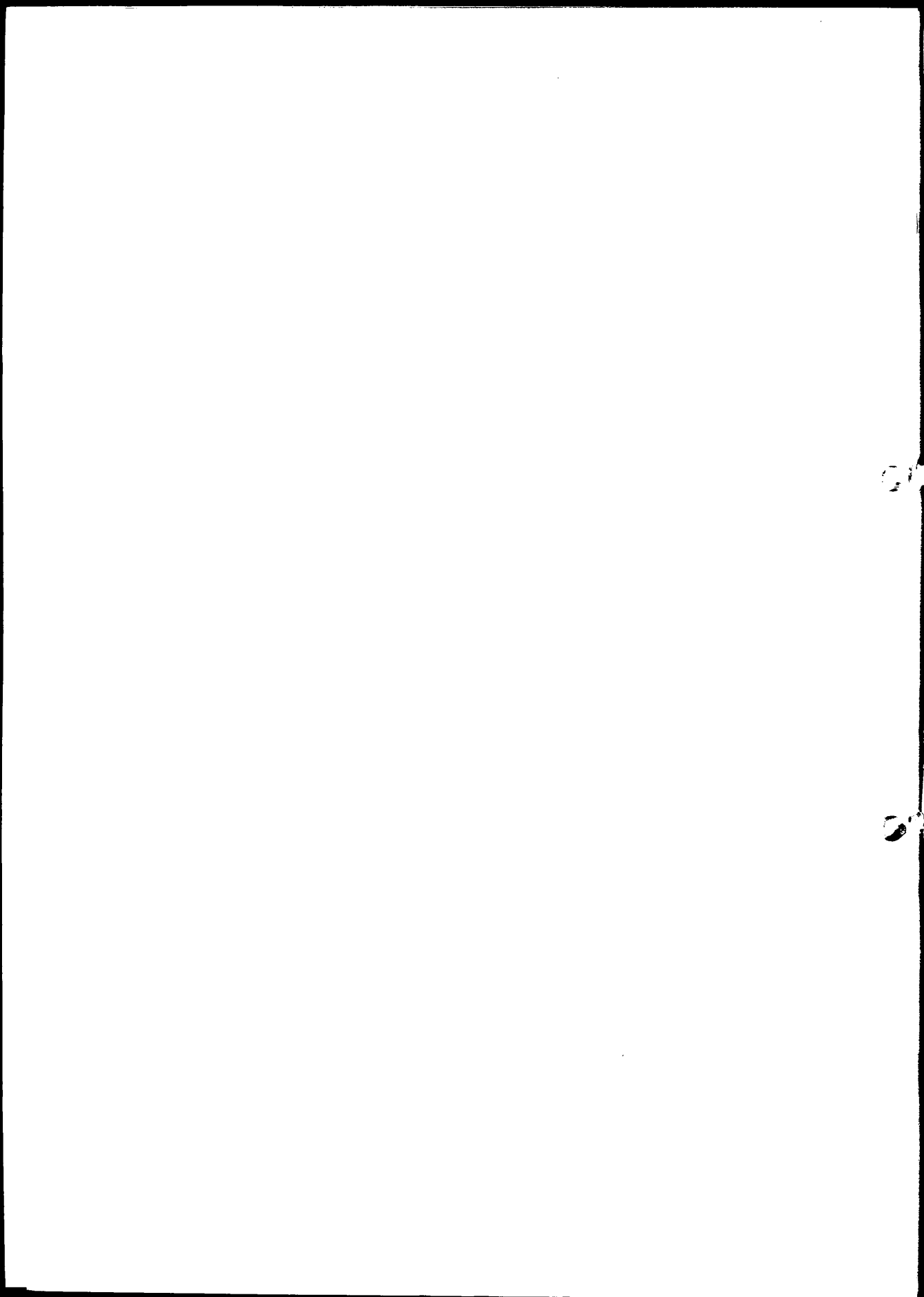
The first edition of the King's Fund Organisational Audit standards for primary health care (published in 1994) described a complex and changing backdrop against which primary health care services were provided at that time:

* the shifting balance of provision between primary and secondary care;

* the blurring of boundaries between primary and community health care, as well as between health and social care;

* the evolution of new organisational roles in the shape of commissioners, providers and fundholders;

* the changing nature of the responsibilities of both the statutory and non-statutory agencies.

The picture was one of extensive and rapid change – a change which continues unremittingly.

This year (1996) marks the merger of district health authorities (DHAs) and family health service authorities (FHSAs), a formal recognition of the way forward for the planning and development of primary care services.

We hope that our revised standards, many of which reflect changes in general practice over the past three years, will assist the new health authorities in their developmental role in respect of primary care.

But, above all, the standards are designed for the providers of those services – GPs and members of the primary health care team. The standards can help them to develop the organisations in which they work (and the way they commission services) systematically and consistently over time, in order to achieve a better all round experience for the users of their services.
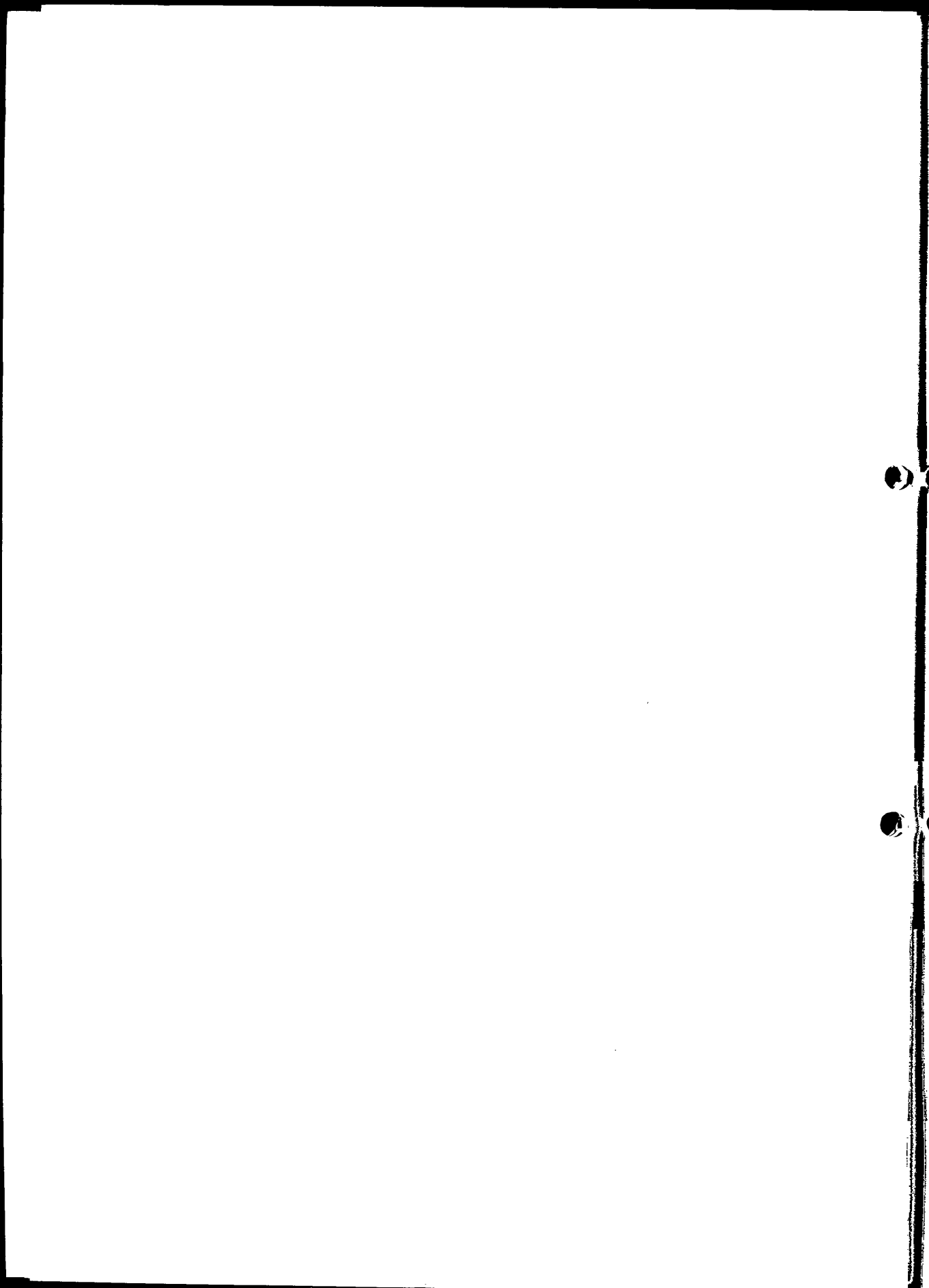
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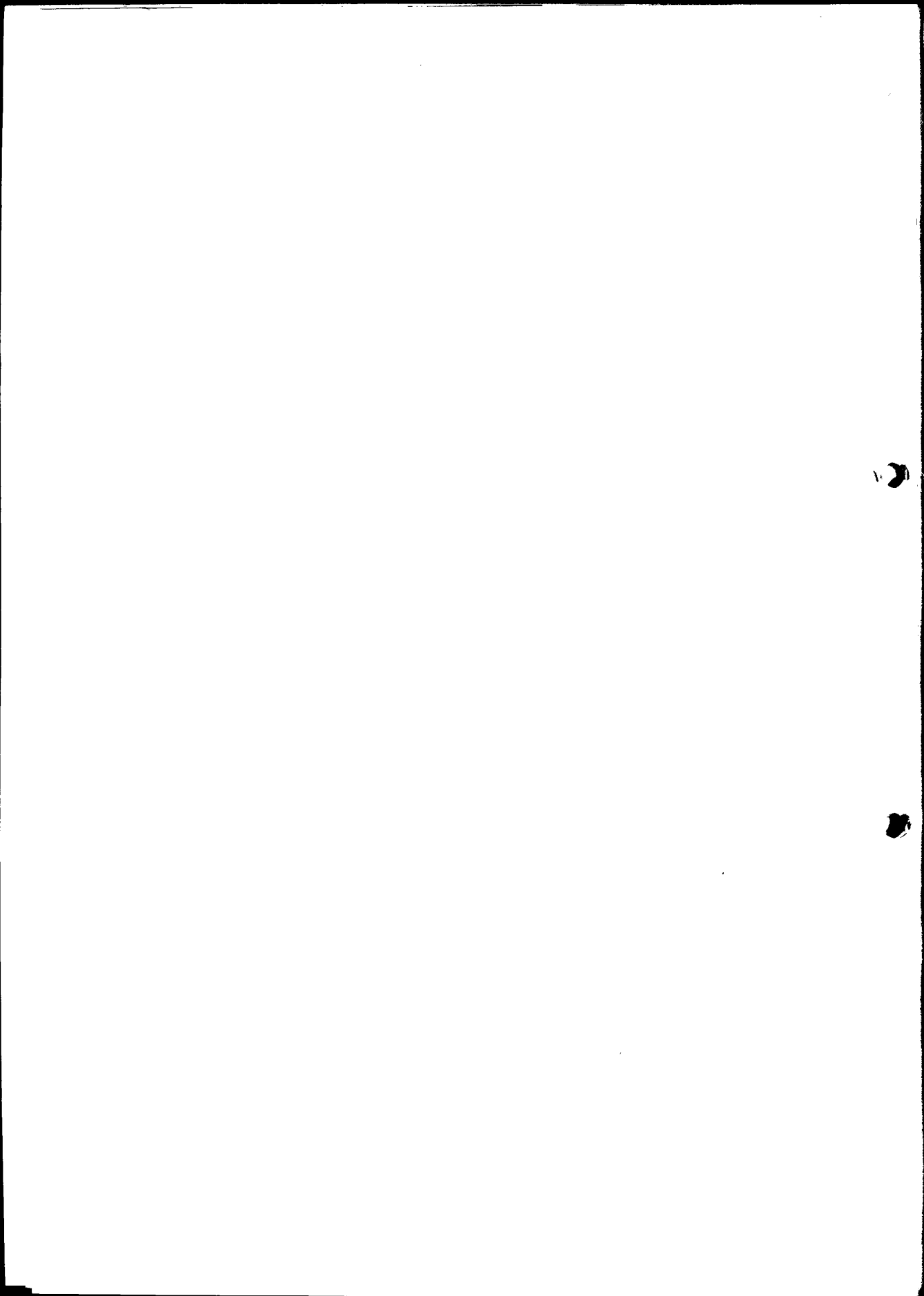
Acknowledgements

The production of this manual would have been impossible without the contributions of many individuals. These include members of:

* the primary health care teams whose comments on the practical experience of working with the standards and criteria have been invaluable;

* the professional and consumer organisations who ensured that the different perspectives of those who receive primary health care services, and the many professionals involved in service provision, are reflected in the standards and criteria;

* the statutory organisations who provided specific expertise on the regulations and guidelines relevant to primary health care.

Particular thanks go to:

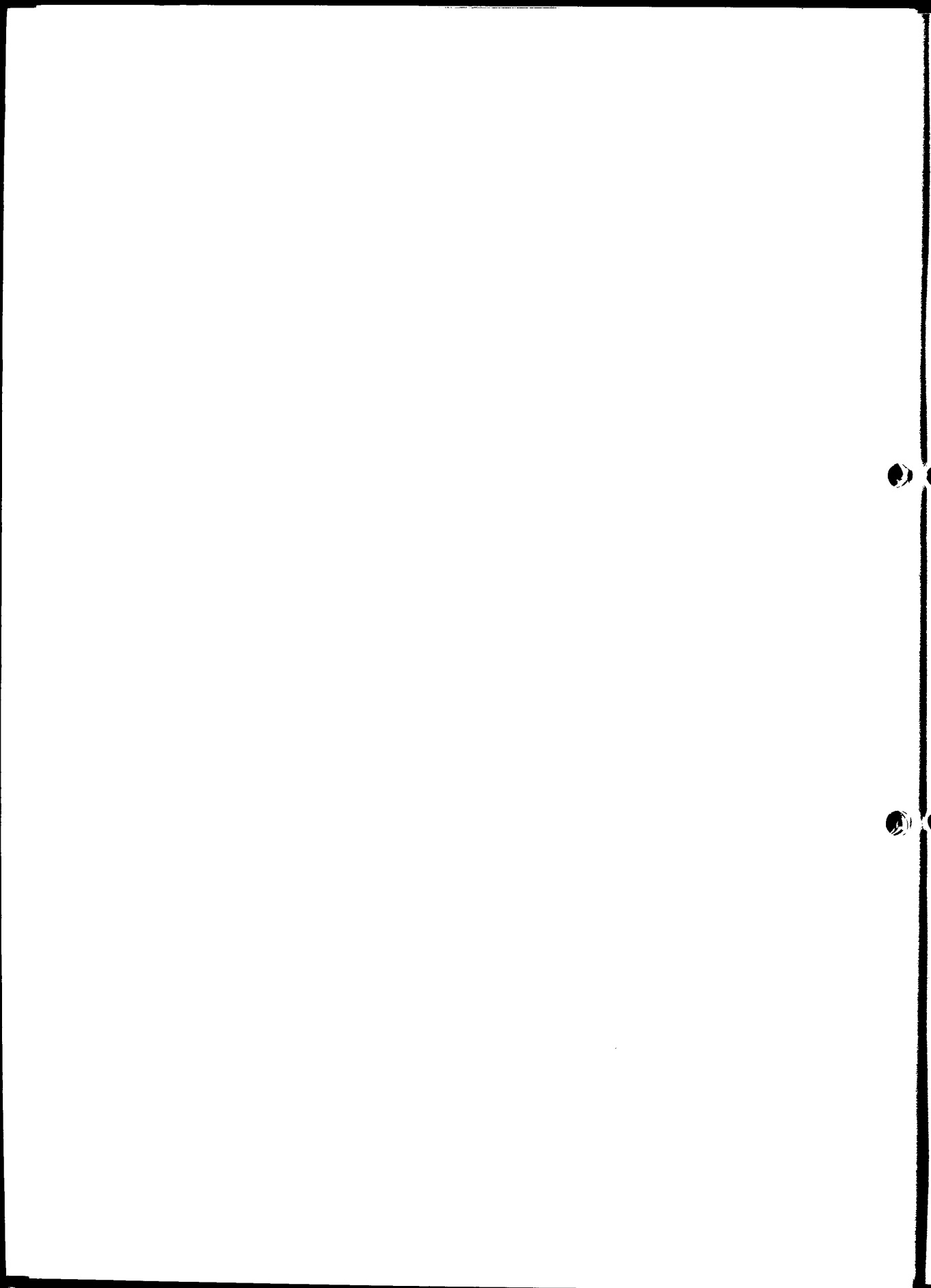|	
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Introduction

✏ Organisational Audit

Organisational Audit is an independent and voluntary audit of the whole organisation using a set of standards and criteria. These relate to the systems and processes required to support the delivery of primary health care services. The audit involves the evaluation of compliance with these standards by means of external peer review.

The King's Fund Organisational Audit (KFOA) programme combines assessment of compliance with standards and an educational, developmental approach. It sets out to complement local and professional initiatives, recognise and spread good practice and support continuous organisational development.

✏ Background

The King's Fund is an independent charity which promotes good practice and improvement in health and social care through grants, information, service and management development, policy analysis and audit.

The KFOA programme for primary health care was launched in January 1994. Since that time a growing number of general practices have developed and strengthened their organisation through participation in the programme.

It has also been a time of considerable change in primary health care with a shift in emphasis towards a primary health care-led NHS. This has resulted in increasingly blurred boundaries between primary and secondary care. There is increased service provision in primary health care settings and greater involvement of GPs, including non-fundholders, in commissioning health services.

To maintain the KFOA standards and criteria as representative of best practice in primary health care, they have been reviewed and updated to reflect recent changes.

✏ Scope

Primary health care remains a richly diverse and varied health care sector. These standards and criteria have been designed for general practices throughout the UK. The extent to which certain criteria (for example, those that relate to commissioning or meeting diverse cultural needs) apply to a particular practice will therefore depend on its particular circumstances.
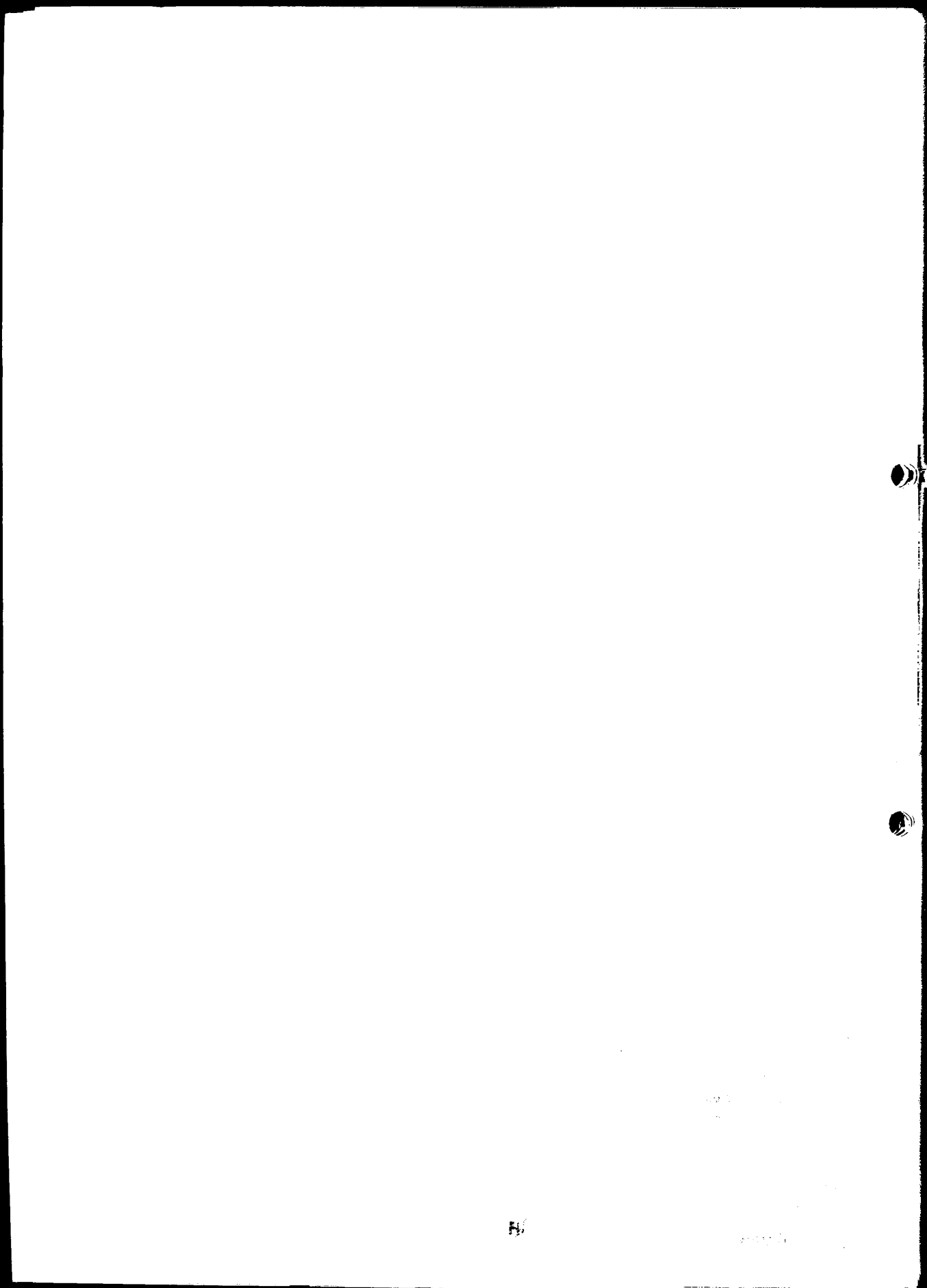
Working with the standards and criteria will enable those working in primary health care to reflect on current practice and stimulate development work. They provide a real opportunity for staff to question what they do, why they do it and whether it could be done better.

The process

The standards are the central element of the KFOA process around which three features are built:

- application of standards;
- self-assessment;
- external peer review.

Organisational Audit is only powerful when these features are combined.

Stage 1: Self-assessment and application of standards

Over a period of nine months to a year the primary health care team works towards implementing the KFOA standards and criteria. Central to its success are identifying a coordinator to lead the process and establishing a steering group.

The primary health care team starts by completing a self-assessment of its compliance with the KFOA standards and criteria. Staff at all levels should be involved in working with the criteria relevant to their area of work. This encourages ownership of the process and group discussion. It also facilitates the identification of weak and problem areas, bringing out into the open different staff members' perceptions of how well their service is complying with the criteria. There is limited value in a manager completing the self-assessment of the service against the criteria based only on their own perception of the situation.

This initial self-assessment is for internal use and enables the primary health care team to identify those criteria that are not met and, from this, to identify priorities and plan the action needed to implement the criteria. Again, staff at all levels should be involved in planning and implementing the action to be taken.

This preparation and subsequent implementation period are supported by KFOA, or a local facilitator, who advises the practice throughout the process.

Six weeks prior to the survey, following the period of implementation, the organisation completes a second self-assessment of its compliance with the standards and criteria. This is returned to KFOA with supporting background documentation, including a profile of the organisation, and will be used by the surveyors to build up a picture of the organisation before the survey begins.
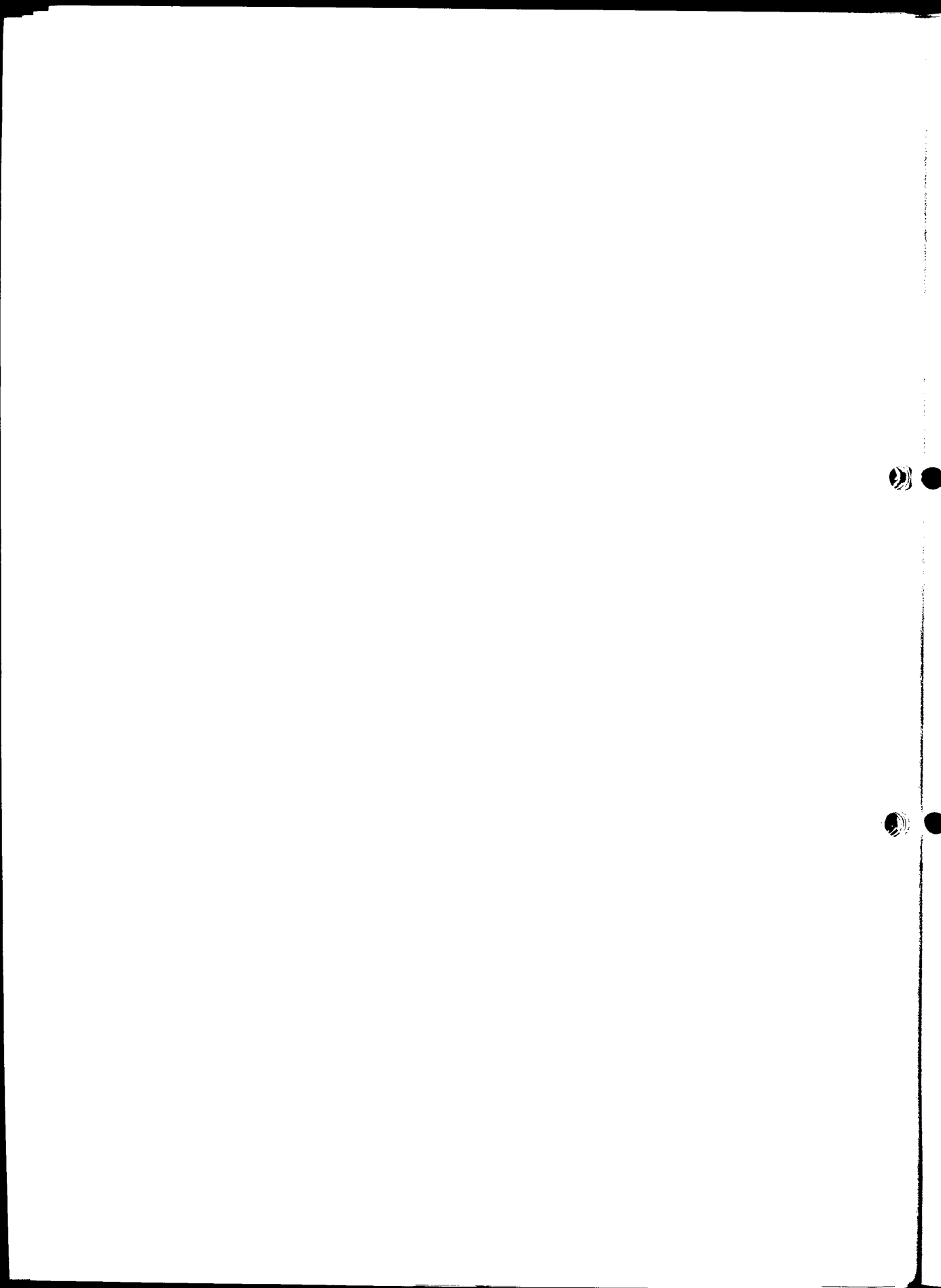
Stage 2: Survey

An independent team of primary health care professionals chosen for their experience, knowledge, credibility and appropriateness for the organisation undertake the peer review survey. Surveyors are selected by KFOA and undergo training prior to taking part in surveys.

Surveyors receive the self-assessment, a profile of the primary health care team and supporting documentation. This information provides the basis for the survey which includes a documentation review, general observation and interviews with a range of staff representing the primary health care team. The survey lasts one and a half days.

Stage 3: Report

A verbal debriefing is given to staff at the end of the survey. This summarises key themes and overall observations. A detailed written report follows six to eight weeks later. This provides a comprehensive assessment of compliance with the Organisational Audit standards and criteria. It includes recommendations for change and highlights good practice. It provides a basis for developing future action plans and monitoring progress.

Standards development

The standards and criteria were reviewed and developed with the help of professionals currently working in, and experienced in, primary health care. The development was coordinated by KFOA.

The standards and criteria were developed to be:

measurable:	both by the staff implementing the criteria and by the surveyors measuring compliance against them
achievable:	some organisations will find it more difficult to achieve the criteria than others, but there is little point in including criteria that are not achievable
flexible:	so they can be used by any primary health care team
acceptable:	representing a consensus on currently accepted roles and responsibilities
adaptable:	non-prescriptive – stating what should be in place and not how it should be put in place – so they can be implemented in accordance with local needs
nationally applicable:	a common framework against which all primary health care teams within the UK can be assessed.
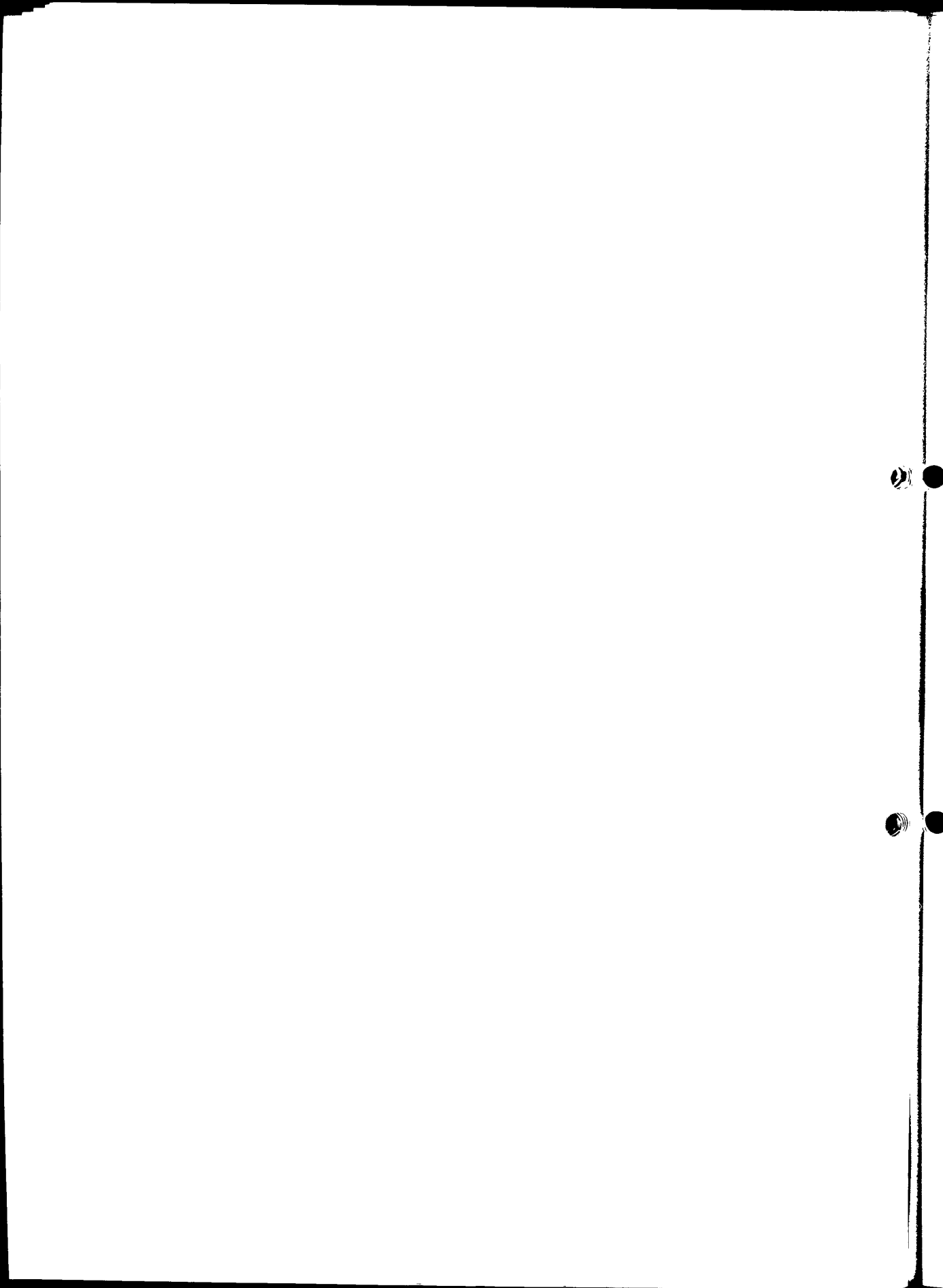
▨ Interpretation

Guidance notes are now given in italics beneath some criteria. This is to:

* help staff interpret the criteria;
* provide guidelines for meeting the criteria;
* provide an indication of the areas that the surveyors will be assessing during the survey.

▨ Definition of terms used

A glossary of terms is included at the end of the manual.

▨ Weighting

The KFOA criteria are allocated a priority weighting. This has helped participating primary health care teams to manage their workload by focusing on the more fundamental criteria. It has also made it easier to prioritise and make action plans.

The criteria are weighted according to the following classifications:

A Essential practice

If these criteria are not in place then:

* legal and/or professional requirements will not be met;
* there is a risk to patients or staff or the public;
* the patient's rights, in term of the Patient's Charter, are compromised.

B Good practice

Standard good practice, expected to be in place across the UK.

C Desirable practice

Good practice that is not yet standard across the UK.

▨ Ongoing review and update

The scope of good practice in primary health care continues to advance. To reflect this, and future legislative changes, these standards and criteria are subject to continuous review and updating.

Standard 1
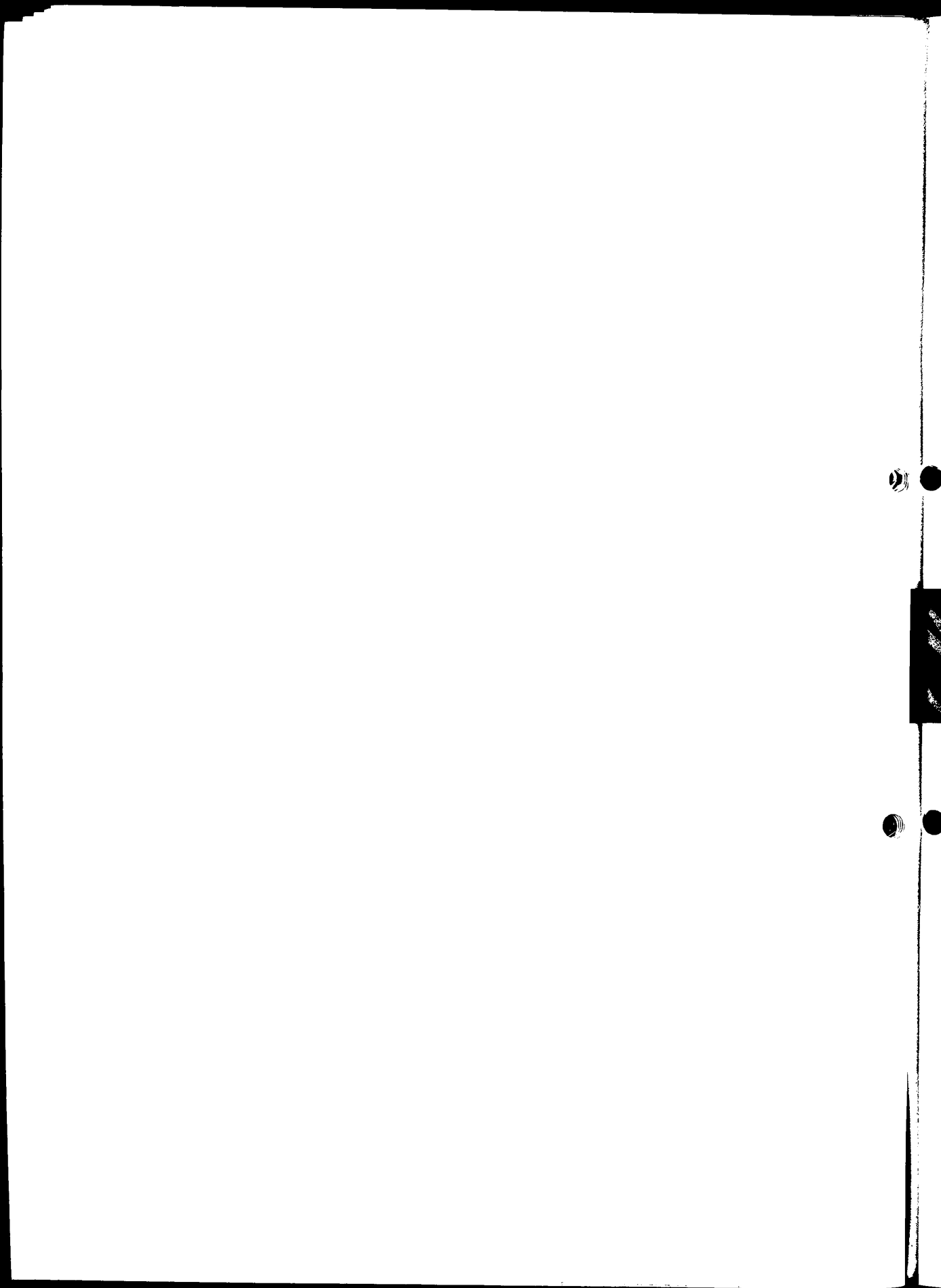
Patient's/client's rights and individual needs

The rights and individual needs of all patients/clients and their carers, regardless of their age, disability, race, gender or sexual orientation, are recognised, respected and complied with by all staff involved in their care.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

General

		YES	NO	COMMENTS

1.1 There is a practice charter.   ☐☐ B

> *GUIDANCE*
> *This may include:*
> • *information for patients about the standards of service they can expect from the practice*
> • *the responsibilities of the patient/client.*

1.2 The practice charter:

1.2.1   reflects the content of the Patient's Charter   ☐☐ B

> *GUIDANCE*
> *Under the Patient's Charter the following should be provided:*
> • *details of opening times*
> • *information about how to make appointments*
> • *information about how to obtain prescriptions*
> • *information about how to maintain health*
> • *facilities for children*
> • *facilities for people with disabilities*
> • *information about out-of-hours services*
> • *services for people from minority groups*

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

• arrangements for dispensing medicine
• details of how suggestions and complaints are handled.
The practice leaflet can be used to convey this information.

1.2.2   is made known to the patient/client and his/her carer.   ☐ ☐ A

1.3 The patient/client is treated with courtesy and consideration by all staff.   ☐ ☐ A

1.4 The patient/client is treated as an individual with individual needs.   ☐ ☐ A

1.5 The personal privacy and dignity of the patient/client is respected.   ☐ ☐ A

1.6 All patients/clients have equal access to the services offered by the practice.   ☐ ☐ A

GUIDANCE
Services are provided on the basis of clinical need, not ability to pay,
lifestyle or any other factor.

1.7 The patient's/client's decision to refuse treatment is respected.   ☐ ☐ A

GUIDANCE
When treatment is refused, the decision is recorded in the health
record and other members of the primary health care team are
informed, if appropriate.

1.8 The patient/client is made aware of the complaints/appeals procedure.   ☐ ☐ A

GUIDANCE
Posters in the waiting area and the practice leaflet can be used to
make patients/clients aware of the complaints/appeals procedure.

1.9 The patient/client has access to treatment/care from a male or female
member of staff.   ☐ ☐ C

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

1.10 The patient/client has access to the health care professional of their choice.   ☐☐ A

> GUIDANCE
> *This should be at a mutually convenient time within the times specified*
> *in the practice leaflet.*

1.11 There is a written policy on gaining the patient's consent for surgical procedures.   ☐☐ A

> GUIDANCE
> *This should include:*
> *• which procedures require written consent*
> *• who should obtain that consent*
> *• guiding parents/guardians who are being asked to give informed consent*
> * on behalf of children.*

1.12 Informed patient consent is obtained for:

    1.12.1   participation in teaching exercises   ☐☐ A

    1.12.2   participation in research projects   ☐☐ A

    1.12.3   photographic and audiovisual recording.   ☐☐ A

1.13 When informed consent is obtained, it is recorded in the patient's health record.   ☐☐ A

1.14 Clinical staff explain treatments/procedures clearly to the patient/client.   ☐☐ A

1.15 The patient/client is given the opportunity to discuss their diagnosis, treatment, side effects and prognosis with the appropriate professional.   ☐☐ A

> GUIDANCE
> *Where available, written information about side effects,*
> *reactions and steps to take should be given to the patient.*

1.16 There are areas for reception staff to obtain and give confidential information.   ☐☐ A
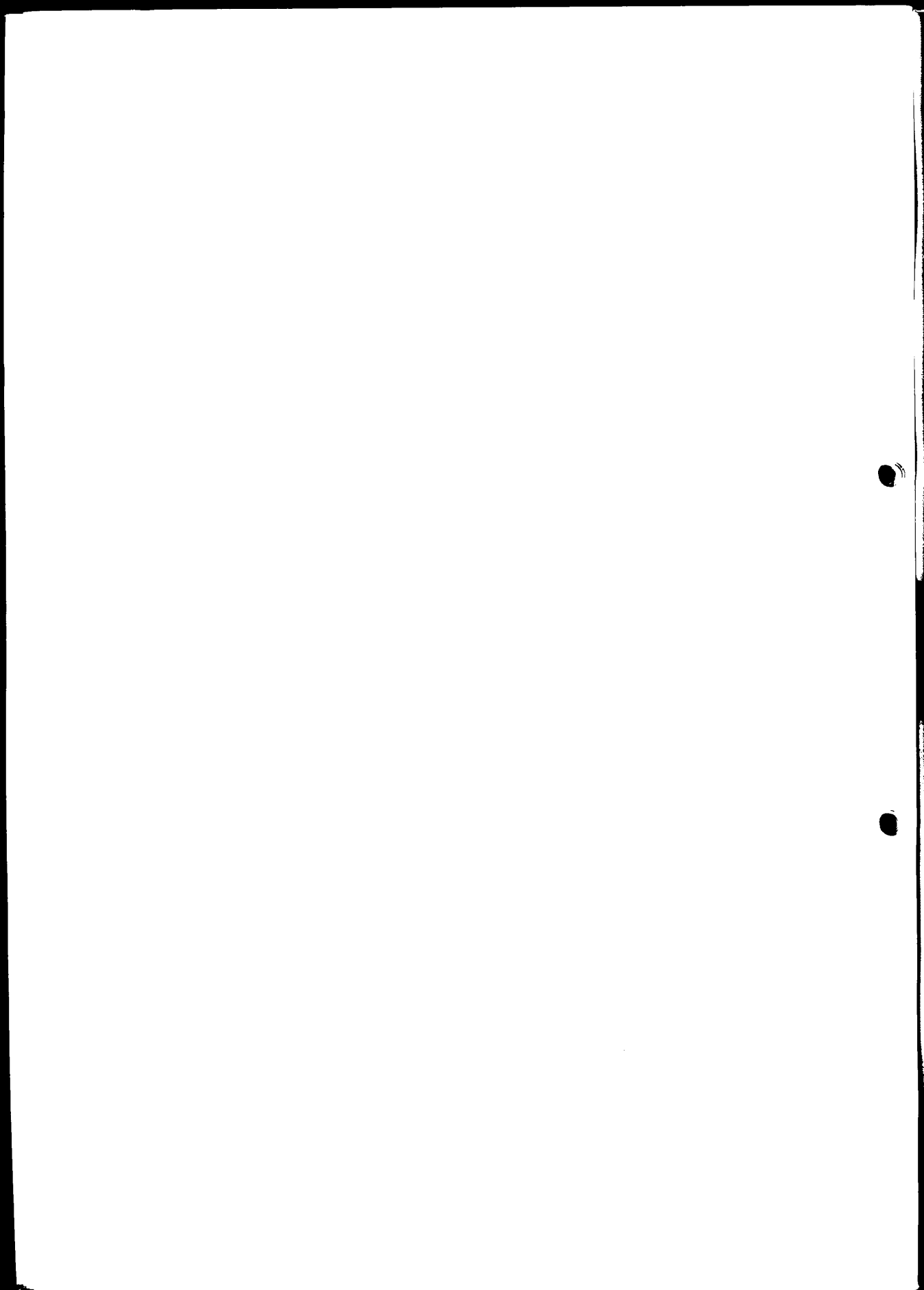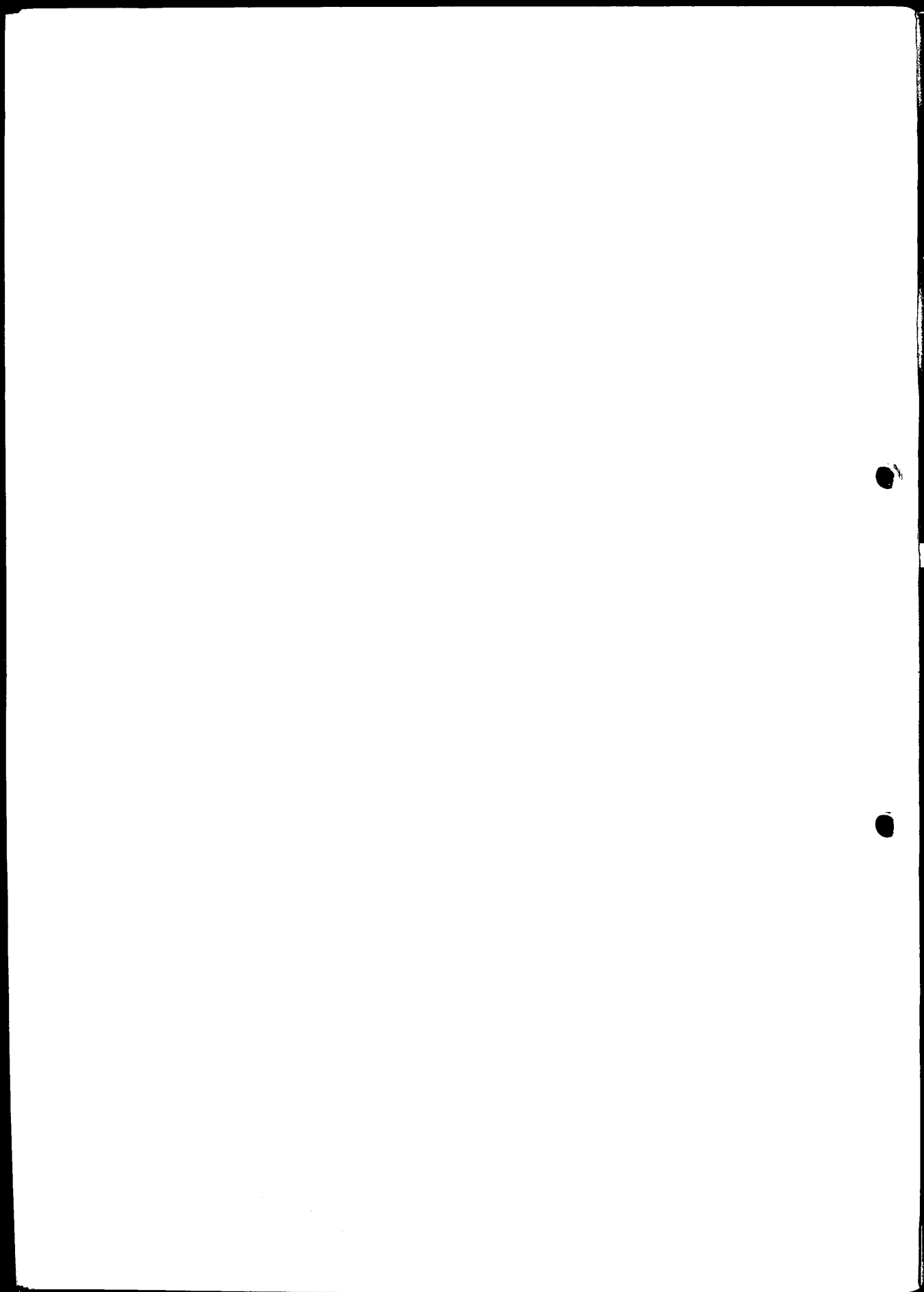
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

1.17 Health checks/home visits are offered to:

1.17.1   patients/clients aged 75 years or over, once a year   ☐☐ A

GUIDANCE
The health check includes:
• sensory functions
• mobility
• mental condition
• physical condition, including continence
• social environment
• use of medicines.

1.17.2   newly registered patients/clients over five years old.   ☐☐ A

1.18 Staff are aware of services provided by external agencies which meet the
individual needs of the patient/client.   ☐☐ A

1.19 The patient/client and/or carer is informed of services provided
by other agencies.   ☐☐ B

GUIDANCE
This could include information about:
• hospital respite care
• home care services
• sitting services
• support groups.

1.20 Training is available to ensure that staff are aware of patient's/client's and
carers' individual needs.   ☐☐ B

GUIDANCE
This includes the needs of:
• children
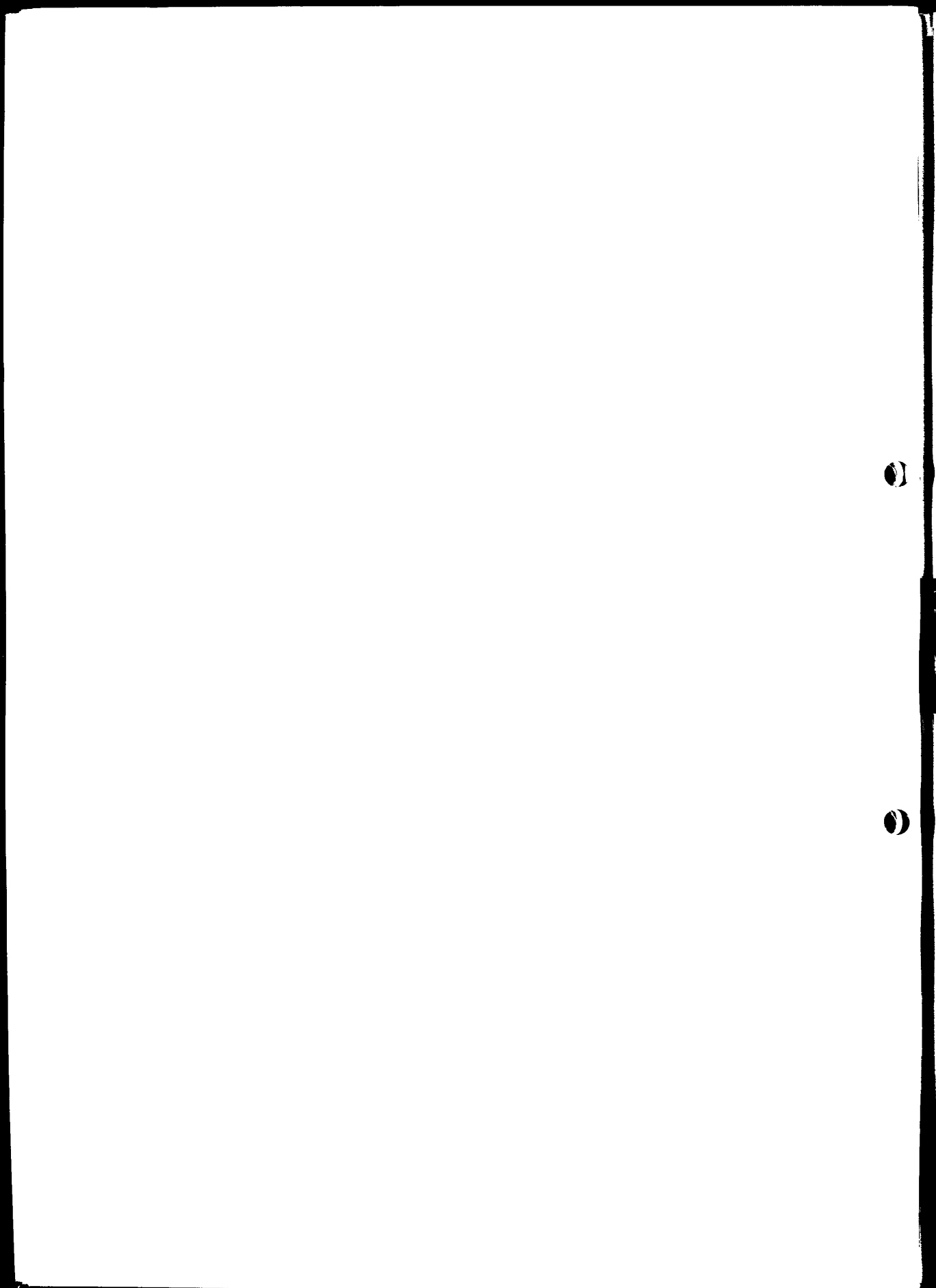
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

* patients/clients from different cultures
* patients/clients with a disability.

1.21 There is access to an advocacy service.   ☐☐ B

    GUIDANCE
    * *Advocates may act on behalf of patients/clients with learning disabilities,*
      those with mental health problems or whose first language is not English.
    * *Advocates should work to a locally agreed code of conduct which includes:*
      professional boundaries, confidentiality, patients' rights and guidelines
      for home visits.
    * *The advocate may be a member of the primary health care team.*
    * *Advocates may not be appropriate to all practices.*

The individual needs of children and parents

1.22 The relevant requirements of the Children Act 1989/Children
(Northern Ireland) Order 1995 are:

    1.22.1   understood by staff who are responsible for the care of children   ☐☐ A

    1.22.2   complied with by staff who are responsible for the care of children.   ☐☐ A

1.23 Suspicions of child abuse are shared with the statutory services responsible
for child protection.   ☐☐ A

    GUIDANCE
    These are:
    * *social services*
    * *NSPCC*
    * *police.*
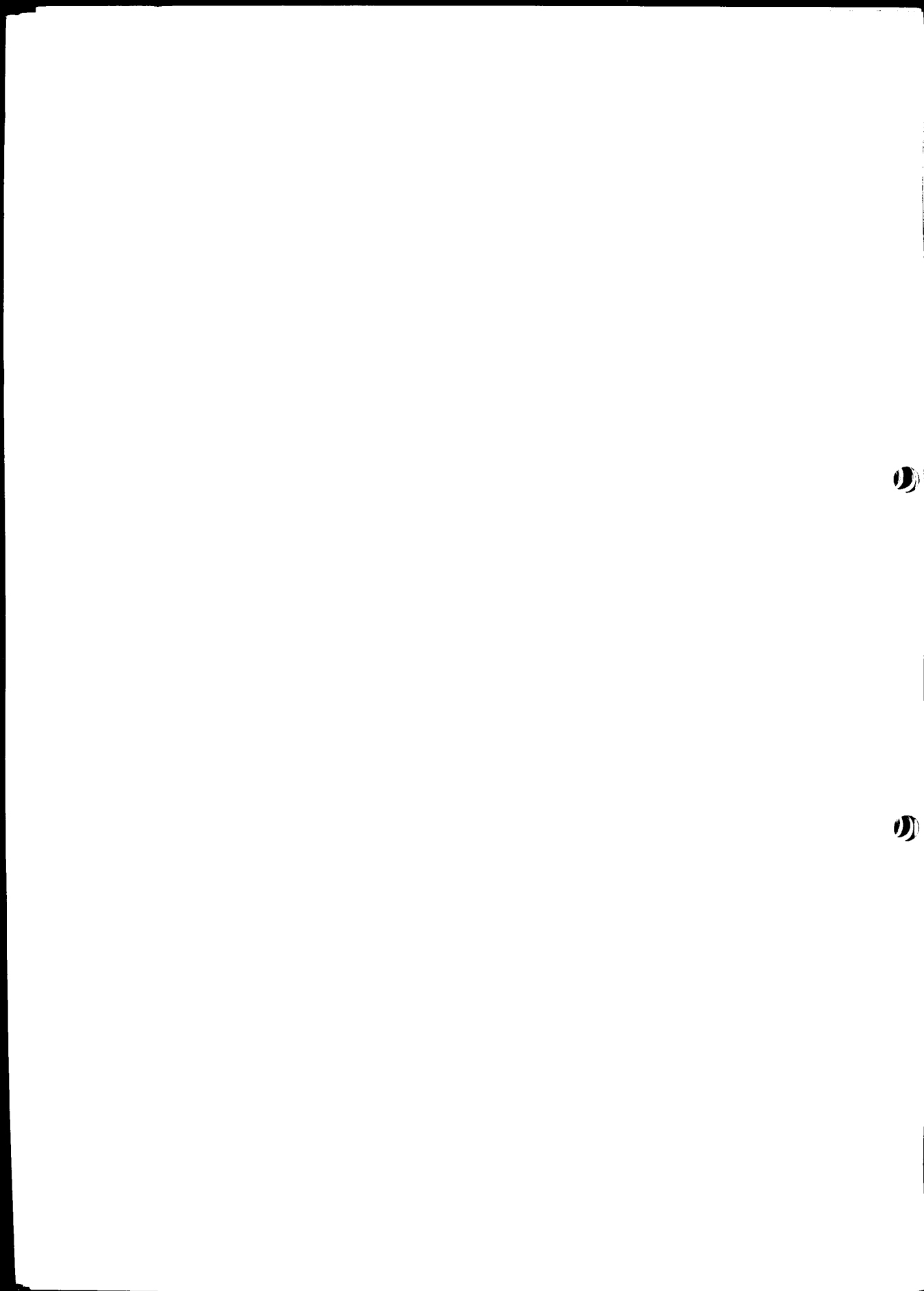
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

1.24 Local child protection procedures are:

    1.24.1   made known to staff   ☐☐ A

    1.24.2   followed by staff in the course of their duties.   ☐☐ A

1.25 All families with children under five years are provided with parent/guardian-held
child health records.   ☐☐ B

1.26 Parents/guardians are involved at all stages of a child's assessment, treatment
and evaluation of care.   ☐☐ A

1.27 There are special safety precautions throughout patient areas
to safeguard children.   ☐☐ A

    GUIDANCE
    Examples include safety plugs and lockable gates on staircases.

The individual needs of patients/clients with a mental health condition

1.28 Staff are aware of the impact of a mental health condition on the
patient's/client's perceptions and/or actions.   ☐☐ B

1.29 Patients with mental health conditions are as fully involved as practicable in
the formulation and delivery of their care.   ☐☐ A

Individual cultural needs

1.30 There is access to interpreter services.   ☐☐ B

1.31 The language used by a patient (if non-English speaking) is prominently
recorded on the patient's health record.   ☐☐ B
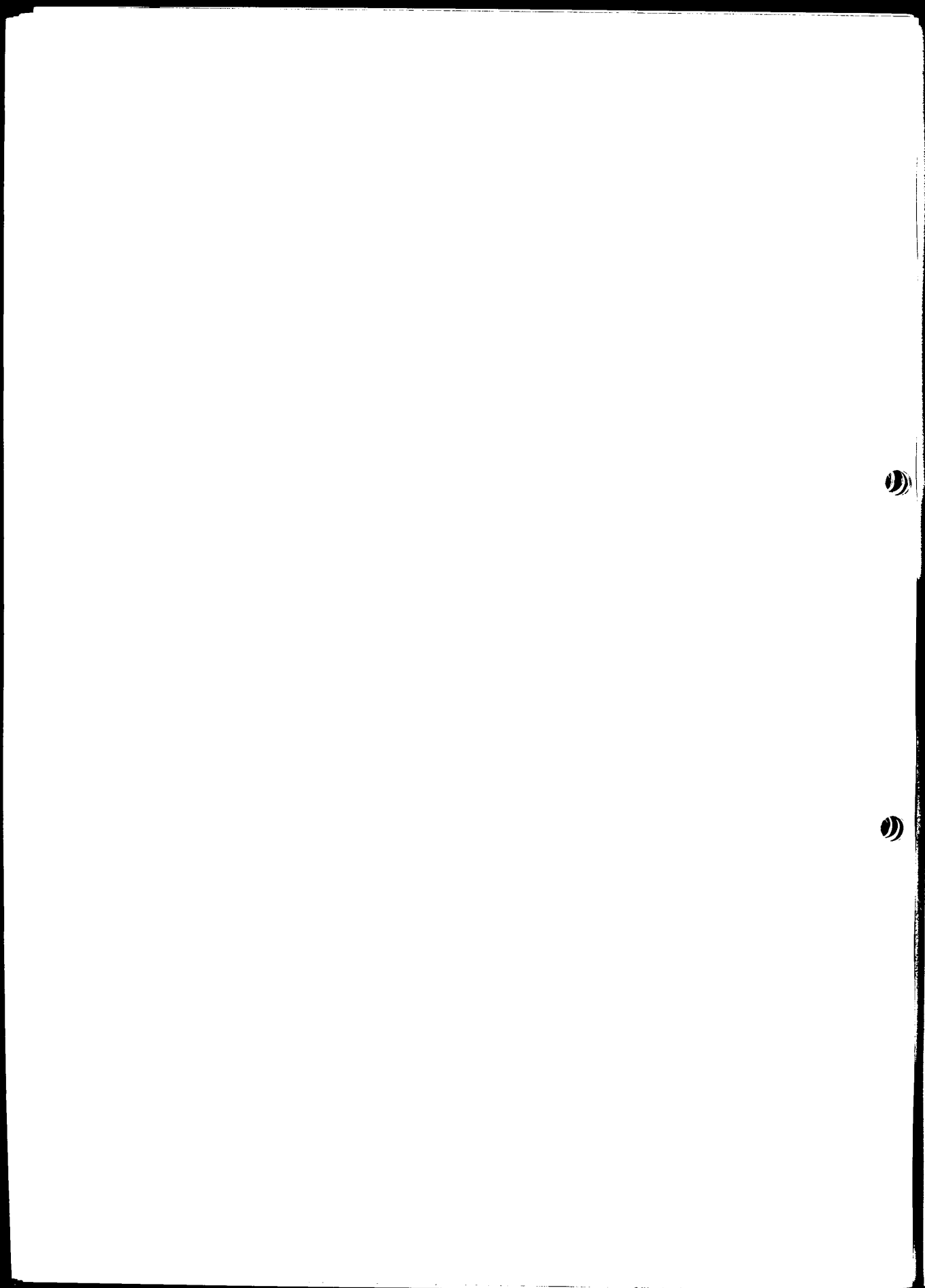
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES NO	COMMENTS

1.32 Translated material is available and used where required.   ☐☐ B

Individual needs of travellers

1.33 Travellers have access to primary health care services.   ☐☐ A

Individual needs of patients/clients with a disability

1.34 There is ease of access to the practice and services for those with a
sensory/physical disability.   ☐☐ B

> *GUIDANCE*
> *The practice should consider door width, ramps, access to services within
> the building and automatic doors.*

1.35 Facilities for people with a disability are provided.   ☐☐ B

> *GUIDANCE*
> *Examples include:*
> *• car park space*
> *• high chairs in waiting room*
> *• tape and Braille material*
> *• large print signs on doors/walls*
> *• disabled toilets*
> *• loop systems for the deaf*
> *• minicom telephones.*

Individual needs of carers

1.36 Carers are identified by the practice.   ☐☐ B

1.37 The health and support needs of carers are assessed.   ☐☐ B
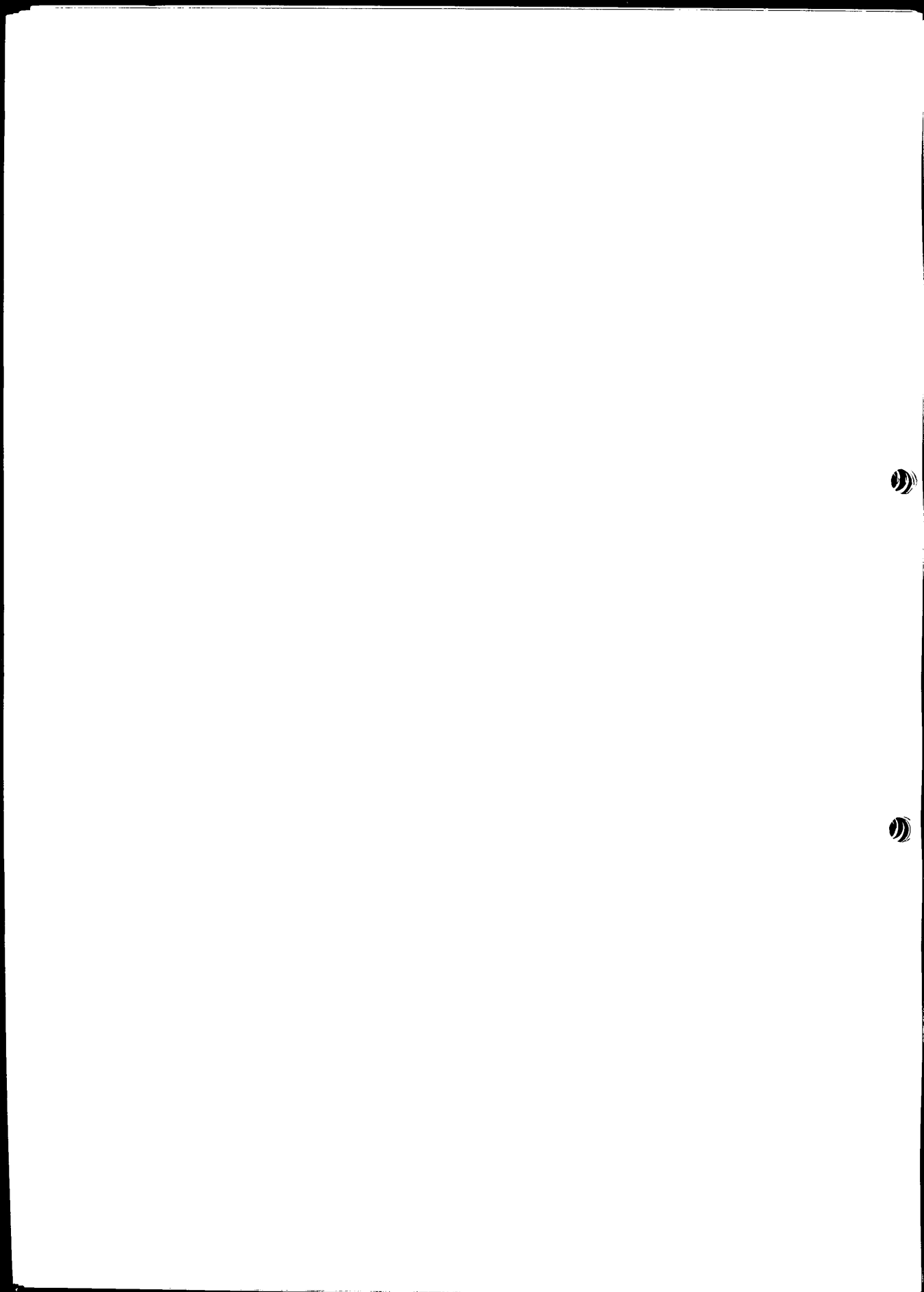
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA | YES | NO | COMMENTS

1.38 Specific information is available for carers. ☐ ☐ B

GUIDANCE
Examples are information about:
• Carers' National Association
• local carers' groups
• support services.
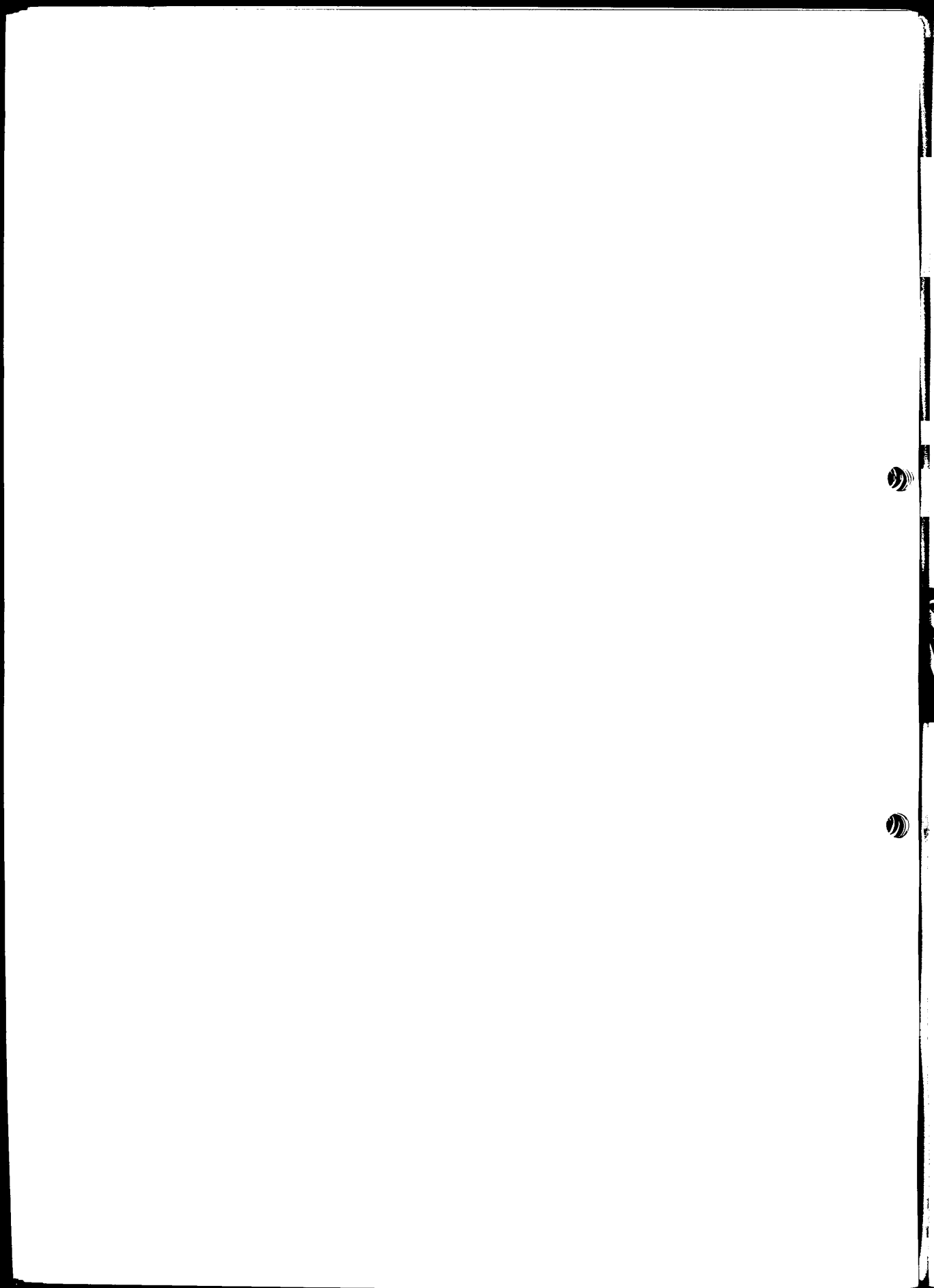
Standard 2

Strategy and objectives

The practice has a clear strategic direction for the development of existing and future services. This is reflected in annual plans and agreed objectives which are used as a guide to planning, implementing and evaluating services.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Philosophy

2.1 There is a written philosophy statement for the primary health care team.   ☐☐ B

2.2 The philosophy statement is developed by the primary health care team.   ☐☐ B

GUIDANCE
When drawing up the philosophy, consideration should be given to:
• being courteous and considerate to patients/clients and their carers at all times
• respecting privacy and dignity
• responding to cultural differences
• identifying support requirements
• delivering a quality service.
The implications of some primary health care team members working with more than one philosophy should be considered.

2.3 The philosophy statement is made available to:

2.3.1   patients/clients registered with the practice   ☐☐ B

2.3.2   the primary health care team   ☐☐ B

2.3.3   other health and related organisations.   ☐☐ B
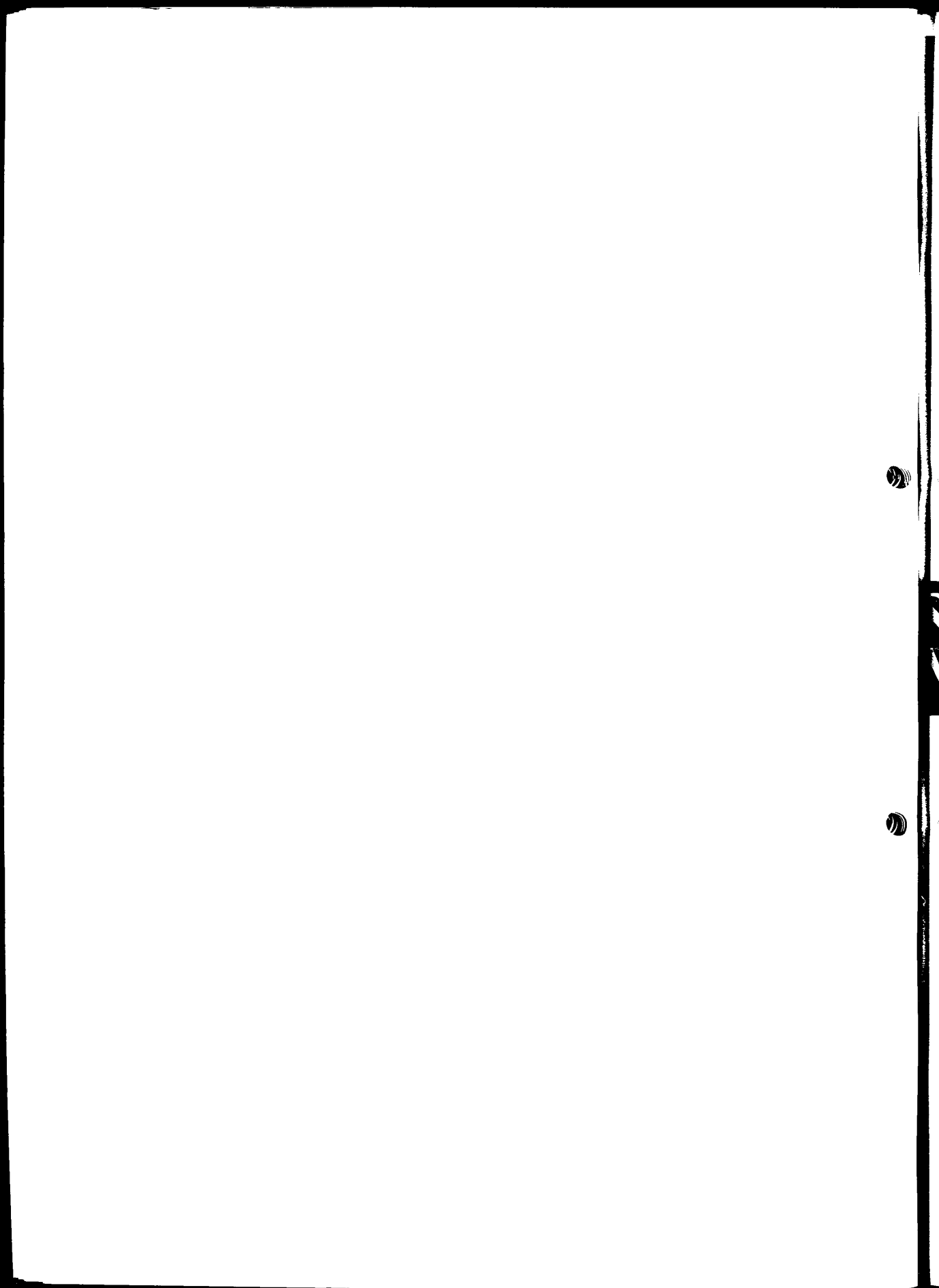
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA | YES NO | COMMENTS

2.4 The philosophy is applied throughout the practice. ☐☐ B

2.5 The philosophy is reviewed and revised to reflect changes. ☐☐ B

> GUIDANCE
> *This should happen on an annual basis and/or when changes occur.*

Strategy and planning

2.6 A strategy for the practice is drawn up which:

2.6.1   takes account of health needs ☐☐ B

2.6.2   looks at the achievement of longer term national and local priorities ☐☐ B

2.6.3   reflects the practice philosophy ☐☐ B

2.6.4   includes agreed annual action plans ☐☐ B

2.6.5   identifies resources required. ☐☐ B

> GUIDANCE
> *A strategy is a longer term plan, usually covering three to five years.*
> *It should be looked at annually and revised as appropriate.*

2.7 There is a written annual plan for the practice (this may be a business plan). ☐☐ B

2.8 The plan:

2.8.1   reflects the strategic direction of the practice ☐☐ B

2.8.2   includes information about practice activity and services provided ☐☐ B

2.8.3   includes annual objectives for the practice ☐☐ B

2.8.4   includes costings for new service developments ☐☐ B
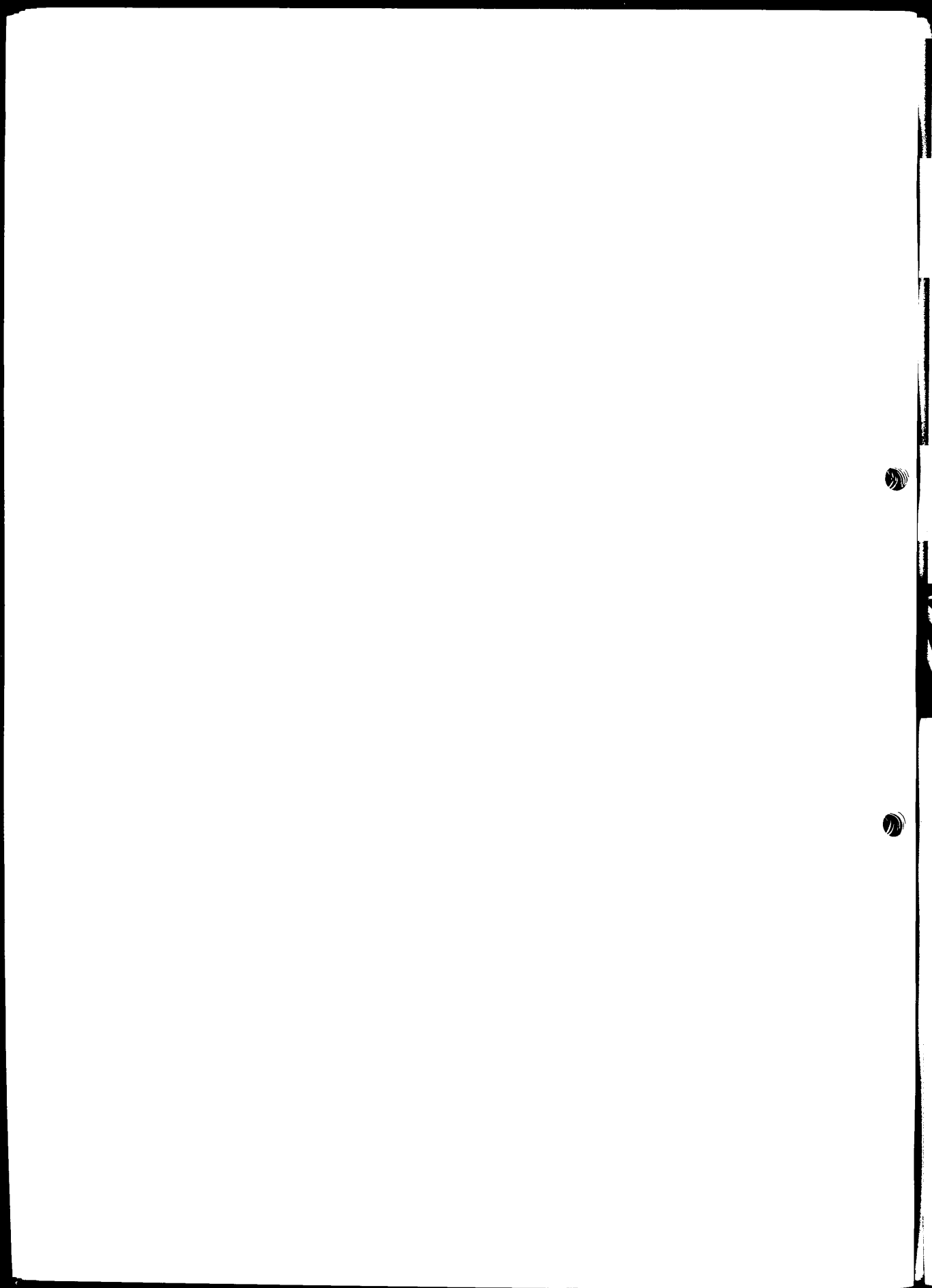
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

2.8.5   includes a plan for improving service quality.   ☐ ☐ B

2.9 The annual plan is compiled in consultation with the primary health care team.   ☐ ☐ B

2.10 Responsibility for implementing the annual plan is agreed.   ☐ ☐ B

2.11 There is an agreed timetable for reviewing the annual plan.   ☐ ☐ B

2.12 Changes identified by the review are implemented.   ☐ ☐ B

2.13 All staff are informed of any changes made.   ☐ ☐ B

Planning the commissioning of services

2.14 There is a written plan for the commissioning of services.   ☐ ☐ B

> GUIDANCE
> This may form part of the annual plan or be a separate commissioning document.

2.15 The written plan:

2.15.1   is informed by a process of identifying local health care needs   ☐ ☐ B

> GUIDANCE
> Health care needs should be defined by the practice, stating what is included
> and excluded. There should be an outline of how the assessment of health
> care needs is made.

2.15.2   reflects the strategic direction of the practice   ☐ ☐ B

2.15.3   includes annual objectives   ☐ ☐ B
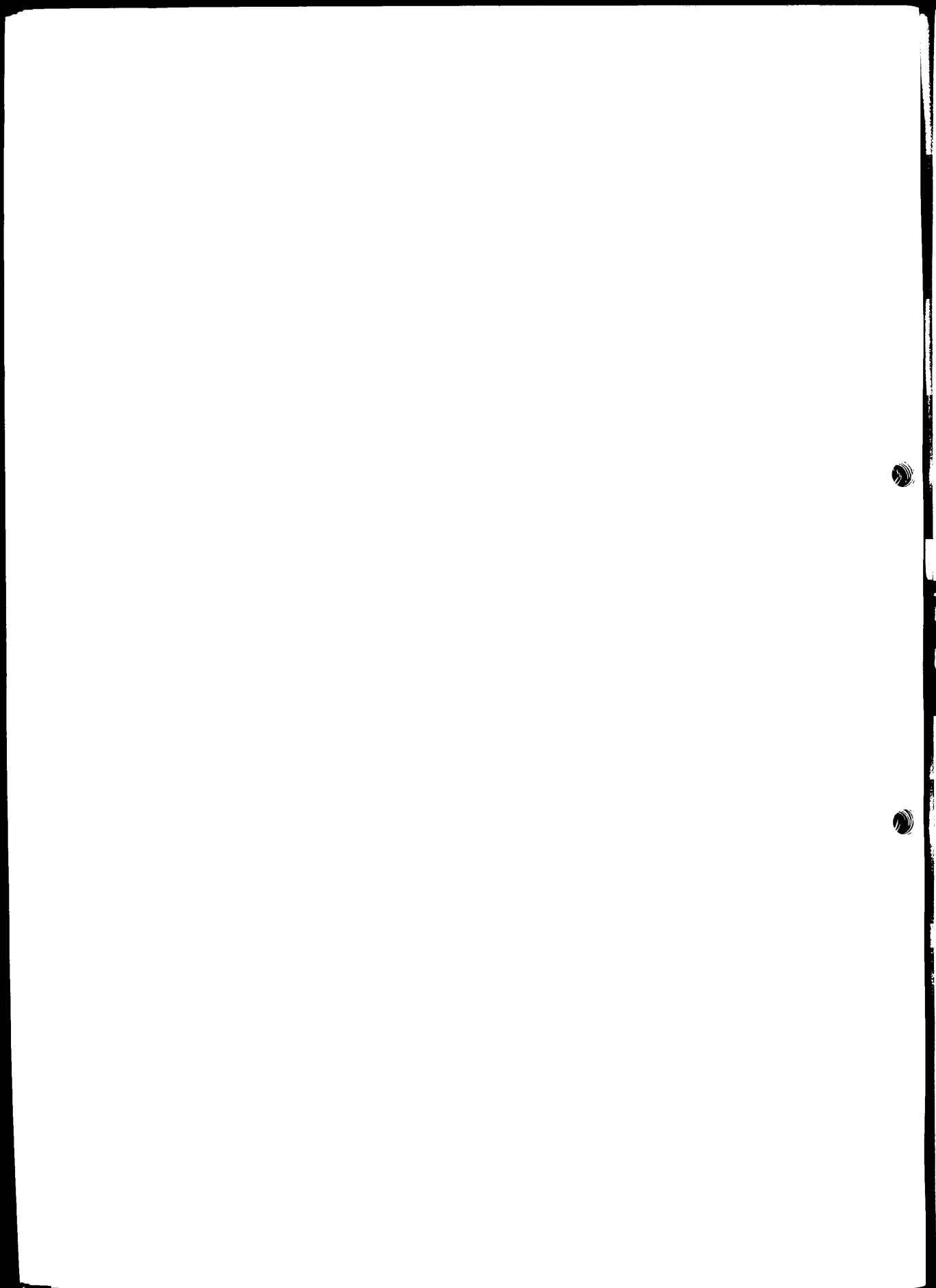
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

2.15.4   **includes national requirements**   ☐   ☐ B

GUIDANCE
Examples of national requirements include:
• Health of the Nation (or equivalent strategy for Northern
  Ireland/Scotland/Wales)
• The Patient's Charter.

2.15.5   **reflects national planning cycles**   ☐   ☐ A

GUIDANCE
For GP fundholders this forms part of the Accountability Framework for
GP Fundholding.

2.15.6   **is informed by effectiveness data.**   ☐   ☐ B

GUIDANCE
Sources of effectiveness data include:
• Bandolier
• The Cochrane Collaboration
• Effective Health Purchasing.
Refer also to the NHSE framework, Promoting Clinical Effectiveness.

2.16 **The written plan reflects local strategies for the following:**

2.16.1   **locality commissioning**   ☐   ☐ B

2.16.2   **health authorities (health boards/health and social services boards)**   ☐   ☐ B

2.16.3   **local health care provider units**   ☐   ☐ B

2.16.4   **community care**   ☐   ☐ B

2.16.5   **local authority services**   ☐   ☐ B

2.16.6   **shifts in care between the secondary, primary and**
            community health care sectors.   ☐   ☐ B
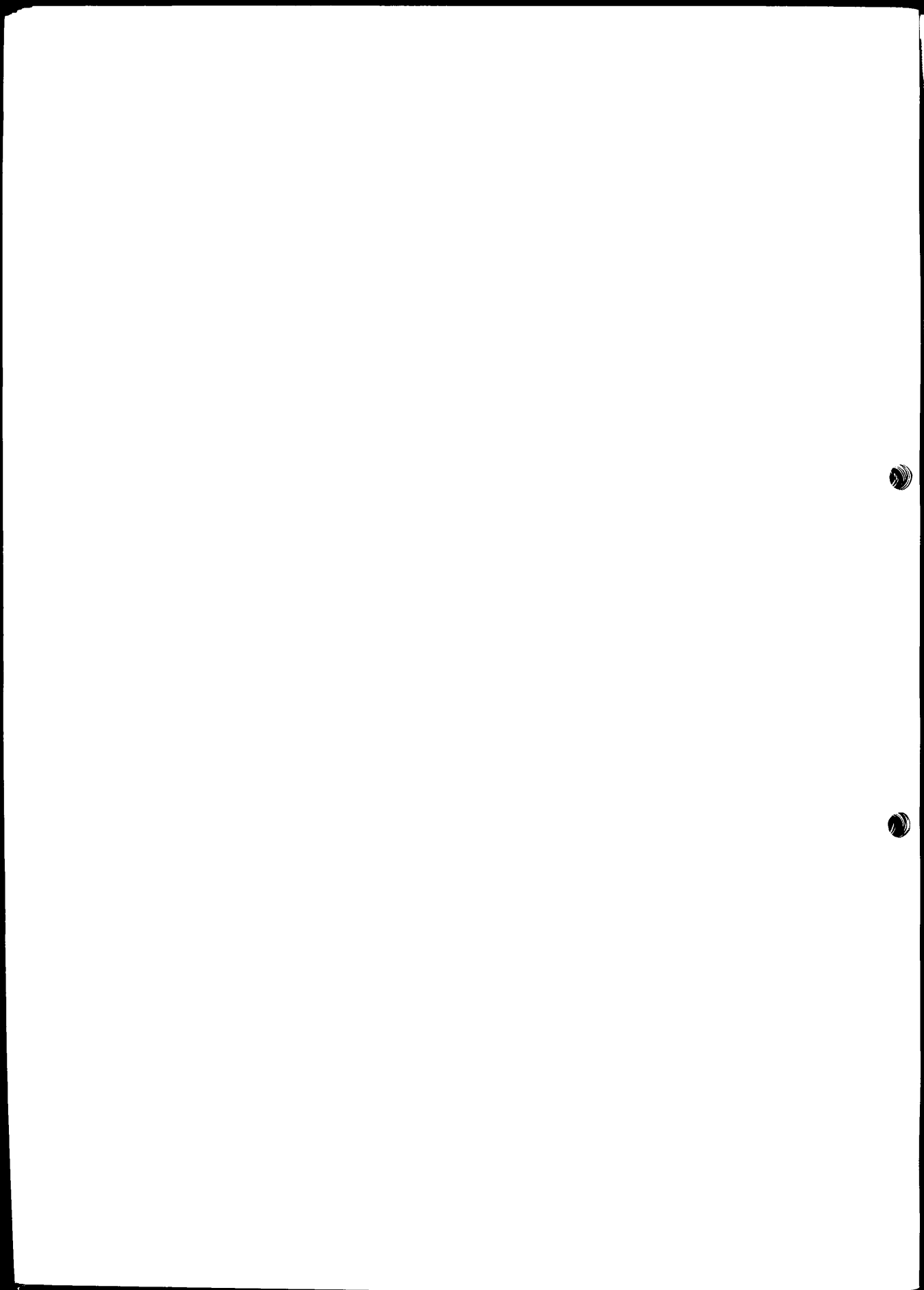
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES   NO

COMMENTS

2.17 The written plan is discussed with the following:

2.17.1   the locality or area commissioning group ☐☐ B

2.17.2   local health authorities (health boards/health and social services boards) ☐☐ B

2.17.3   local health care provider units ☐☐ B

2.17.4   local community health councils ☐☐ B

2.17.5   users. ☐☐ B

2.18 The written plan seeks to improve the quality of care by:

2.18.1   continuous monitoring through audit ☐☐ B

2.18.2   providing evidence based care ☐☐ A

GUIDANCE
Research findings should be accessible and reflected in the
commissioning plan.

2.18.3   ensuring continuity of care. ☐☐ B

2.19 The plan incorporates a statement detailing:

2.19.1   how savings are to be achieved ☐☐ B

2.19.2   proposals for the use of savings. ☐☐ B

(See 5.18)

GUIDANCE
These should reflect up-to-date NHSE guidelines. The statement may include:
• the volume and cost of changed activities which have reduced expenditure
• a rationale demonstrating how the use of savings will improve services
   to patients.
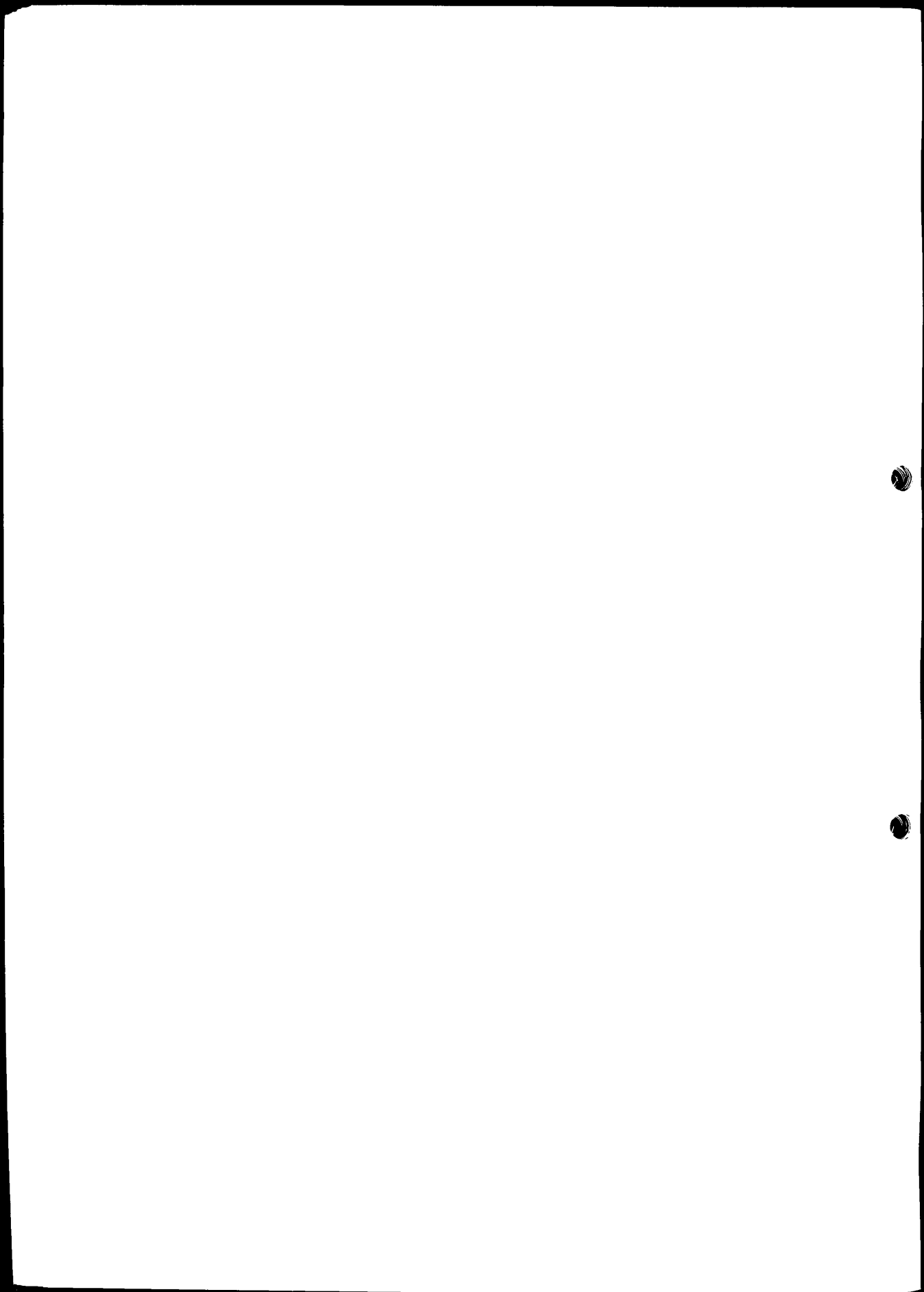
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Objectives

2.20 There are written objectives for the practice which enable the annual plan
and strategy to be achieved.   ☐☐ B

> GUIDANCE
> *The objectives are specific and measurable statements which set out how
> the aims of the annual plan will be achieved.*
> *When developing objectives the following should be considered:*
> * *providing the patient/client with a service based on professional standards*
> * *identifying the health care needs in collaboration with other organisations*
> * *evaluating the services offered*
> * *providing and maintaining high standards of health promotion*
> * *enabling individuals to take responsibility for their own and their
>   family's health*
> * *providing consistent information*
> * *providing an accessible, responsive and safe service*
> * *establishing and maintaining effective communication*
> * *managing the health and safety of patients and staff*
> * *providing educational opportunities*
> * *ensuring that a multidisciplinary approach to patient care is taken*
> * *providing continuity of care regardless of the setting in which
>   the patient/client is cared for.*

2.21 Objectives are developed in consultation with patients/clients and carers.   ☐☐ C

2.22 Objectives reflect national, regional and local health strategies.   ☐☐ B

2.23 Individual services develop written objectives.   ☐☐ B

2.24 Individual service objectives are shared with the rest of the primary
health care team.   ☐☐ B
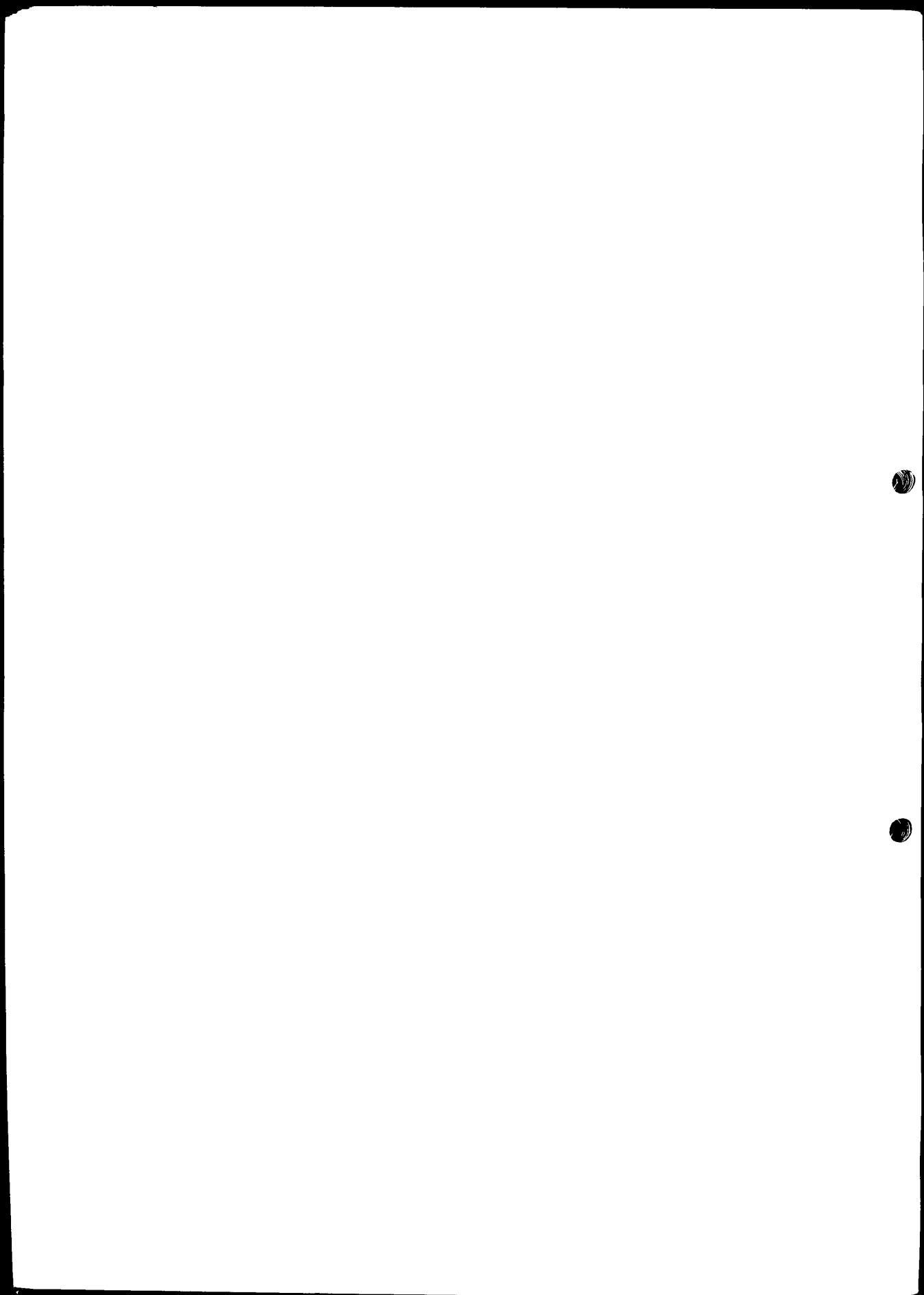
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

2.25 The achievement of objectives is monitored.   ☐ ☐ B

2.26 Objectives are reviewed and revised annually and/or when changes occur.   ☐ ☐ B
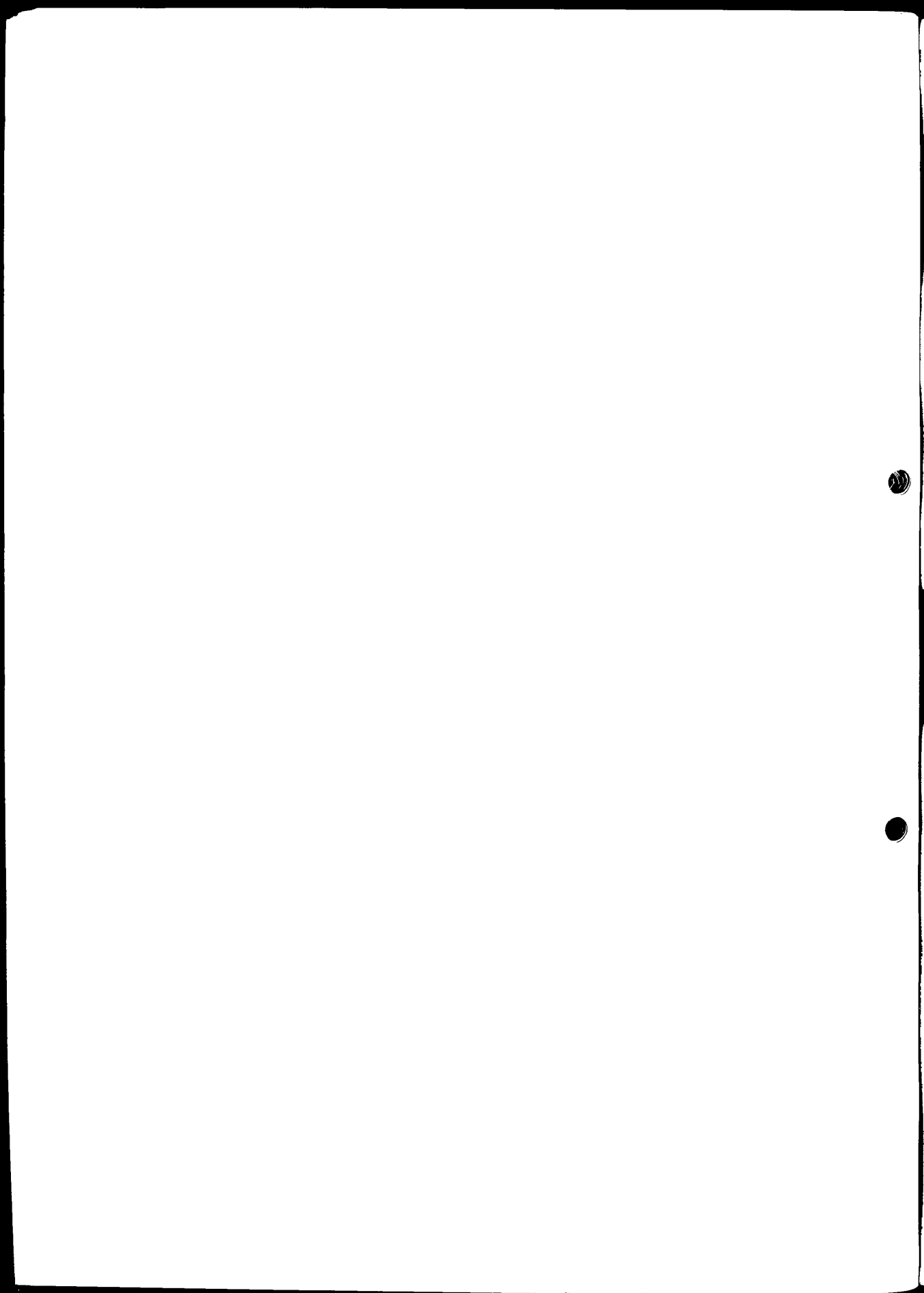
Service level agreements

There is a structured and systematic approach to developing and negotiating service level agreements which clearly indicate the services to be provided and the responsibilities of both the service provider and the service purchaser.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

General

3.1 There are written, signed agreements for all health care services:

    3.1.1   commissioned by the practice   ☐☐ B

    3.1.2   provided by the practice.   ☐☐ B

    GUIDANCE
    These may include services provided to:
    • industry
    • nursing/residential homes
    • schools.

3.2 The service level agreements include the following dimensions:

    3.2.1   quality (clinical and non-clinical)   ☐☐ B

    3.2.2   cost   ☐☐ B

    3.2.3   volume/activity.   ☐☐ B

3.3 Medical, nursing and other staff are involved in the negotiation of service level agreements.   ☐☐ C
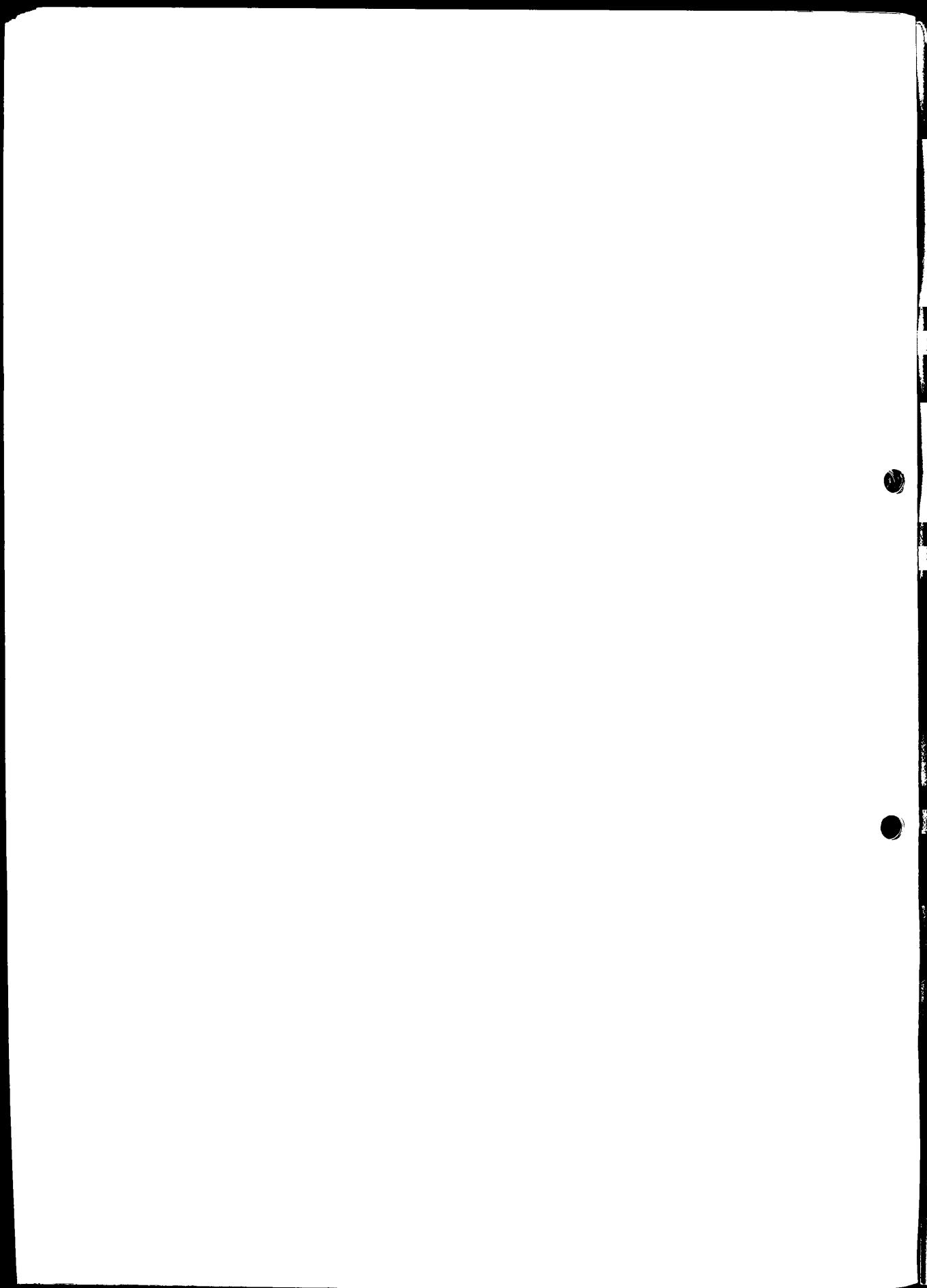
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA | YES | NO | COMMENTS

3.4 The service to be provided is clearly defined in the service level agreement. ☐☐ A

> GUIDANCE
> This includes:
> * a description of the service to be provided
> * the provision of services by people that are appropriately qualified and can demonstrate continuing professional development
> * protocols of care indicating the different responsibilities of staff
> * specification of formal lines of communication between the commissioner and provider of services
> * arrangements for monitoring and reviewing compliance with specifications
> * mechanisms for dealing with problems in service delivery
> * specification of arbitration procedures in case of dispute.

3.5 The implementation of service level agreements is monitored. ☐☐ A

3.6 Service level agreements are reviewed regularly. ☐☐ B

For services that are commissioned

3.7 Service level agreements are used to implement the objectives of the commissioning/business plan. ☐☐ A

3.8 There is access to the following information:

3.8.1   a list of providers with which service level agreements have been negotiated ☐☐ B

3.8.2   contact names for the above ☐☐ B

3.8.3   a full set of signed and dated agreements for all the services purchased ☐☐ B

3.8.4   copies of documents referred to in the service level agreements ☐☐ C
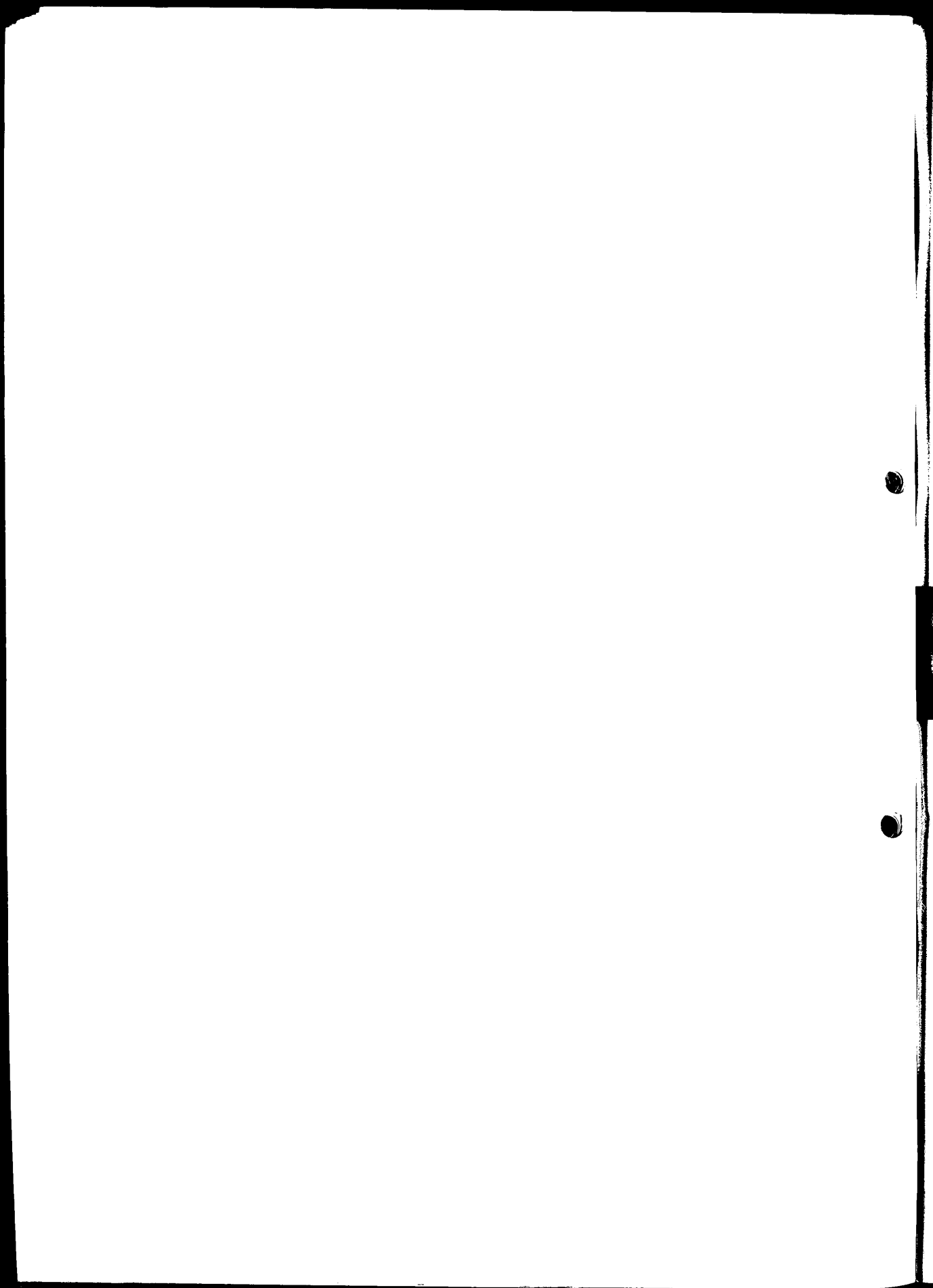
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

    3.8.5   purchaser plans for monitoring service provision   ☐☐ B

    3.8.6   provider plans for monitoring service provision.   ☐☐ B

           GUIDANCE
           This may be held at the practice, if fundholding, or at multifund headquarters
           or health authority for practices that are part of commissioning groups.

3.9 The following information is obtained from service providers:

    3.9.1   quality indicators   ☐☐ B

           GUIDANCE
           This includes information about:
           • infection rates
           • readmission times
           • percentage of referrals responded to within two weeks
           • quality measures
           • length of stay
           • time between GP referral and consultation
           • failed discharges/admissions.

   3.9.2   evidence that quality standards stated in service level
           agreements have been achieved   ☐☐ B

    3.9.3   pricing structure   ☐☐ B

    3.9.4   agreed minimum data set   ☐☐ B

           GUIDANCE
           The minimum data set national guidelines should be referred to.

    3.9.5   contract currencies   ☐☐ B

           GUIDANCE
           This could include finished consultant episodes, health related groups,
           community contacts, admissions or bed days.
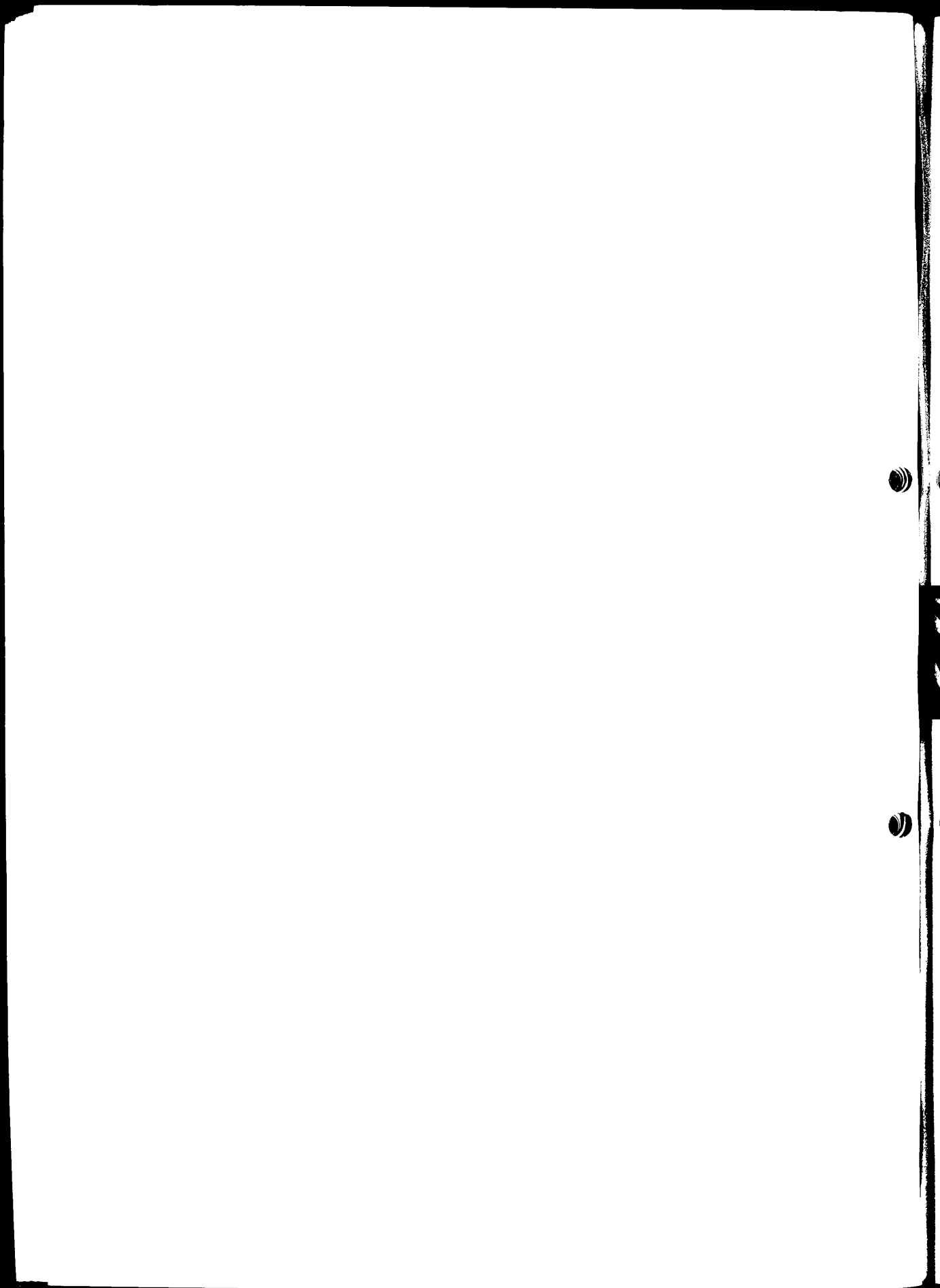
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES   NO

COMMENTS

3.9.6   activity data.

☐ ☐ B

3.10 The information received from service providers is:

3.10.1   recorded

☐ ☐ B

3.10.2   monitored

☐ ☐ B

3.10.3   reported.

☐ ☐ B
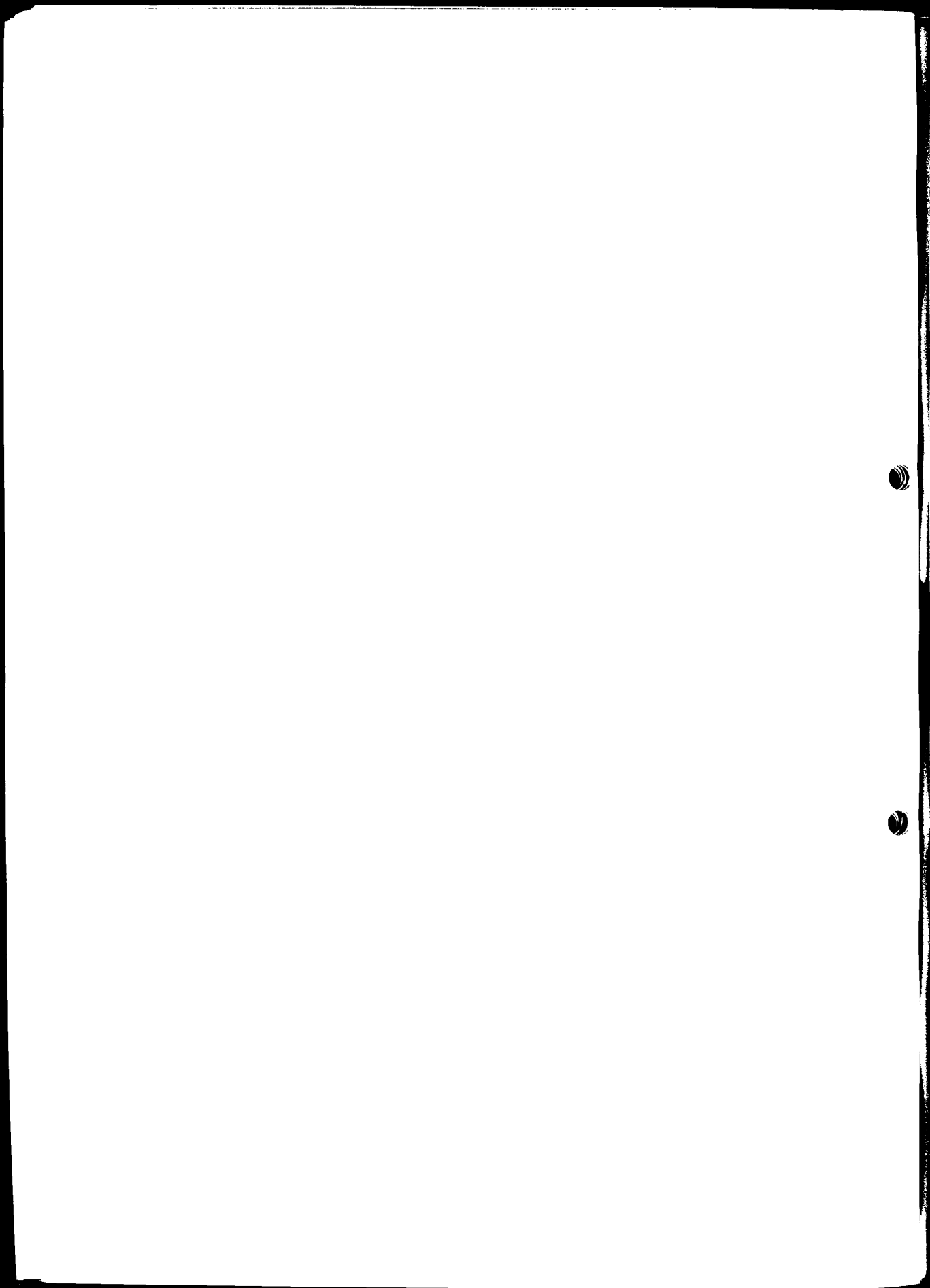
Standard 4

Management arrangements

The practice is organised and managed to provide safe, efficient and effective care to its patients/clients,
to achieve its objectives and to ensure high quality professional practice.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

Organisational structure

4.1 There is an up-to-date organisational chart in written form. ☐☐ B

> *GUIDANCE*
> *The organisational chart should specify lines of accountability, job titles*
> *and lines of responsibility.*

4.2 All members of the primary health care team are shown on the
organisational chart. ☐☐ B

4.3 The organisational chart is:

4.3.1 understood by staff ☐☐ B

4.3.2 dated ☐☐ B

4.3.3 reviewed annually or when there are changes in staffing structure. ☐☐ B

4.4 The roles and responsibilities of all members of the primary health care team
are made clear to all staff. ☐☐ B

4.5 There is a named person responsible for each service provided. ☐☐ A
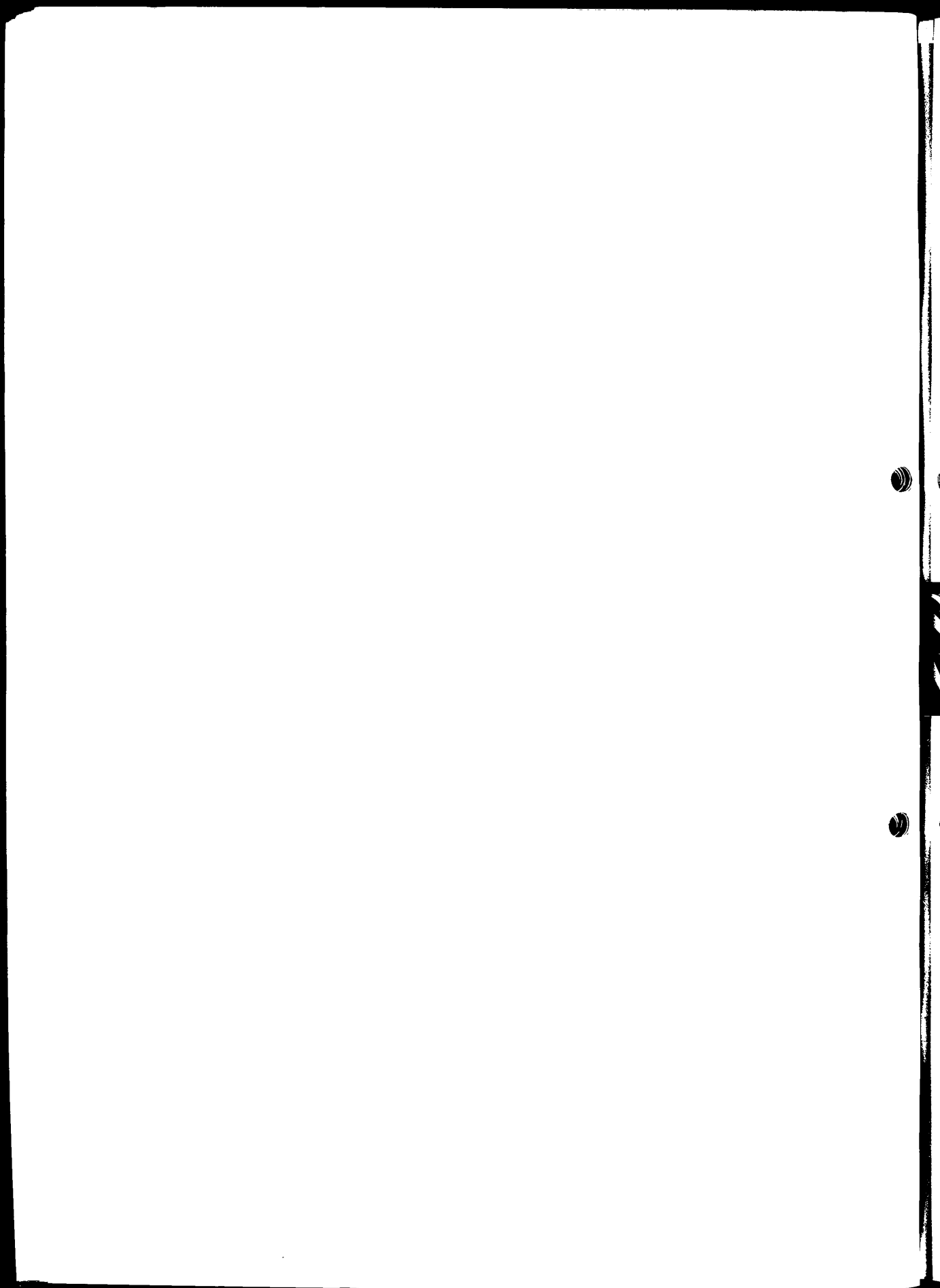
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

4.6 The person responsible for each service is competent to carry out
his/her responsibilities.

☐☐ A

GUIDANCE
Competence is indicated by an individual's ability to perform their designated
role to defined standards. This may include the attainment of professional
qualifications or NVQ/Management Charter Initiative standards.

4.7 When the named person responsible for the service is absent, cover is provided.

☐☐ A

Human resources

4.8 There are written policies and procedures for human resources.

☐☐ B

GUIDANCE
Policies and procedures include:
• recruitment and selection of staff
• employment of staff
• training and education of staff
• retention of staff.
These reflect equal opportunities.

4.9 Before the appointment of new staff:

4.9.1   an analysis of staffing levels in relation to workload is carried out

☐☐ B

4.9.2   skills required for the post are assessed.

☐☐ B

4.10 There are written policies and procedures for the terms and
conditions of employment.

☐☐ B

GUIDANCE
Policies and procedures include:
• termination of employment
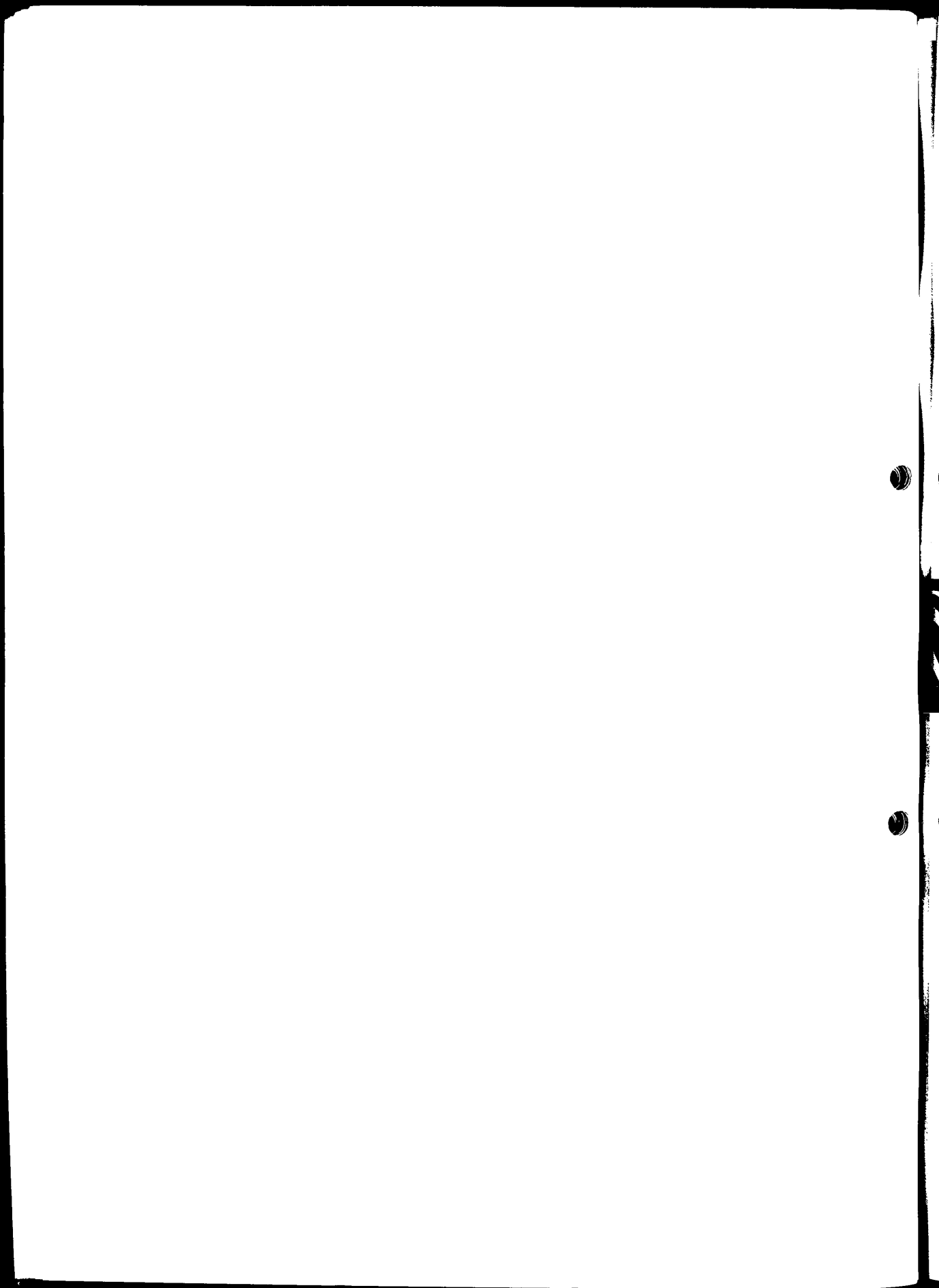
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

- *maternity/paternity leave*
- *disciplinary and grievance*
- *absence through sickness*
- *annual leave*
- *health and safety.*
Current employment legislation should be referred to when
drawing up these policies.

4.11 There are written job descriptions for all staff.   ☐ ☐ B

GUIDANCE
Job descriptions should contain:
- *job purpose*
- *accountability*
- *responsibilities of post*
- *relationships with other members of the primary health care team.*

4.12 Job descriptions are:

4.12.1   dated   ☐ ☐ B

4.12.2   reviewed annually or when the post holder changes.   ☐ ☐ B

4.13 All staff receive a contract of employment within two months of appointment.   ☐ ☐ A

GUIDANCE
All contracts should include a clause on maintaining confidentiality and
details of terms and conditions of service.
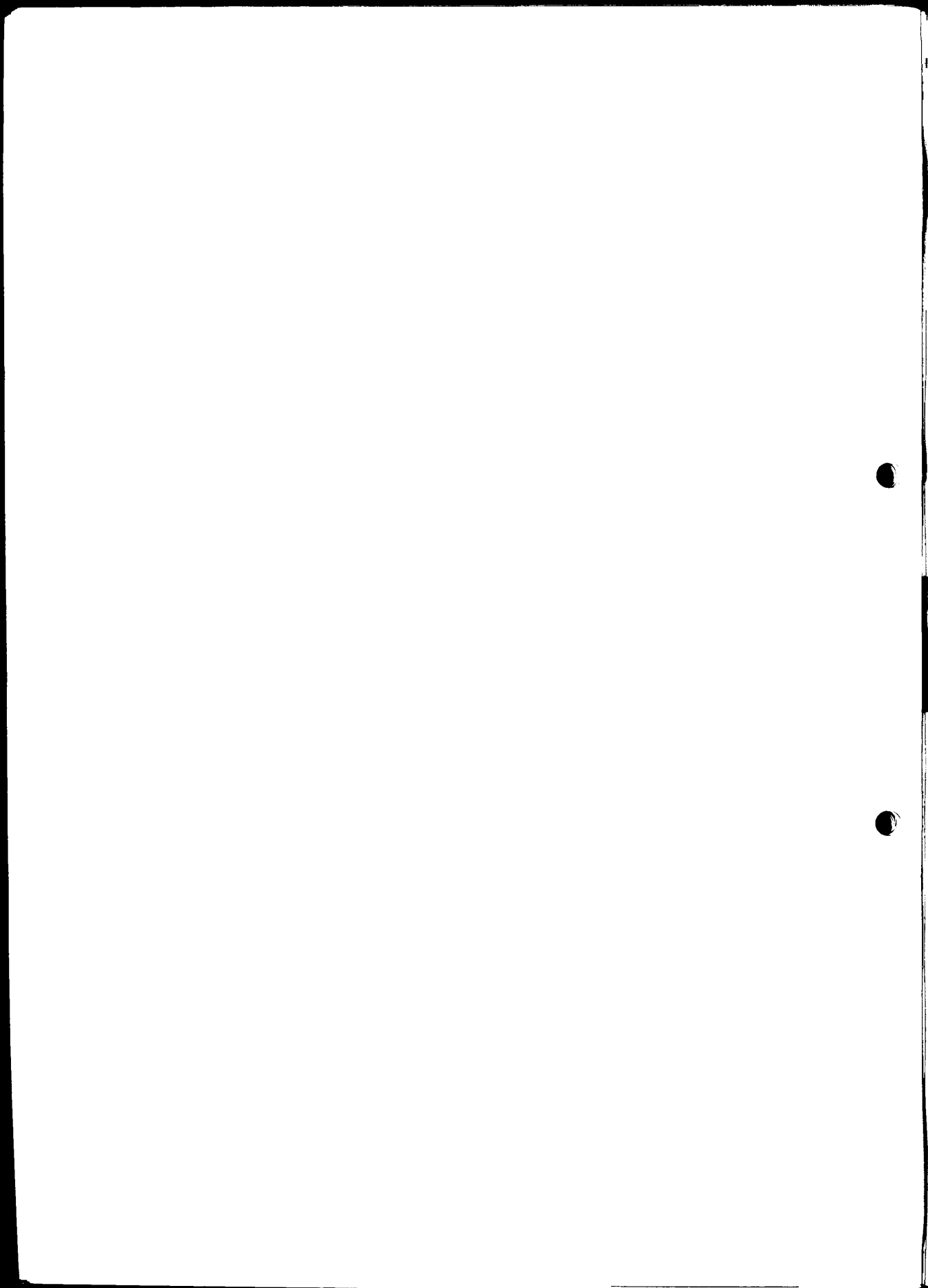
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

4.14 There is a documented staff appraisal system.   ☐☐ B

>   *Guidance*
>   *The appraisal system should be based on the job description and work*
>   *objectives and identify:*
>   *• strengths in performance*
>   *• areas requiring further development*
>   *• educational/training needs.*

4.15 Personnel records for all directly employed staff are maintained.   ☐☐ A

>   *GUIDANCE*
>   *Records maintained include:*
>   *• application form*
>   *• offer letter and acceptance*
>   *• copy of contract*
>   *• job description*
>   *• qualifications/experience*
>   *• evidence of up-to-date professional/state registration*
>   *• valid nursing PIN number*
>   *• references*
>   *• any disciplinary hearings*
>   *• alterations to terms and conditions of employment*
>   *• training and course attendance records*
>   *• records of recent staff appraisal*
>   *• records of leave*
>   *• records of sickness.*

4.16 Personnel records are:

    4.16.1   up to date   ☐☐ A

    4.16.2   confidential   ☐☐ A

    4.16.3   accessible to the employee.   ☐☐ A
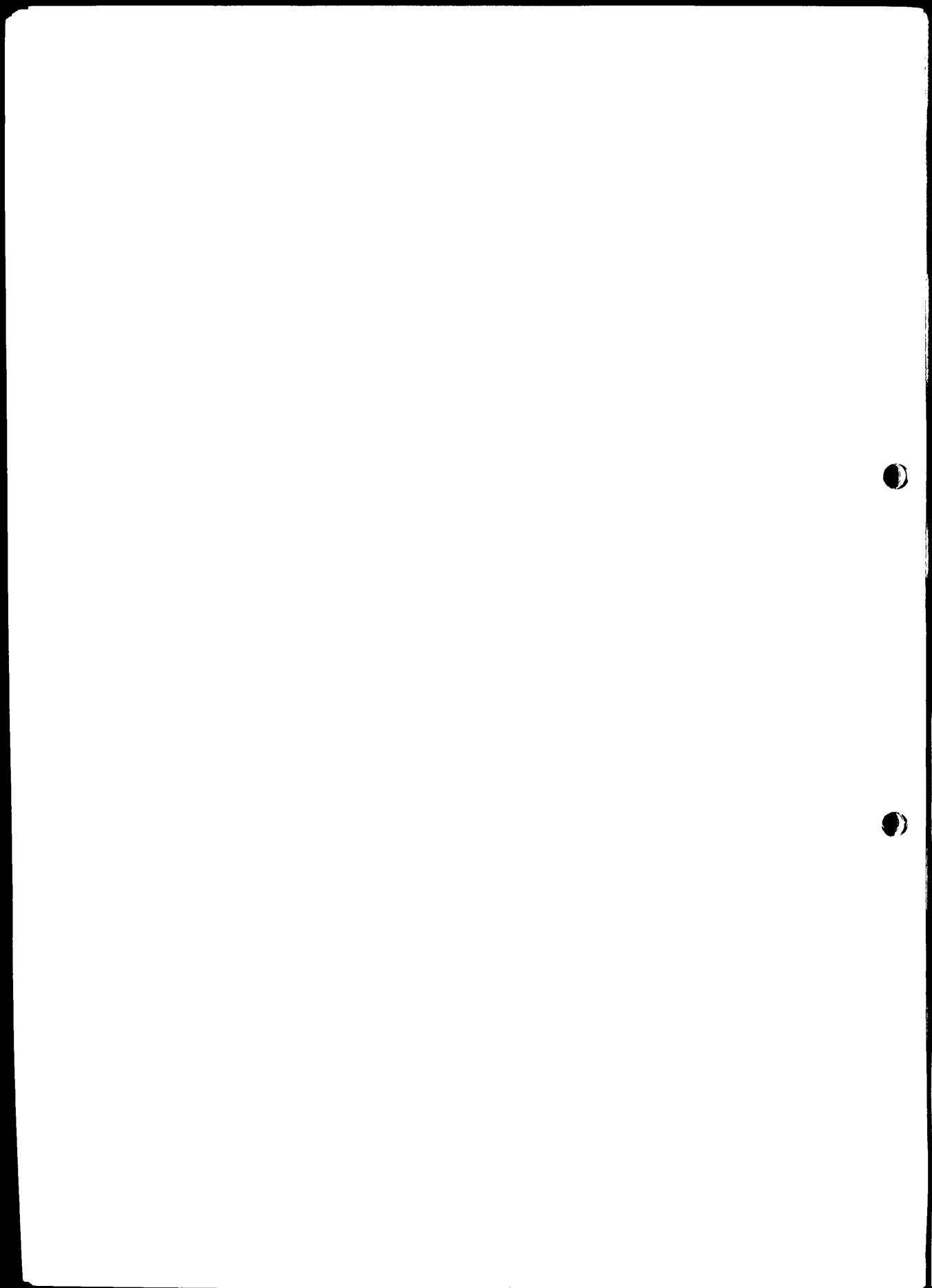
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

4.17 All staff wear identification.   ☐ ☐ A

> GUIDANCE
> *This also applies to GPs. Forms of identification include:*
> • *name badges*
> • *name tags.*

4.18 Duty rotas for the following are available to all staff:

    4.18.1   doctors   ☐ ☐ A

    4.18.2   receptionists   ☐ ☐ B

    4.18.3   administrative staff   ☐ ☐ B

    4.18.4   practice nurses   ☐ ☐ A

    4.18.5   other members of the primary health care team. ☐ ☐ A

Financial resources

4.19 Responsibility for the financial management of the practice is clearly defined.   ☐ ☐ B

4.20 The person(s) responsible for the practice or service finances is involved in the preparation of the budget(s).   ☐ ☐ B

4.21 Income and expenditure are:

    4.21.1   recorded   ☐ ☐ A

    4.21.2   monitored.   ☐ ☐ A

4.22 The person responsible for financial resources is given regular information on income/expenditure.   ☐ ☐ B
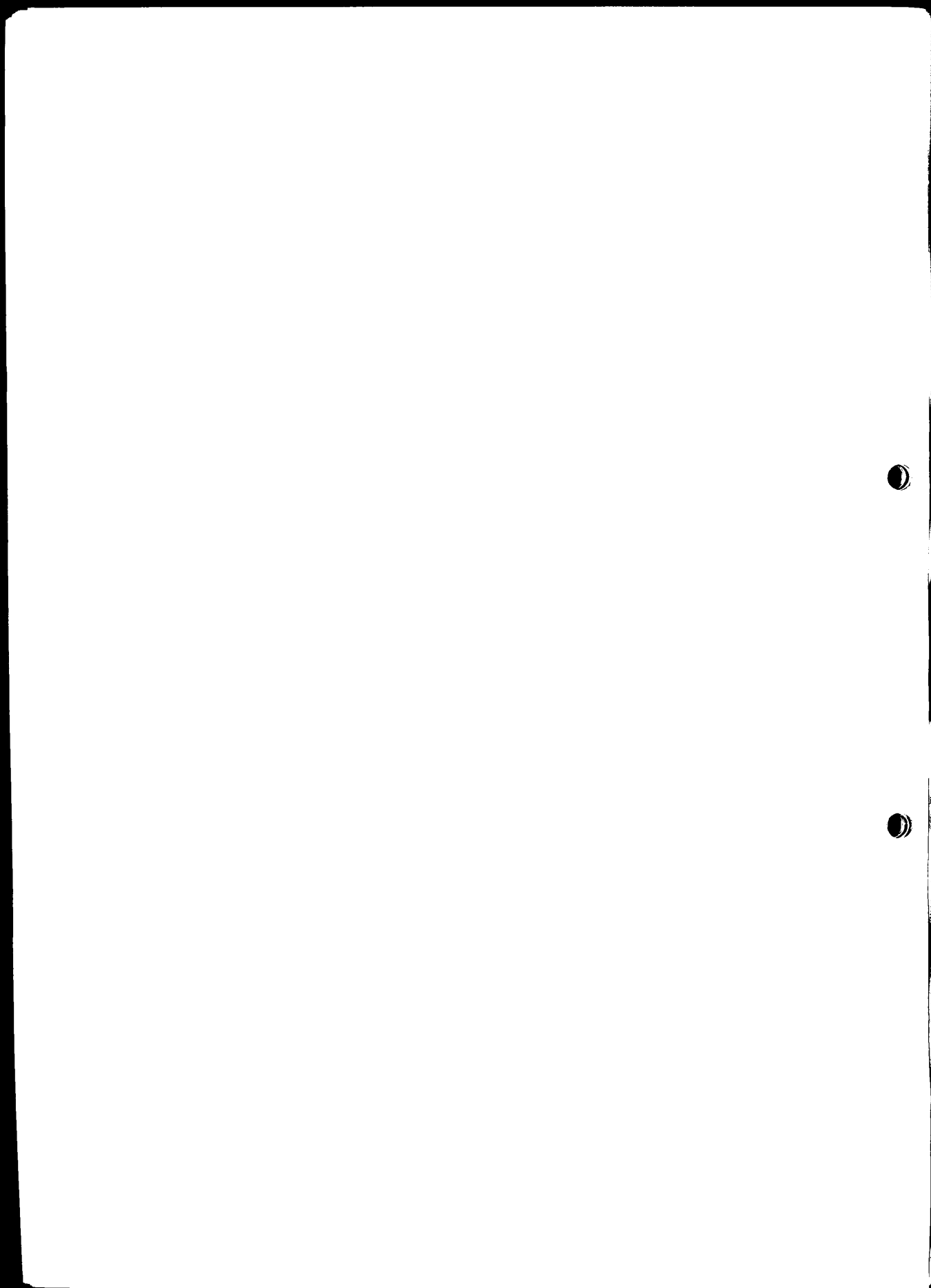
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

4.23 There are written policies, procedures or guidelines for the following:

    4.23.1   authorisation of expenditure   ☐ ☐ A

          GUIDANCE
          These should include a system of dual control
          (for example joint signatories for cheques).

    4.23.2   auditing of accounts   ☐ ☐ A

    4.23.3   handling petty cash   ☐ ☐ A

    4.23.4   paying salaries.   ☐ ☐ B

4.24 All statutory regulations are implemented and records held.   ☐ ☐ A

          GUIDANCE
          Examples include:
          • National Insurance
          • PAYE
          • statutory sick pay.

4.25 The following are reviewed and agreed:

    4.25.1   staff remuneration   ☐ ☐ B

    4.25.2   conditions of service.   ☐ ☐ B

          GUIDANCE
          These should be reviewed annually.

4.26 Financial reports are:

    4.26.1   communicated to external bodies   ☐ ☐ B

          GUIDANCE
          These may be the local health authority or audit commission
          (if the practice is fundholding) or the practice accountant.
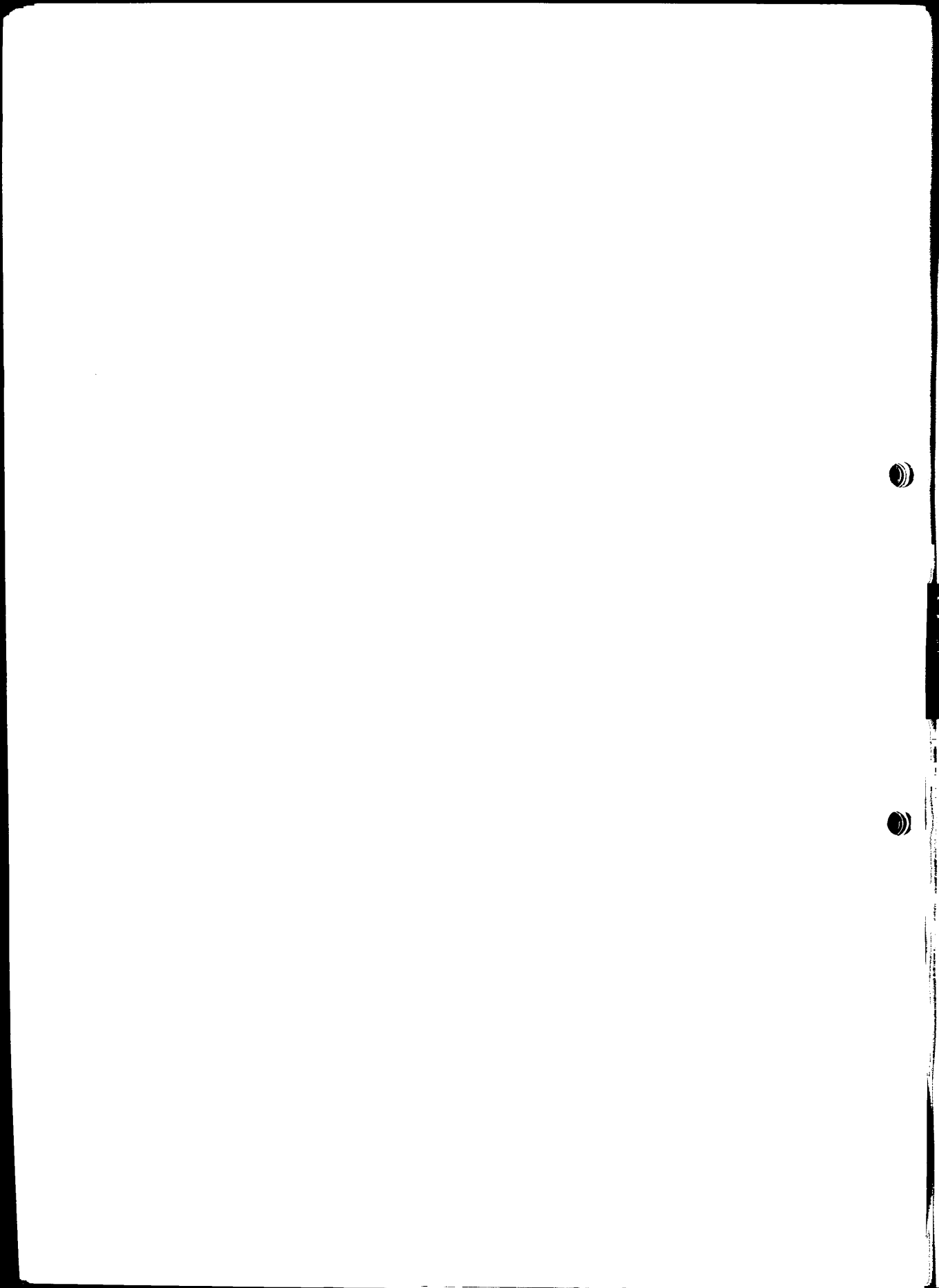
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA		YES NO	COMMENTS

4.26.2   timely   ☐☐ B

4.26.3   clear.   ☐☐ A

Quality and audit

4.27 There is a systematic continuous approach to evaluating and auditing
the quality of services.   ☐☐ B

4.28 This includes:

4.28.1   identifying areas for improvement   ☐☐ B

> *GUIDANCE*
> *This may include:*
> *• evaluating current performance*
> *• identifying unmet need.*

4.28.2   specifying standards for services   ☐☐ B

> *GUIDANCE*
> *Achievable and measurable standards should be developed for clinical,*
> *administrative and managerial activities.*

4.28.3   monitoring performance against specified standards   ☐☐ B

> *Guidance*
> *This may include:*
> *• collecting statistics*
> *• assessing patients'/clients' satisfaction*
> *• assessing service uptake*
> *• reviewing the accuracy of health care recording*
> *• reviewing prescribing patterns.*

4.28.4   informing the primary health care team of the results of audit   ☐☐ B
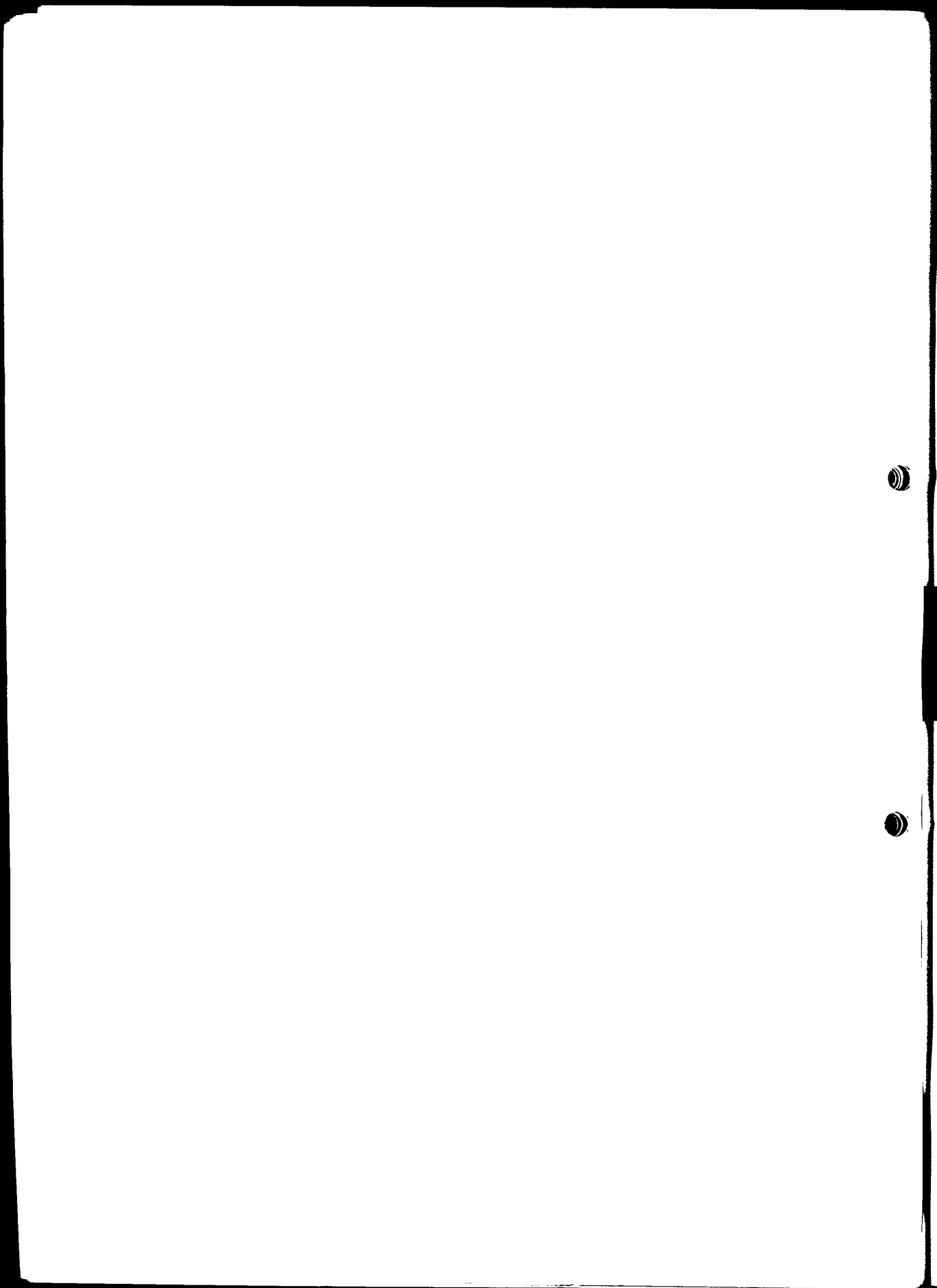
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

4.28.5   implementing action to achieve specified standards.   ☐☐ B

GUIDANCE
This may include identifying and addressing training needs.

4.29 Evaluation and audit activities are consistent with the business plan.   ☐☐ B

4.30 The practice publishes an annual report that details performance,
activities and future plans.   ☐☐ B

GUIDANCE
• The report should comply with the requirements of the GP Terms of Service.
• The person responsible for each service outlined in the annual report
* should be involved in the development of the report.*

4.31 The annual report is made available to other agencies and clients.   ☐☐ B
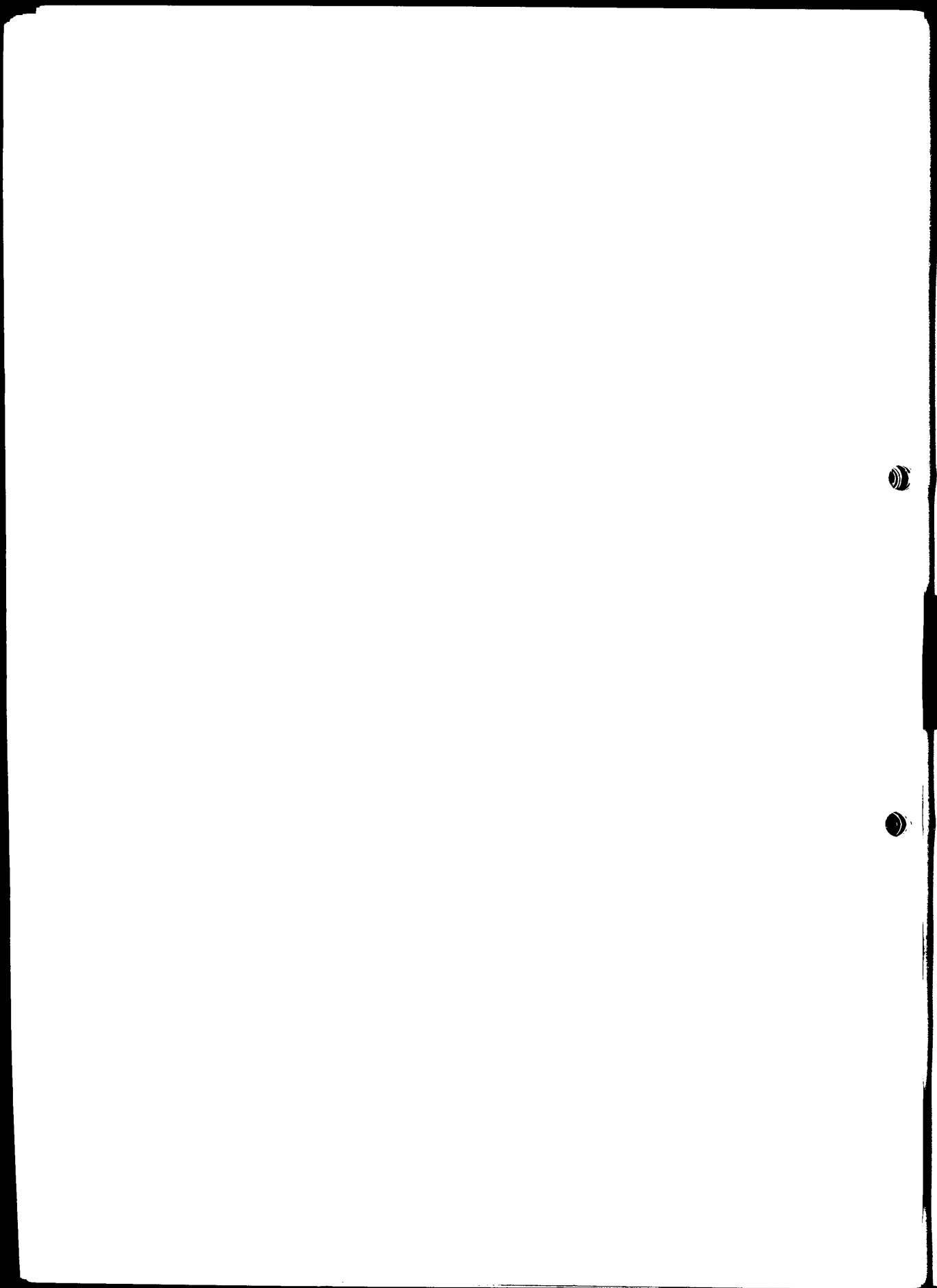
Management of commissioning

There are management arrangements in place to ensure that appropriate health services are commissioned in the most efficient and effective manner.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

General

5.1 The organisational chart clearly defines the lines of accountability for commissioning and specifies roles. ☐☐ B

> *GUIDANCE*
> *This includes accountability in the practice and in the commissioning organisation(s) with which the practice is involved.*

5.2 Identified individuals are responsible for:

5.2.1 the development of service level agreements ☐☐ B

5.2.2 developing and implementing operational policies and procedures ☐☐ B

5.2.3 organising the administrative functions of commissioning ☐☐ B

5.2.4 consulting with other members of the primary health care team when developing and planning services ☐☐ B

5.2.5 identifying the health needs of the population ☐☐ B

5.2.6 identifying the extent to which health needs have been met. ☐☐ B

> *GUIDANCE*
> *These individuals may be within a practice or may be external*
> *(for example, within a health authority or commissioning group).*
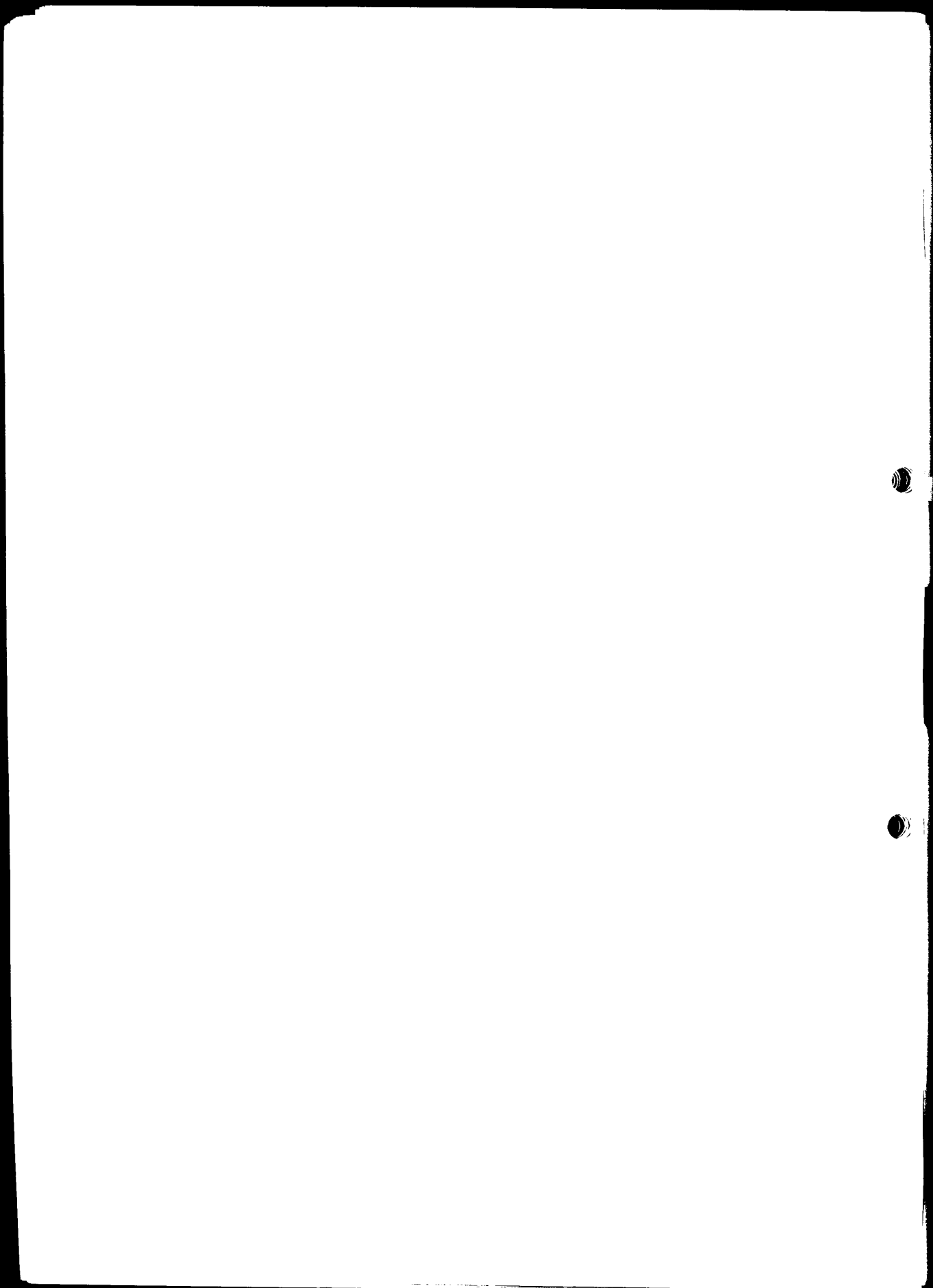
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

5.3 In multiple practice organisations there is a formal agreement of constitution. □□ A

> GUIDANCE
> Examples are:
> • multifund organisations
> • total purchasing organisations.

5.4 The constitutional agreement includes:

5.4.1 clear indication of responsibility for the management of health service resources □□ B

5.4.2 a clear indication of the capacity in which named individuals represent the multipractice organisation. □□ B

5.5 There are clear channels of communication with:

5.5.1 suppliers of information arising from the monitoring of service level agreements □□ B

5.5.2 suppliers of information regarding activity in relation to that defined in service level agreements □□ B

5.5.3 recipients of financial information. □□ B

Accountability

5.6 Accountability arrangements include:

5.6.1 the preparation of an annual commissioning plan (see 2.14) □□ B

5.6.2 a mechanism for signalling major shifts in purchasing intentions □□ B

5.6.3 the preparation of an annual performance report. □□ B
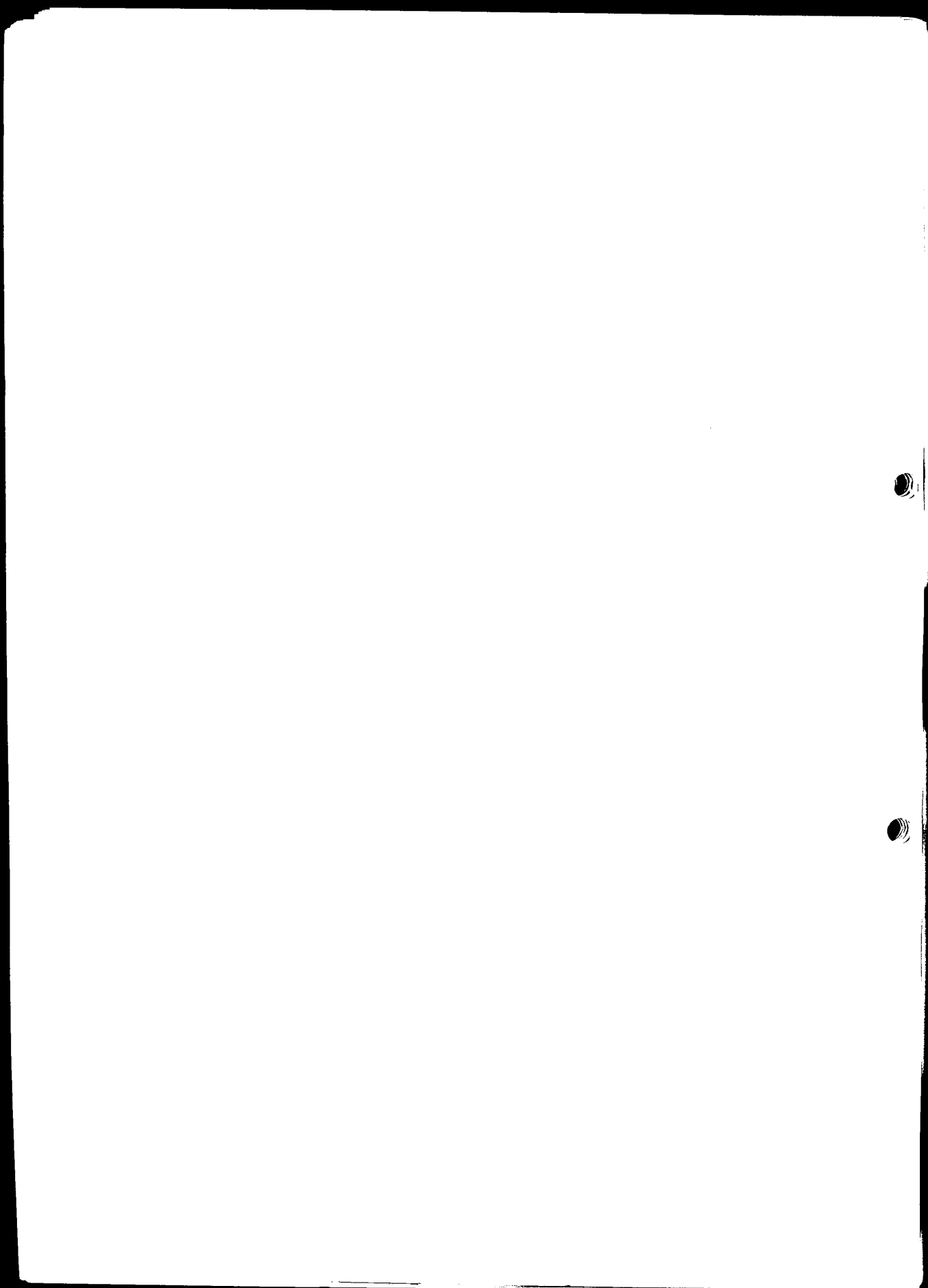
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

GUIDANCE
These criteria are mandatory for GP fundholders and good practice
for non-fundholding practices that are part of commissioning groups.

5.7 The following are made available to health service users:

   5.7.1   the annual commissioning plan   ☐☐ B

   5.7.2   the annual performance report.   ☐☐ B

   GUIDANCE
   These may be produced by the practice or by whatever commissioning
   organisation the practice is involved with.

5.8 Financial administrative duties are split between, and undertaken by, different
members of staff in line with audit requirements for probity and security. ☐☐ B

   GUIDANCE
   These people may be within the practice or within whatever
   commissioning organisation the practice is involved with.

5.9 Arrangements for accountability for finance include:

   5.9.1   ensuring the preparation of annual accounts for independent audit ☐☐ A

   5.9.2   stated planning contributions to local efficiency targets set by
          the NHS Executive.   ☐☐ A

Waiting list management

5.10 There is a policy for the management of waiting lists. ☐☐ B

5.11 An identified individual is responsible for the development,
implementation and monitoring of waiting list policy. ☐☐ B
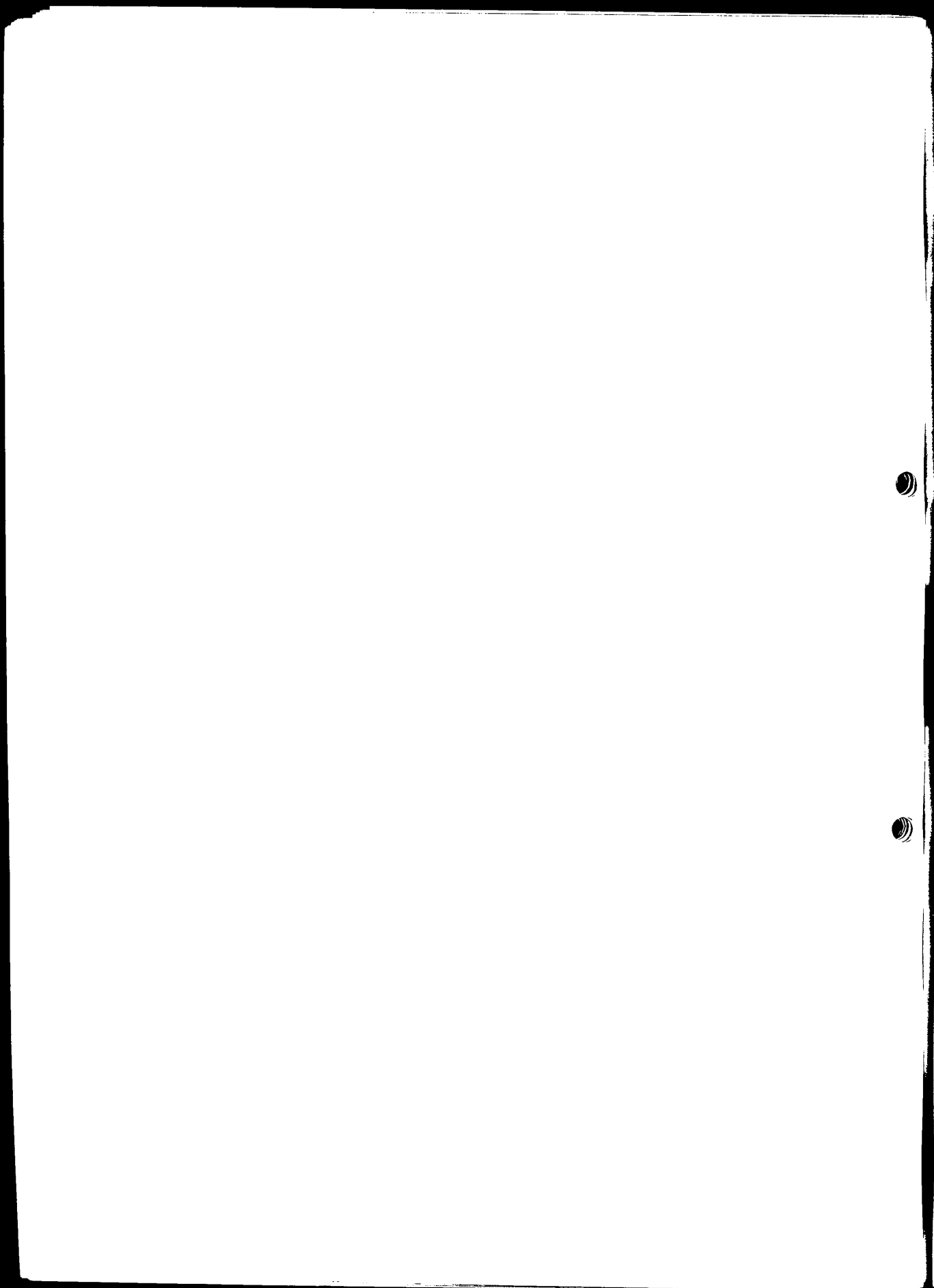
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

5.12 Waiting lists are reviewed on a systematic basis. ☐ ☐ B

> GUIDANCE
> *The review should update the personal details of those on the waiting list and ensure that those on the list still need treatment. Maximum waiting times should comply with national or local targets.*

Finance

5.13 Responsibility for the commissioning budget is clearly defined. ☐ ☐ B

> GUIDANCE
> *For example:*
> *• the cash limit for health authorities*
> *• the notional budget for commissioning GPs*
>   *(including locality commissioners)*
> *• the agreed fund for GP fundholders.*

5.14 The adequacy of budgets is assessed prior to acceptance. ☐ ☐ B

5.15 Budgets are:

5.15.1   monitored ☐ ☐ B

5.15.2   reviewed regularly. ☐ ☐ B

5.16 There is planning for the apportionment of the budget between all services commissioned. ☐ ☐ B

> GUIDANCE
> *A commissioning organisation should be aware of how its budget is determined in relation to other commissioning organisations.*
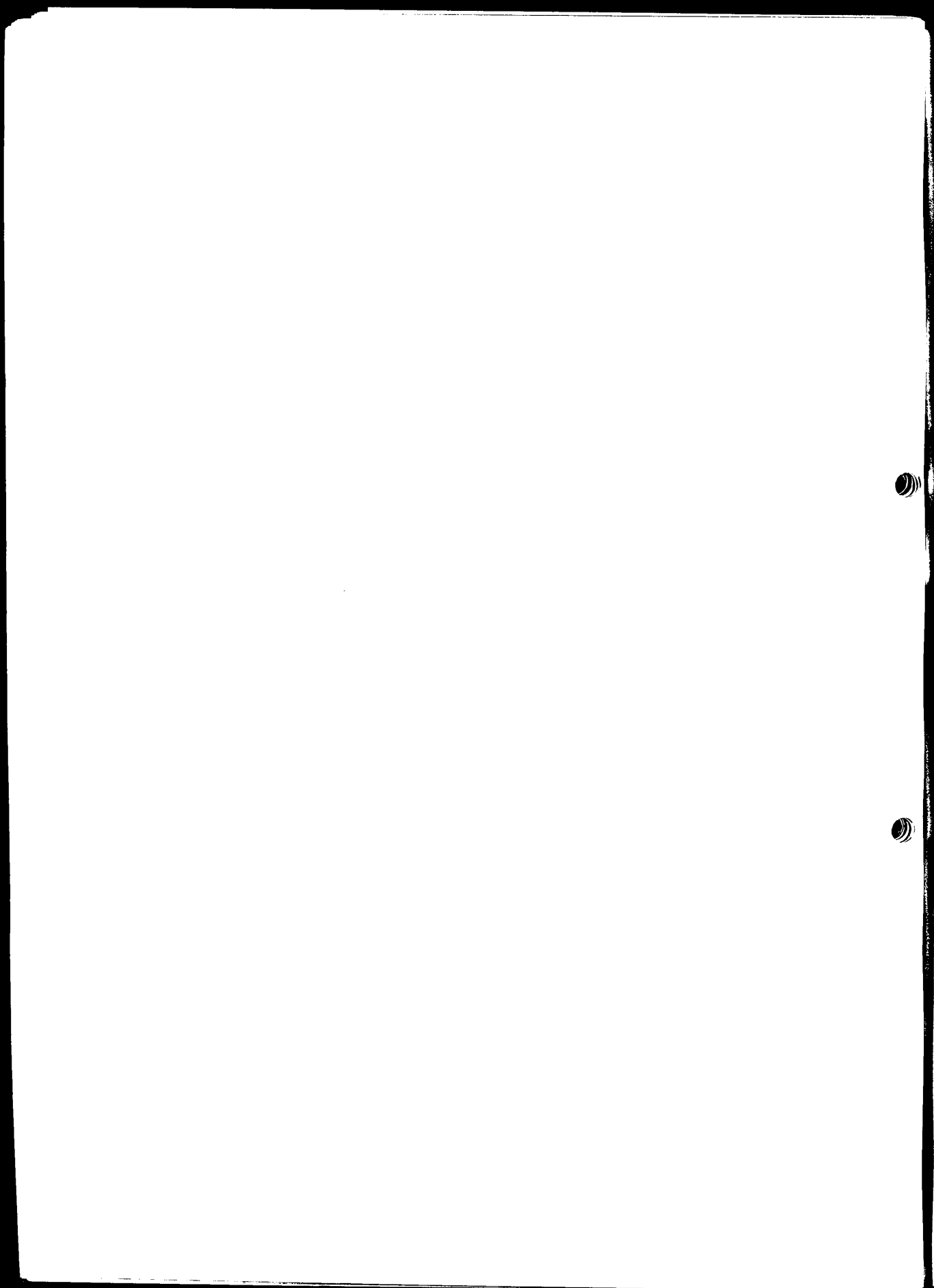
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

5.17 There is planning for:

    5.17.1   the effects of financial risk   ☐☐ B

    5.17.2   how those effects should be managed.   ☐☐ B

5.18 There is a plan to achieve and use savings (see 2.19).   ☐☐ B

5.19 The plan includes securing an agreement for the proposed use of savings.   ☐☐ B

    GUIDANCE
    The use of savings by GP fundholders is governed by statutory instructions.
    Practices that are part of commissioning groups may enter formal or
    informal savings arrangements with their health authority.

5.20 There is a system for managing extracontractual referrals (ECRs).   ☐☐ B

    GUIDANCE
    This system:
    • includes a mechanism for identifying and recording ECR costs
    • monitors the ability to meet ECR costs from the budget
    • monitors the source of costs (for example, tertiary referrals or
      elective referrals determined by patient/doctor choice).

Training and development

5.21 The skills and competencies required, and available, to implement
the commissioning plan are identified.   ☐☐ B

5.22 There is a training and development plan to address training needs.   ☐☐ B

    GUIDANCE
    This is reviewed annually.
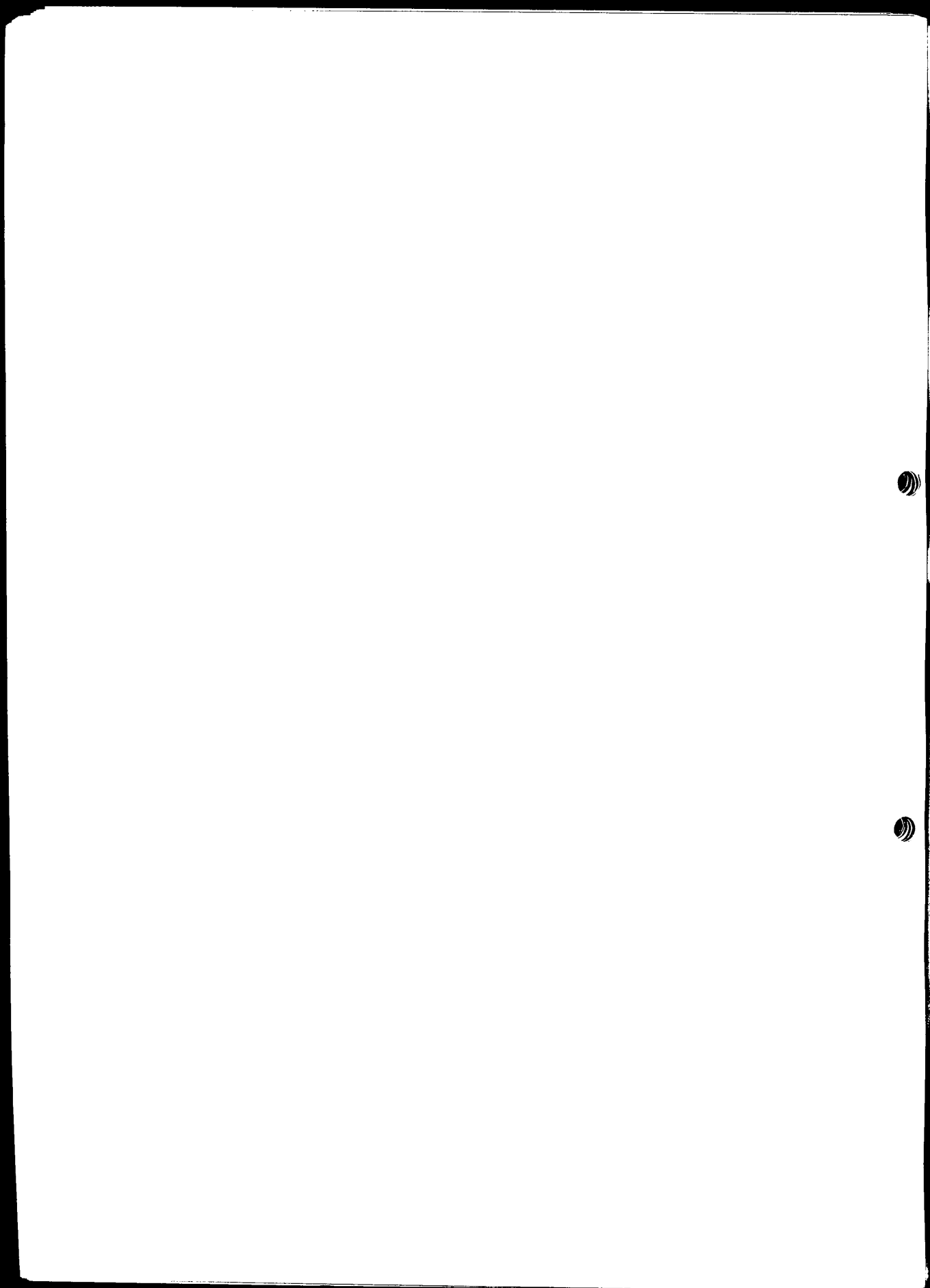
Standard 6

Staff development and education

Continuing education and in-service training programmes are available to all staff to develop their knowledge
and skills and to meet the needs of the individual and the practice.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

Orientation and induction

6.1 There are planned orientation and induction programmes for
newly appointed staff.   ☐☐ A

> GUIDANCE
> These should include permanent and temporary staff, including locums,
> bank and agency staff.

6.2 The orientation and induction programme includes:

6.2.1   preparing staff for their roles and responsibilities   ☐☐ A

6.2.2   introducing staff to the policies and procedures of the
service and practice   ☐☐ A

6.2.3   explaining emergency procedures (for example, fire drills, and security)   ☐☐ A

6.2.4   explaining the procedure for summoning help in the case of emergency
(for example, patient collapse)   ☐☐ A
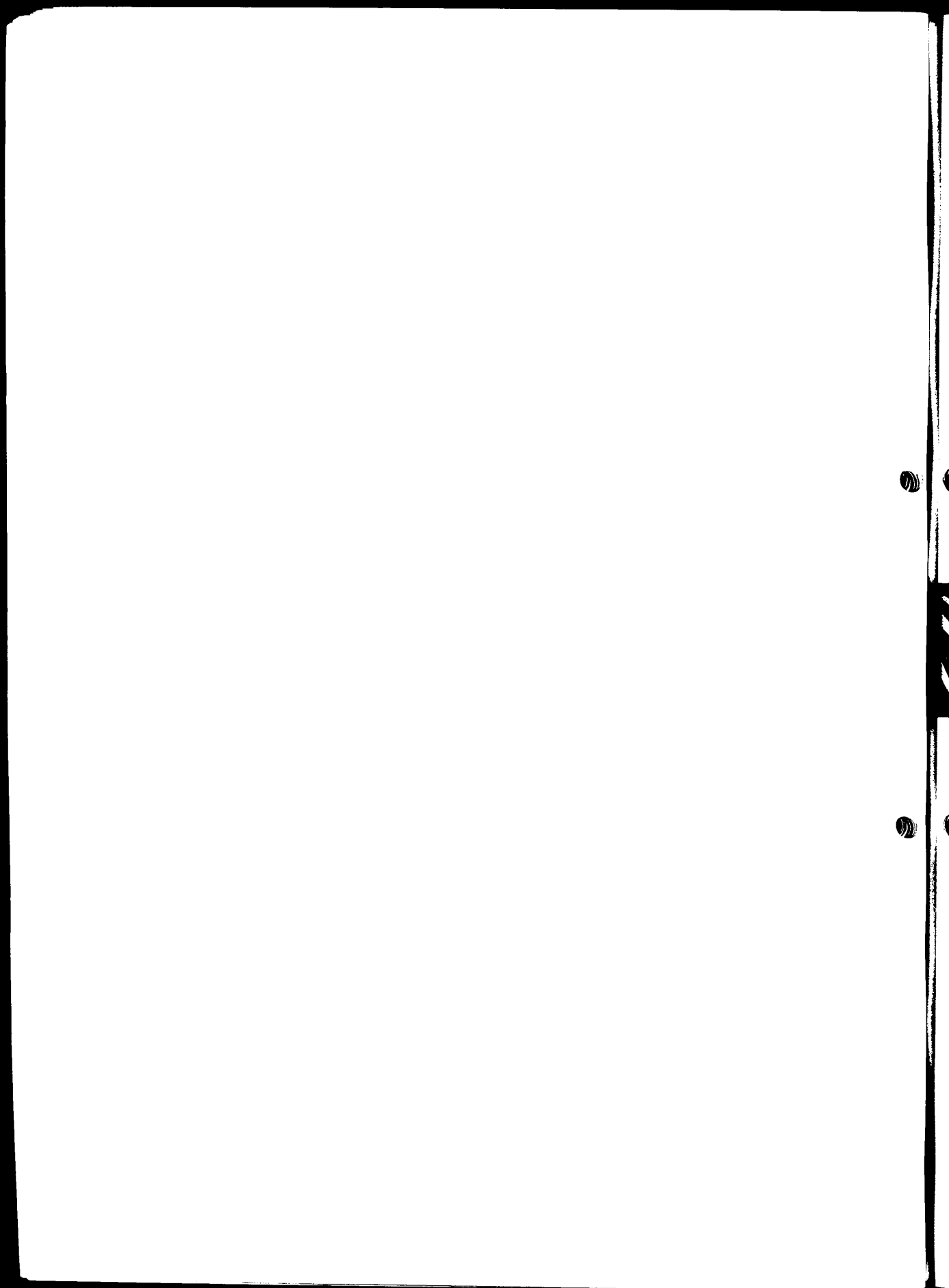
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

6.2.5   providing information about health and safety at work.   ☐☐ A

GUIDANCE
The orientation and induction programme may also include:
* *introducing staff to the practice*
* *providing information about the practice*
* *introducing staff to all members of the primary health care team*
* *providing information about the relationship between services*
* *explaining the integral role of health promotion and education*
* *providing information on access to ongoing education and*
  training programmes
* *introducing health records standards*
* *explaining the communication systems*
* *explaining the method used to evaluate staff performance*
* *explaining the terms and conditions of service.*

6.3 The orientation and induction programme is:

6.3.1   documented   ☐☐ B

6.3.2   tailored to meet the needs of different staff   ☐☐ B

6.3.3   signed by the member of staff on its completion   ☐☐ B

6.3.4   dated   ☐☐ B

6.3.5   reviewed.   ☐☐ B

6.4 Newly appointed staff demonstrate knowledge and understanding of the
activities covered in the orientation and induction programme.   ☐☐ B

Ongoing education

6.5 There is a written training and development plan.   ☐☐ B
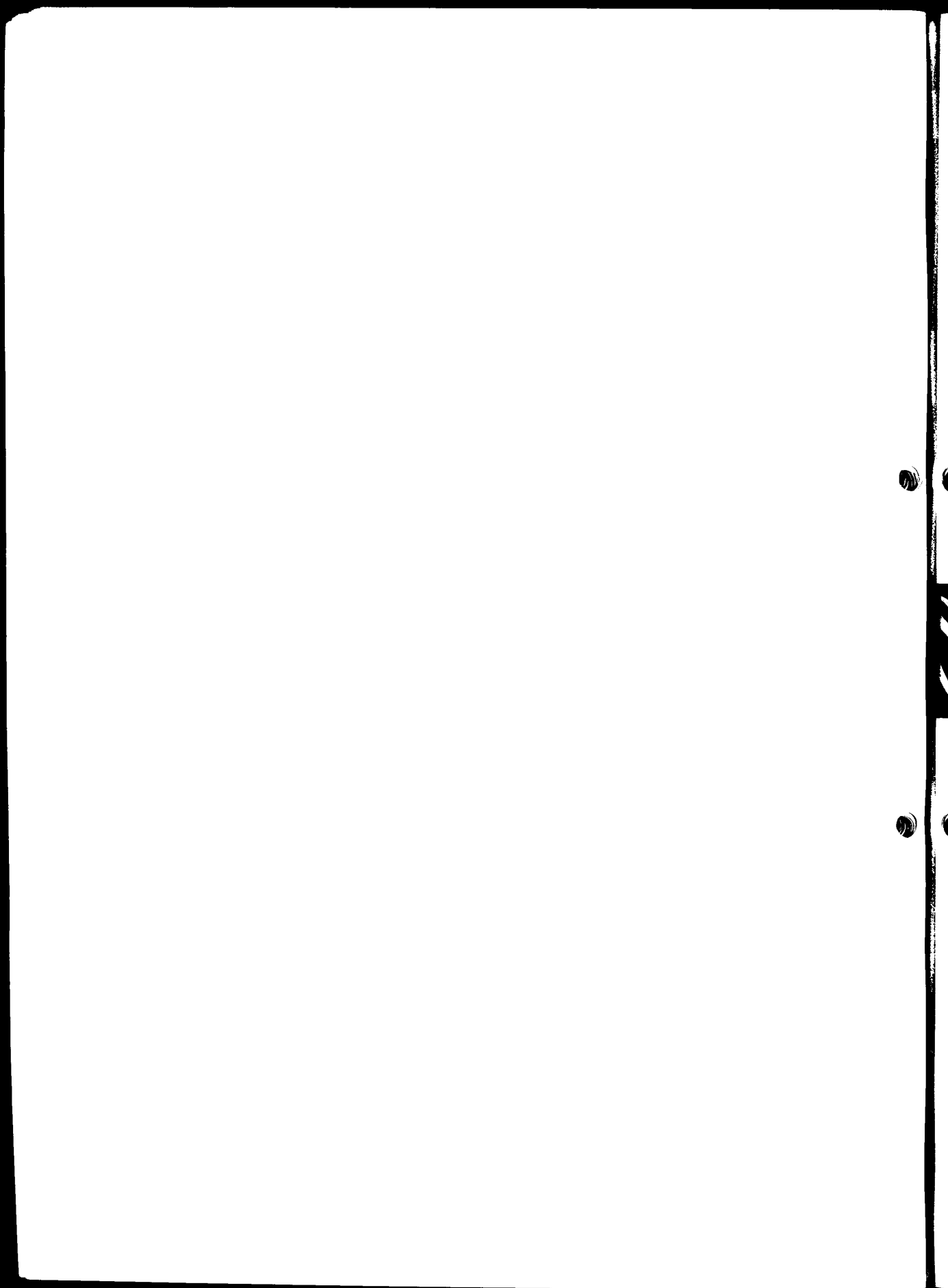
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

6.6 The training and development plan is:

    6.6.1   agreed with members of the primary health care team   ☐☐ B

    6.6.2   monitored and evaluated.   ☐☐ B

    GUIDANCE
    The training and development plan may form part of the business plan.
    Monitoring may be carried out as part of the staff appraisal process.

6.7 A training needs analysis is carried out at least annually.   ☐☐ B

    GUIDANCE
    This may be part of the annual appraisal system.

6.8 Individual training and development plans are drawn up.   ☐☐ B

    GUIDANCE
    These should reflect the objectives of the annual plan and be used to
    inform the development of the overall primary health care team
    training plan.

6.9 Where specialist skills are required, training and update are provided.   ☐☐ A

    GUIDANCE
    An example would be a practice nurse supporting in-house
    secondary care procedures.

6.10 Records of ongoing education and professional updating are maintained.   ☐☐ A

    GUIDANCE
    Examples include records of fulfilling the requirements of PREP
    (Post Registration Education and Practice, for nurses) and the PGEA
    (Post Graduate Education Allowance, for GPs) and records of health
    and safety training, fire training, basic life support training etc.
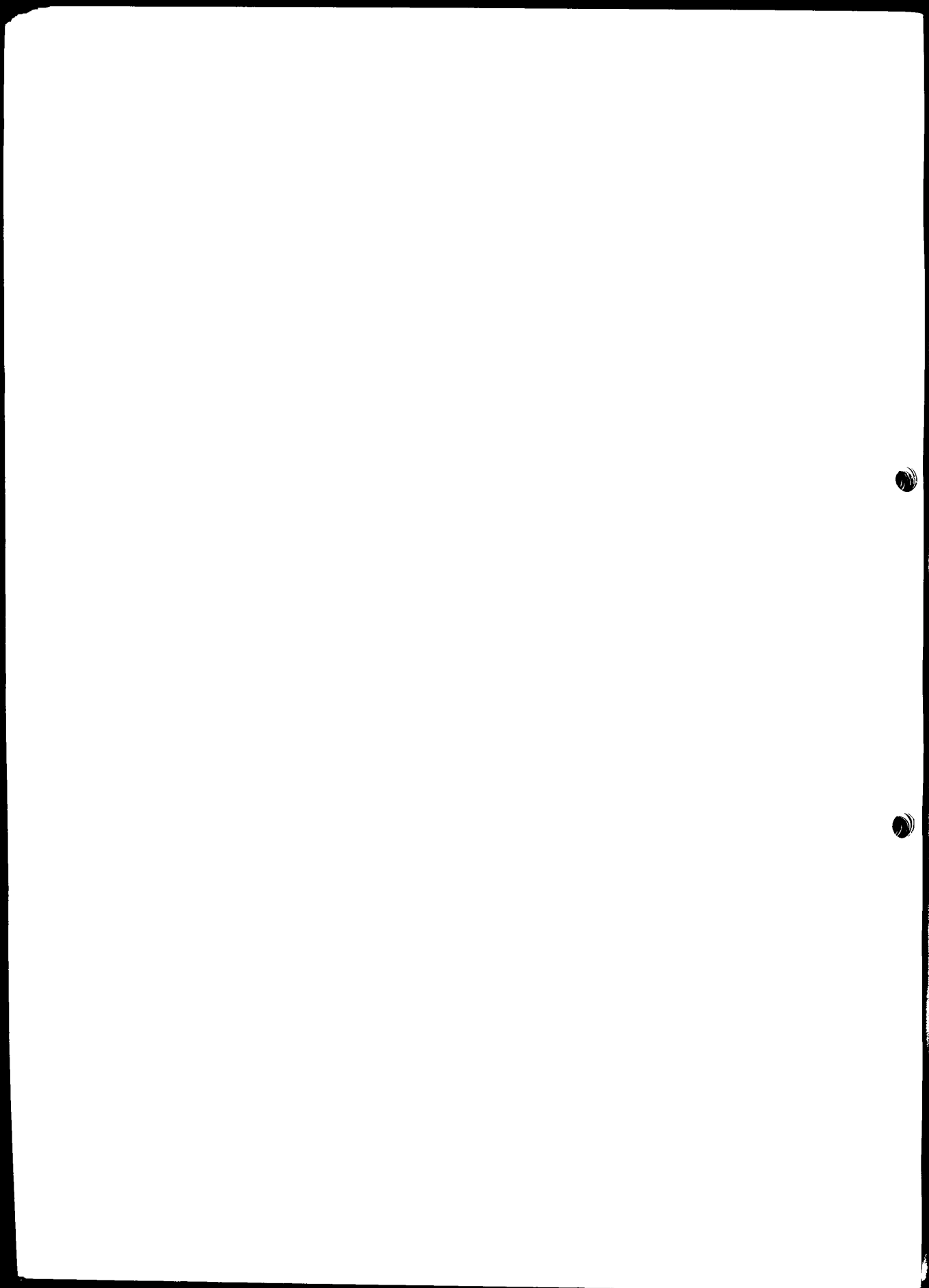
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

6.11 Staff have access to information on educational or further training opportunities.   ☐☐ B

6.12 Staff have access to library services.   ☐☐ C

6.13 Current manuals, pamphlets, journals and text books are available
for reference and guidance.   ☐☐ C

6.14 Staff receive:

6.14.1   training in basic life support skills   ☐☐ A

6.14.2   update in basic life support skills.   ☐☐ A
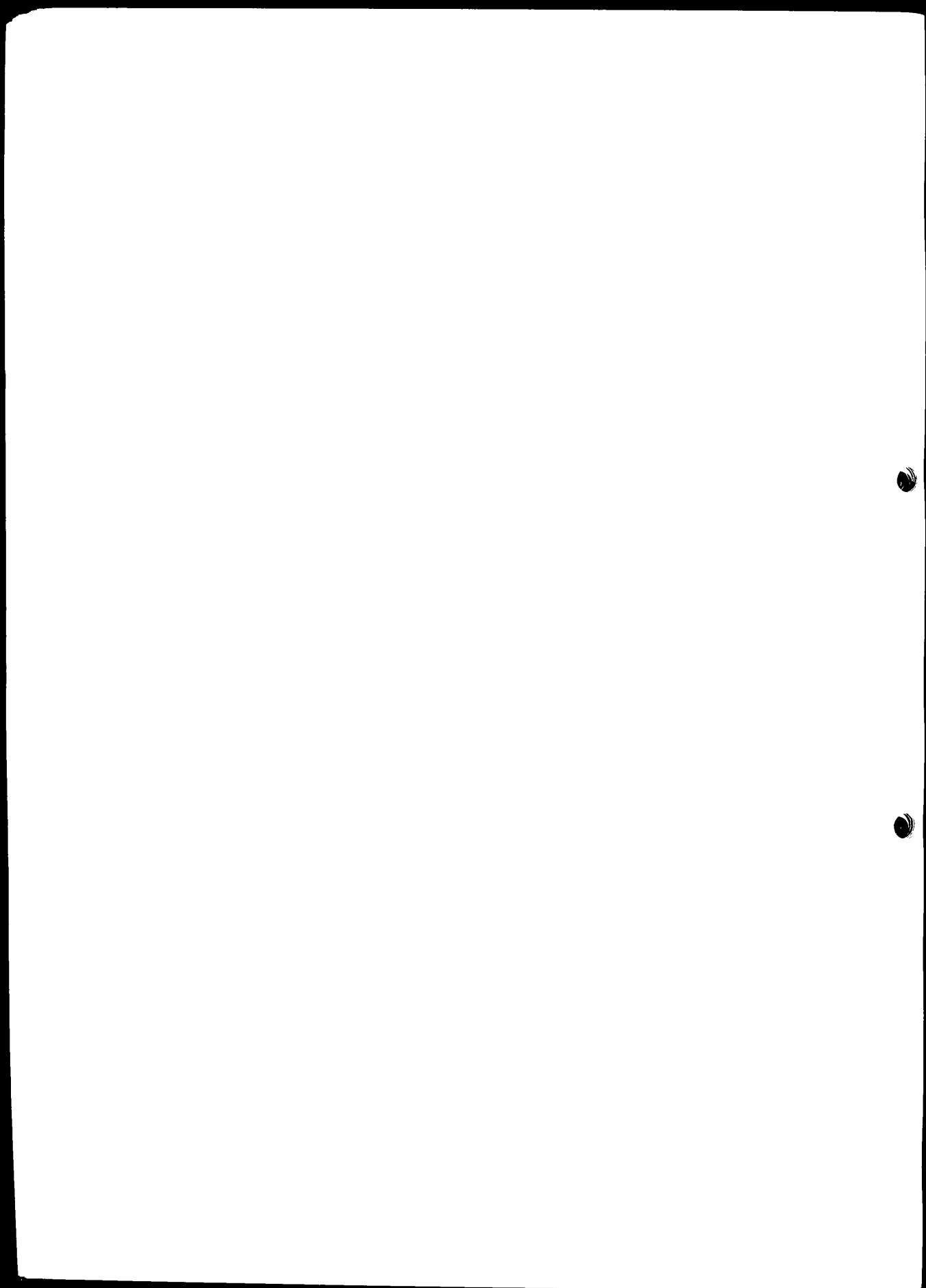
Communication and team working

Team working is encouraged and supported to promote excellent communication with colleagues, patients/clients, carers, health agencies and the local community to ensure that the patient/client receives the best possible care.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

Communication and team working within the primary health care team

7.1 The primary health care team is clearly defined. ☐☐ B

> *GUIDANCE*
> *This may include:*
> * *who is in the team*
> * *the team's agreed purpose*
> * *the team's agreed working relationships.*

7.2 The roles of all members of the primary health care team are:

7.2.1 clearly defined ☐☐ B

7.2.2 understood. ☐☐ B

7.3 The following issues are addressed through team working:

7.3.1 multidisciplinary care planning ☐☐ B

7.3.2 policy changes ☐☐ B

7.3.3 staff changes ☐☐ B

7.3.4 activity reports ☐☐ B
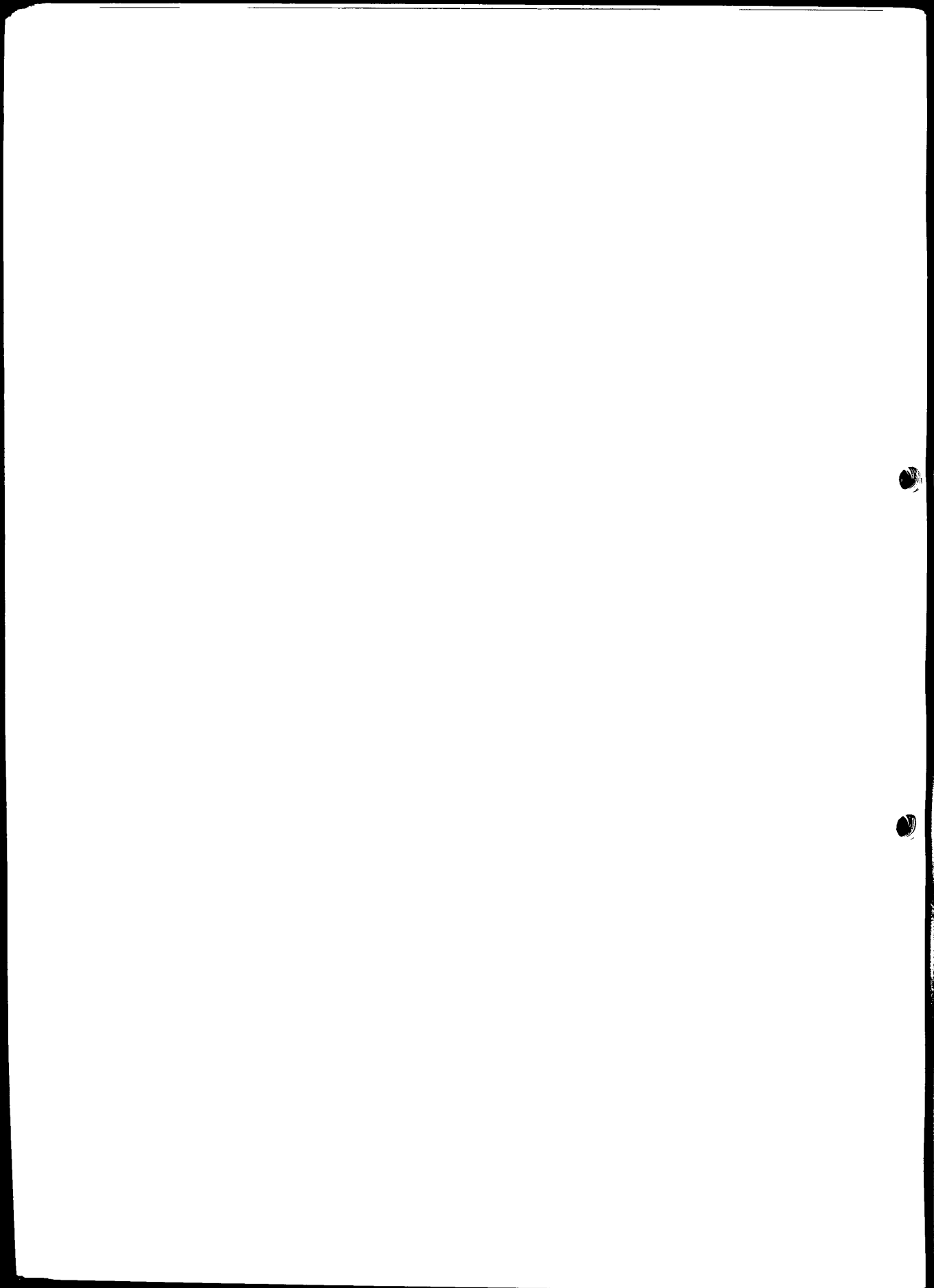
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

7.3.5   staff issues   ☐ ☐ B

7.3.6   primary health care team guidelines   ☐ ☐ B

7.3.7   primary health care team development needs.   ☐ ☐ B

7.4 The primary health care team meets for multidisciplinary discussions.   ☐ ☐ B

> *GUIDANCE*
> *These meetings should take place on a regular basis, at defined intervals.*

7.5 The constituent members are informed of when meetings are taking place.   ☐ ☐ B

7.6 The outcomes of meetings are identified in minutes.   ☐ ☐ C

> *GUIDANCE*
> *Minutes of meetings should:*
> *• be dated*
> *• be available to all constituent members*
> *• identify action points*
> *• identify individuals responsible for action.*
> *Consideration should be given to issues of confidentiality,*
> *timeliness and effectiveness.*

7.7 Partnership and/or management meetings take place.   ☐ ☐ B

7.8 The communication links between primary health care team members are documented for staff.   ☐ ☐ B

> *GUIDANCE*
> *This may include identifying:*
> *• meetings that are held regularly*
> *• which staff attend which meetings*
> *• appropriate use of other forms of internal communication,*
> *for example team briefings, memos, pigeonholes, newsletters.*
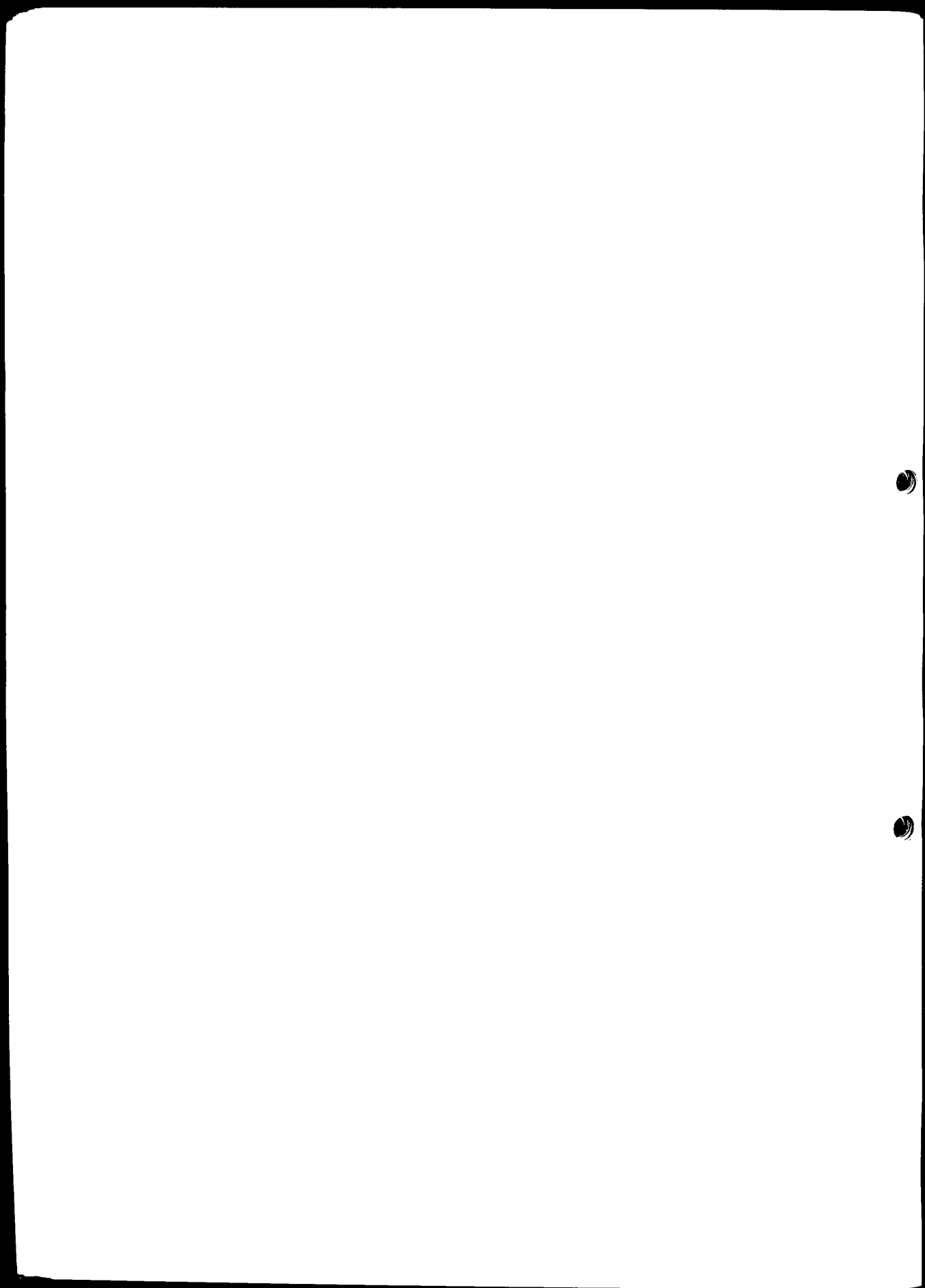
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

7.9 The document is made available to all members of the primary health care team.   ☐☐ B

7.10 There is an agreement on sharing information.   ☐☐ A

> *GUIDANCE*
> *This identifies:*
> * *the process for obtaining patient/client consent for divulging information*
> * *the information that cannot be shared between services or with external agencies*
> * *the mechanisms used for sharing information*
> * *the frequency with which information is shared.*
> *Sharing information includes:*
> * *access to GPs' computer systems by other health professionals*
> * *dissemination of written communications.*

7.11 Urgent messages are handled and dealt with promptly by the appropriate member of the primary health care team.   ☐☐ A

> *GUIDANCE*
> *All messages should be recorded, dated and the time and origin identified.*
> *Carers should not automatically be relied on as intermediaries.*

7.12 The effectiveness of internal communication mechanisms is audited.   ☐☐ B

Communication with patients/clients

7.13 The primary health care team informs patients/clients about its activities.   ☐☐ B

> *GUIDANCE*
> *Information given to patients/clients should give details of services provided or commissioned. This may be through:*
> * *the practice leaflet*
> * *displays on noticeboards*
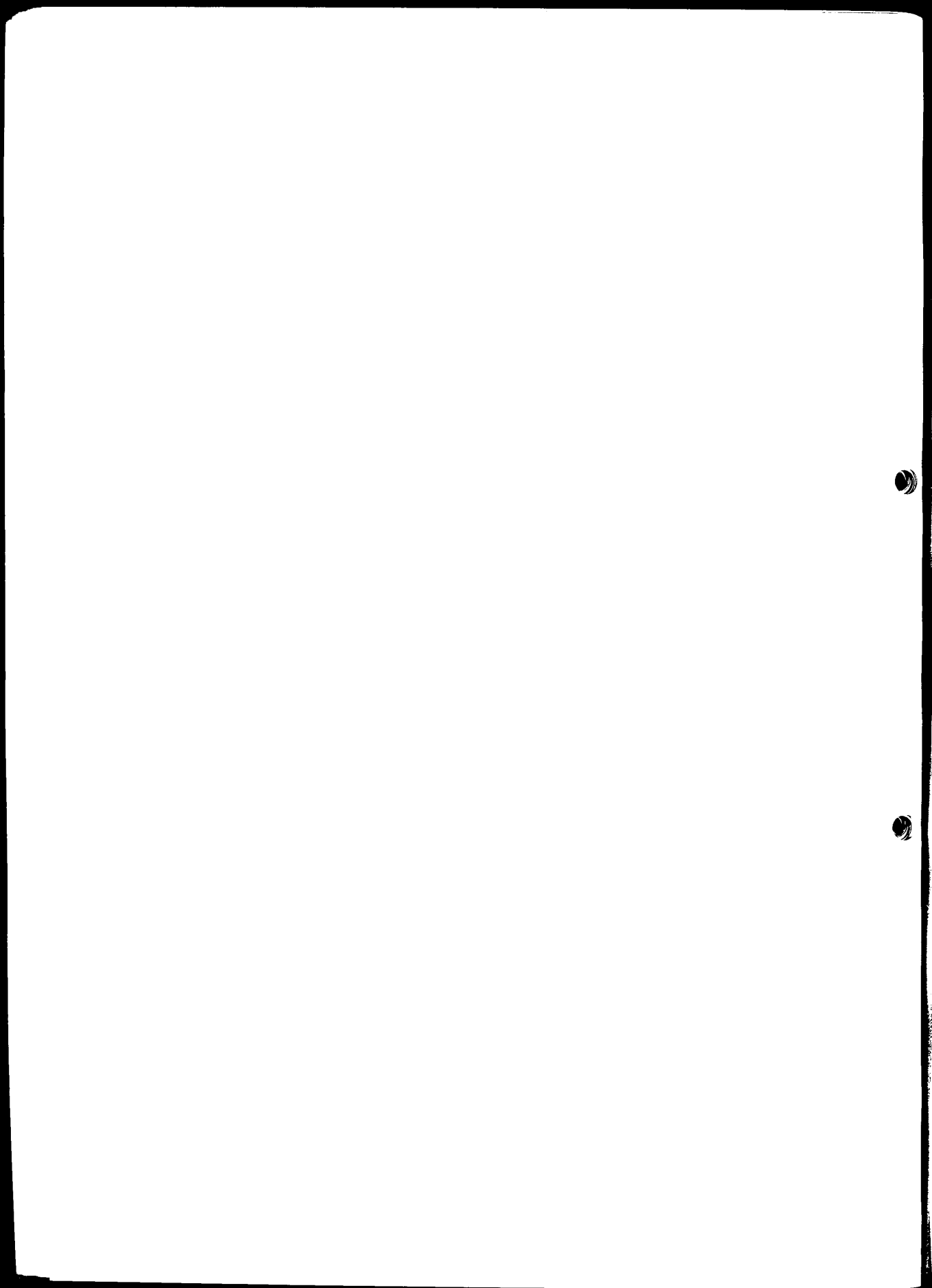
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

- *a practice newsletter*
- *a television monitor.*

7.14 The views of patients/clients are actively sought on the following:

    7.14.1   the services provided by the primary health care team   ☐☐ B

    7.14.2   the services commissioned on their behalf.   ☐☐ B

    GUIDANCE
    This may be through the use of patient participation groups,
    satisfaction surveys or the use of suggestion boxes.

7.15 The views of patients/clients are:

    7.15.1   assessed   ☐☐ B

    7.15.2   acted upon where necessary.   ☐☐ B

7.16 There is a written practice complaints procedure.   ☐☐ A

    GUIDANCE
    The procedure:
    • is developed by members of the primary health care team
    • includes acknowledging complaints within two working days
    • includes providing an explanation within ten working days.
    NHSE guidelines should be referred to.

7.17 The complaints procedure is administered by a nominated individual.   ☐☐ A

7.18 Each complaint is investigated.   ☐☐ A

7.19 Action is taken following the investigation of a complaint.   ☐☐ A

7.20 Records of complaints are maintained.   ☐☐ A
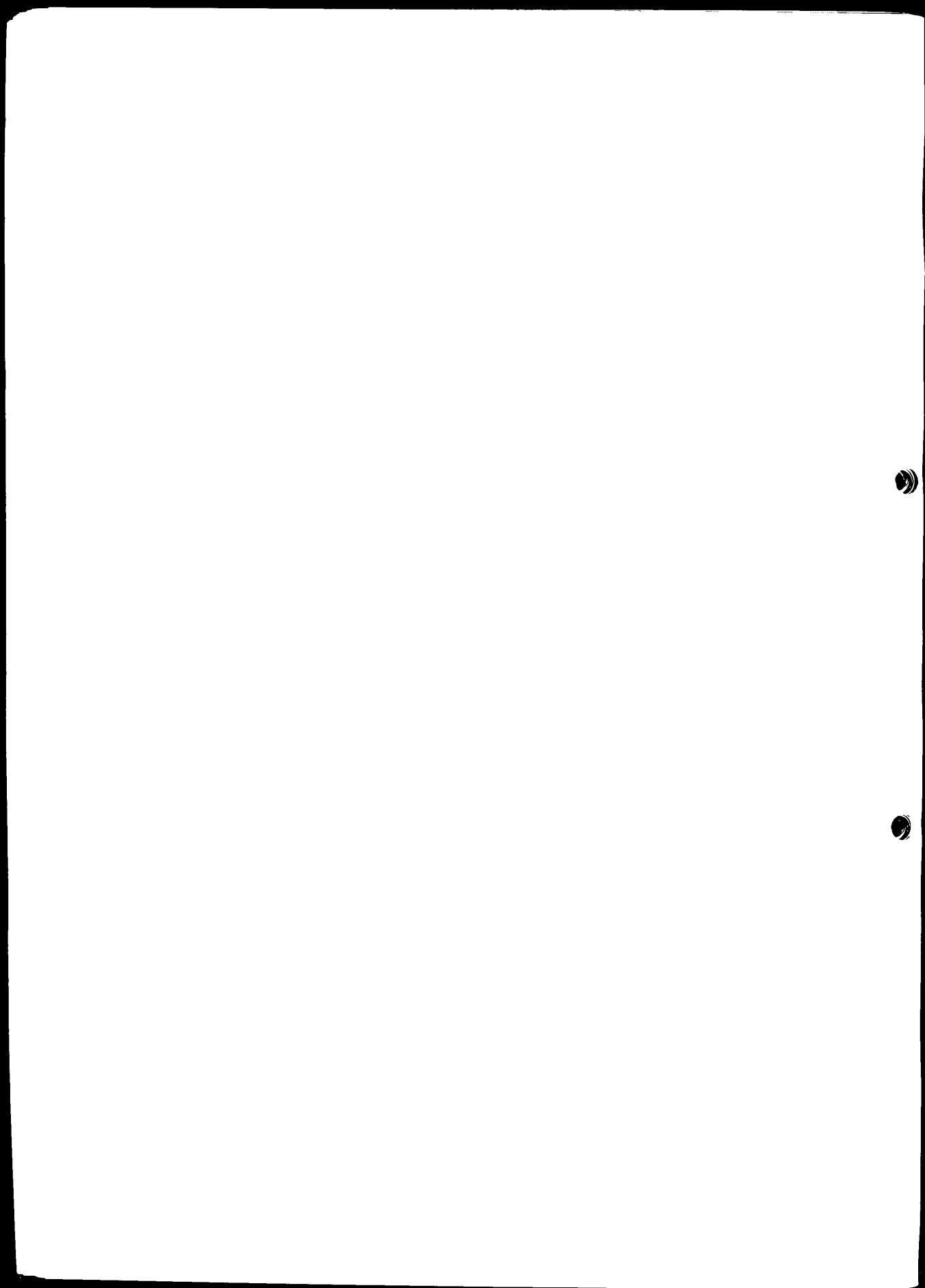
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

7.21 The practice complaints procedure is publicised.

☐☐ A

GUIDANCE
This may be via posters in waiting areas and/or the practice leaflet.

7.22 Written information about how to make a complaint is available to patients/clients.

☐☐ A

GUIDANCE
This should include information about:
• whom to contact
• what will happen after initial contact
• how long the complaints procedure will take
• possible outcomes of the procedure
• external contacts for patients/clients who do not feel able to complain directly to the practice.

7.23 Communication systems used by patients/clients are assessed for effectiveness and efficiency.

☐☐ B

7.24 All staff are given the opportunity to train in communication skills and customer care.

☐☐ C

GUIDANCE
This includes training in telephone techniques.
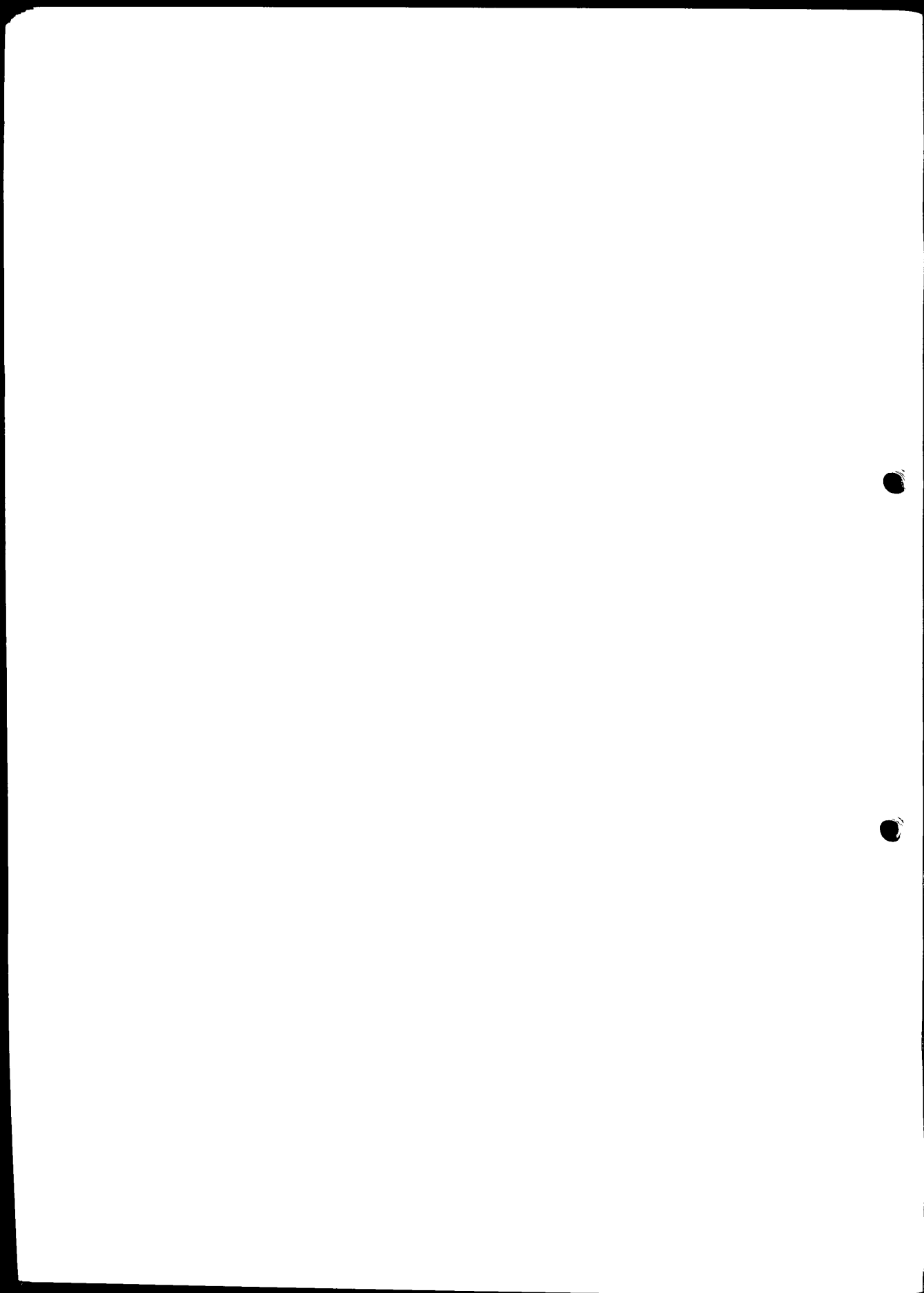
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

External communication

7.25 The communication links with key organisations are documented for staff.   ☐☐ B

> *GUIDANCE*
> *This includes:*
> * *telephone numbers and addresses of key*
>   *organisations/departments/individuals*
> * *the services provided by those organisations*
> * *any referral criteria with which the practice must comply.*

7.26 There is regular and ongoing communication between the primary health care team and the following external agencies:

7.26.1   community health council   ☐☐ B

7.26.2   local health authority   ☐☐ B

7.26.3   social services   ☐☐ B

7.26.4   local health care provider units   ☐☐ B

7.26.5   voluntary organisations   ☐☐ B

7.26.6   user and carer groups   ☐☐ B

7.26.7   local medical committees   ☐☐ B

7.26.8   other local general practices.   ☐☐ B

7.27 Minutes of meetings between the primary health care team and external organisations are kept.   ☐☐ B

> *GUIDANCE*
> *Minutes of meetings should be dated, acted upon and filed.*
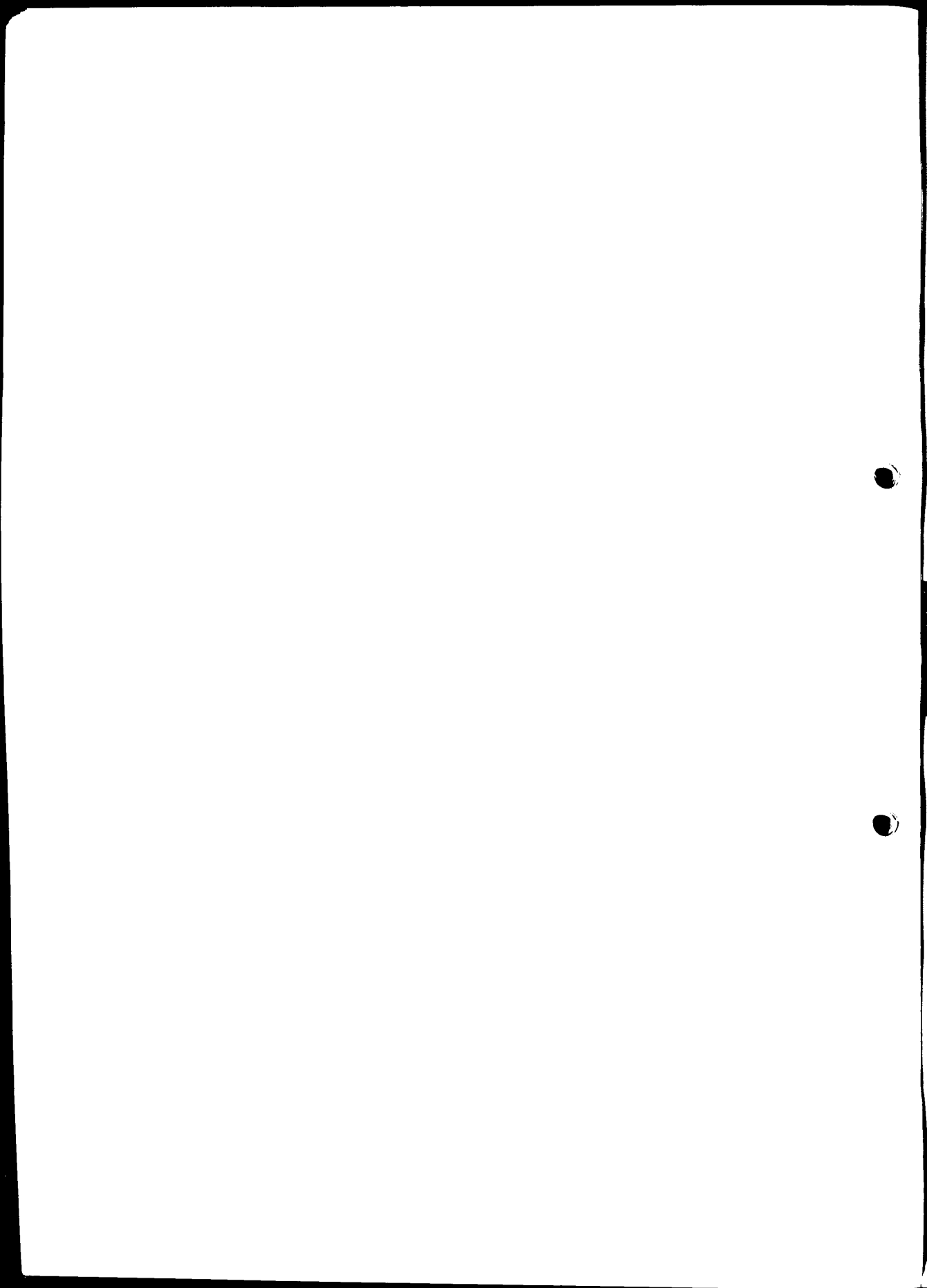
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

7.28 Proposed changes in the patterns of service provision are discussed with the
relevant agencies.   □ □ C

> *GUIDANCE*
> *Relevant agencies include those affected and those who*
> *can contribute objectively.*

7.29 The practice provides all agencies with an up-to-date contact list.   □ □ B

7.30 The practice has a policy for dealing with the media.   □ □ B
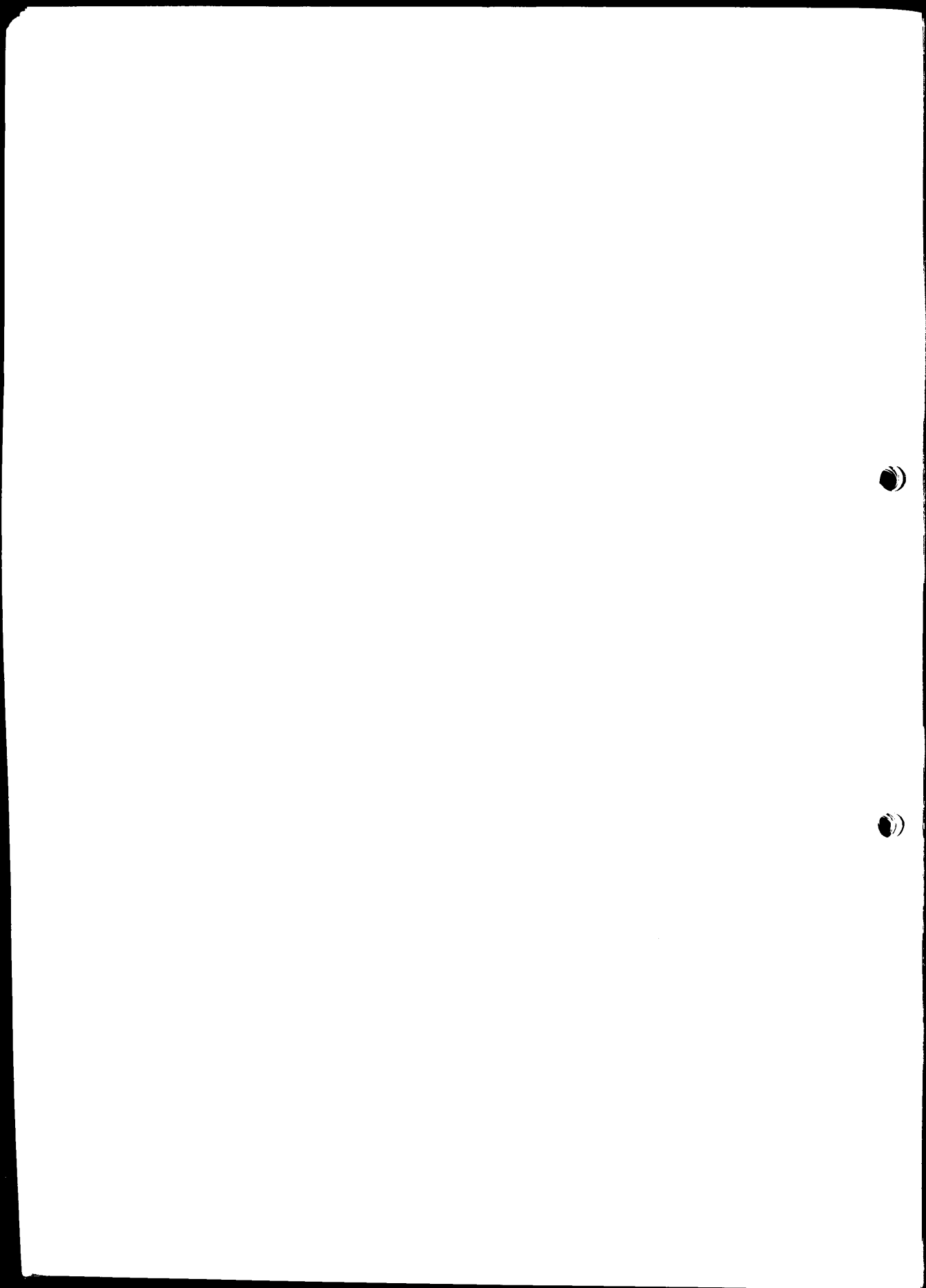
Standard 8

Referrals and investigations

Referrals to other agencies and requests for investigations are efficiently handled and contain clear and comprehensive information to ensure that the care provided to patients/clients is timely, effective and appropriate.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

Referrals

		YES	NO	
8.1	There is a written policy for handling referrals.	☐	☐	C
8.2	Referrals are legible.	☐	☐	A
8.3	Referrals contain:			
8.3.1	name	☐	☐	A
8.3.2	address	☐	☐	A
8.3.3	postcode	☐	☐	A
8.3.4	telephone number	☐	☐	B
8.3.5	sex	☐	☐	A
8.3.6	date of birth	☐	☐	A
8.3.7	any special needs	☐	☐	A
8.3.8	the problem identified	☐	☐	A
8.3.9	present condition	☐	☐	A
8.3.10	medical history, including psychiatric history where appropriate	☐	☐	A

COMMENTS
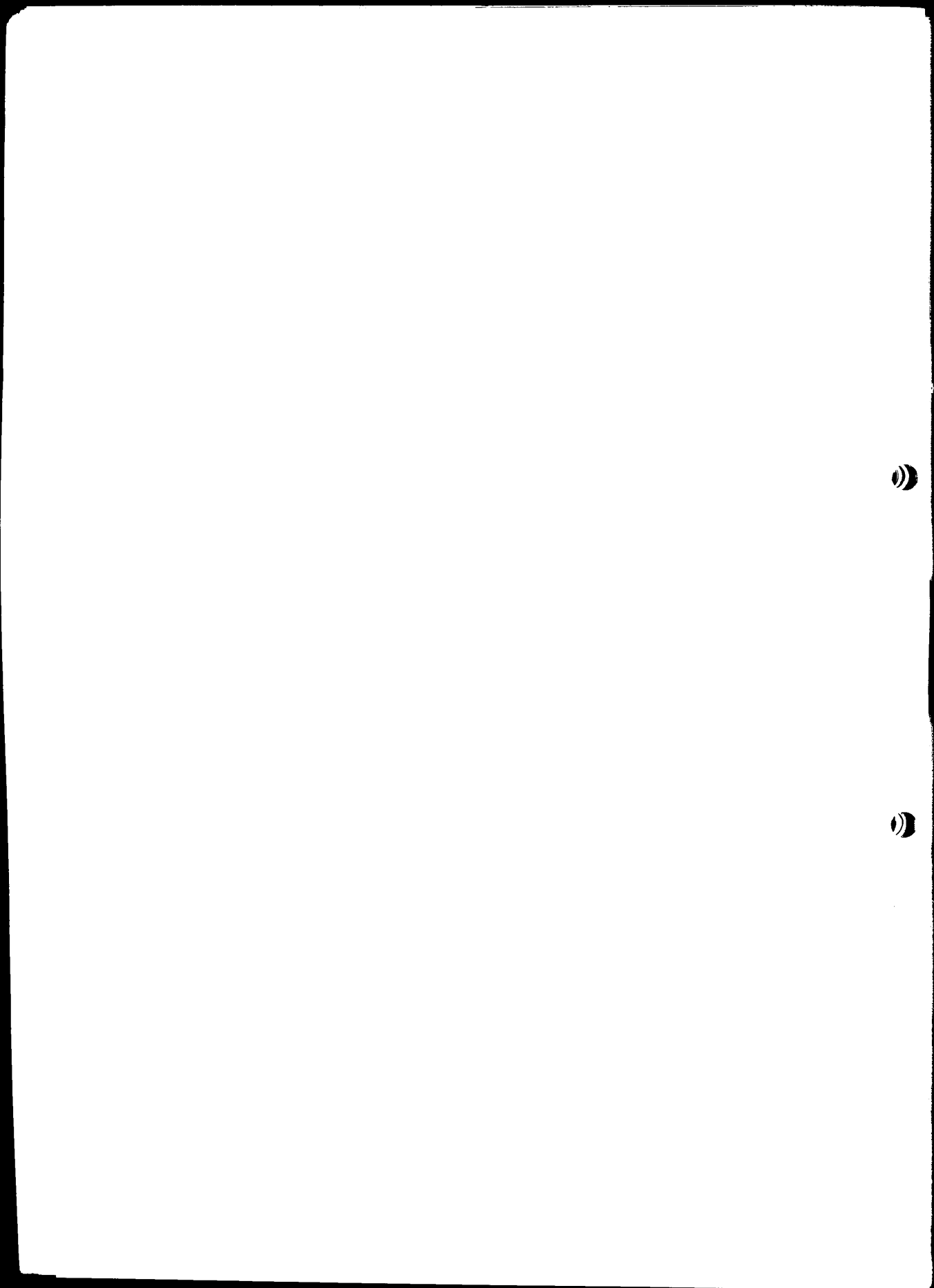
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

8.3.11   relevant investigations   ☐☐ A

8.3.12   social situation, including presence or availability of carer   ☐☐ A

8.3.13   a comment on urgency   ☐☐ A

8.3.14   NHS number (or CHI number in Scotland)   ☐☐ A

8.3.15   hospital number.   ☐☐ A

8.4 Copies of referral letters are kept.   ☐☐ C

> GUIDANCE
> *Referral letters should be stored in a location that ensures they can
> be easily retrieved and are attributable to the patient.*

8.5 The patient/client and carer are informed of the reasons for advising referral.   ☐☐ A

8.6 The patient/client and carer are given the opportunity to discuss
the reasons for referral.   ☐☐ A

8.7 For inpatient referrals, the patient/client and carer are allowed, where possible,
to choose to which hospital they are referred.   ☐☐ A

> GUIDANCE
> *The patient/client and carer are given enough information to enable them
> to make an informed choice. In some situations choice will not be possible
> (for example, when patients are admitted to hospital for
> emergency treatment).*
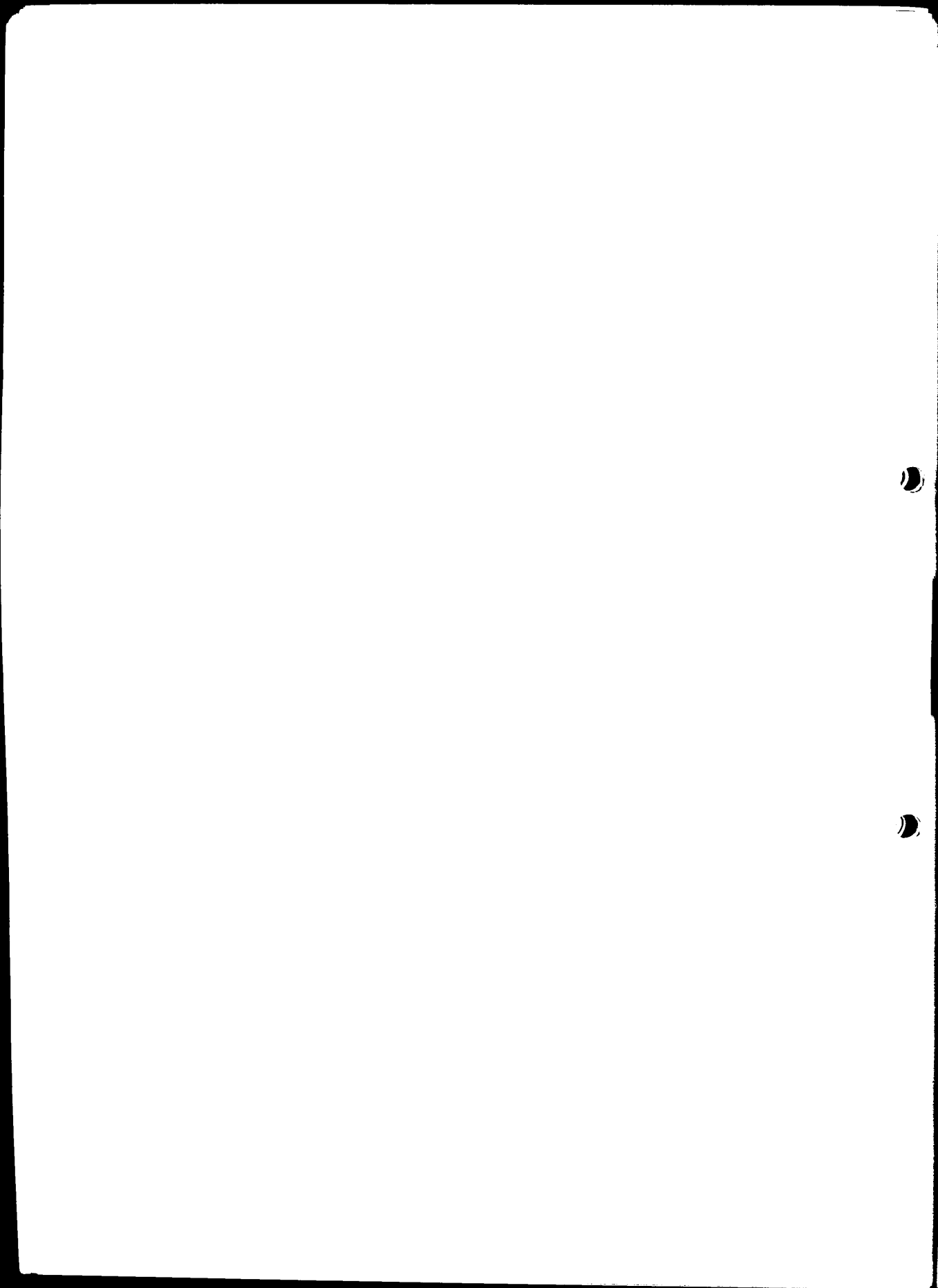
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

8.8 Patients referred to accident and emergency are accompanied by a letter from
the GP.   ☐☐ A

> GUIDANCE
> This should be legible, contain personal details, together with relevant social
> and medical history. This is not always possible (for example, when patients
> are admitted as a result of a road accident or some other injury).

8.9 Referrals are audited.   ☐☐ B

> GUIDANCE
> This should cover:
> • how referrals are received and dealt with
> • referral patterns.

Investigations

8.10 Requests for investigations:

8.10.1   are legible   ☐☐ A

8.10.2   are dated   ☐☐ A

8.10.3   are on the correct form   ☐☐ A

8.10.4   contain sufficient details to correctly identify the patient/client ☐☐ A

8.10.5   enable the relevant departments to carry out the investigation.   ☐☐ A

8.11 Staff are able to determine that all requests have been:

8.11.1   received   ☐☐ A

8.11.2   investigated.   ☐☐ A
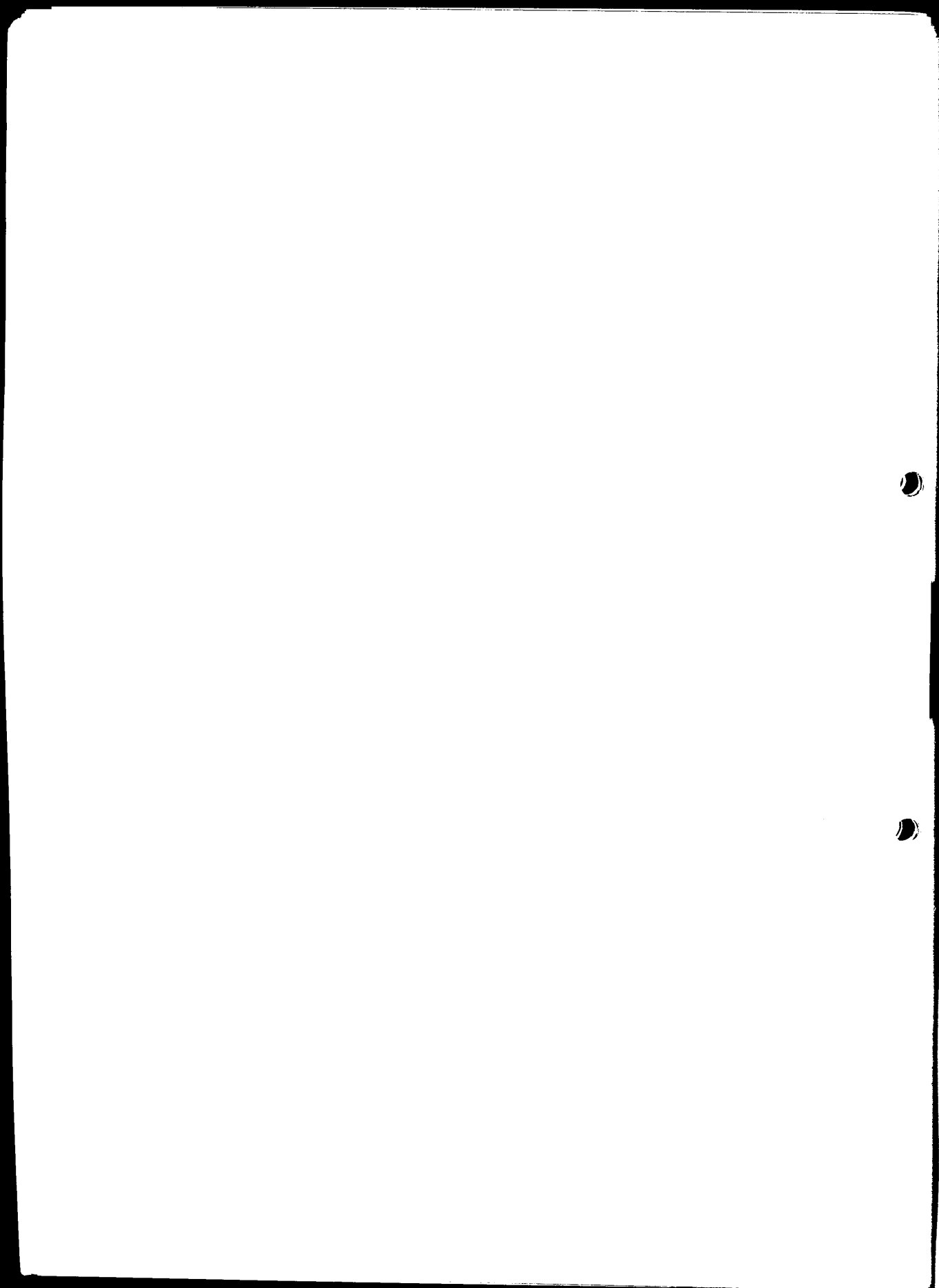
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

8.12 Results of investigations are:

8.12.1   communicated to the relevant practitioner   ☐☐ A

GUIDANCE
*This may be the practitioner who requested the investigation or another
who has the qualification and competence to deal with the result.*

8.12.2   dealt with.   ☐☐ A

8.13 There is a policy on giving results to patients.   ☐☐ A

GUIDANCE
*This should include ensuring confidentiality is maintained, for example
when results are given over the telephone.*

8.14 Requests for investigations are audited.   ☐☐ B

GUIDANCE
This includes examining frequency, number, content, timeliness and outcomes.

Information

The practice has appropriate and accurate information that is easily accessible to users and enables informed decisions to be made.
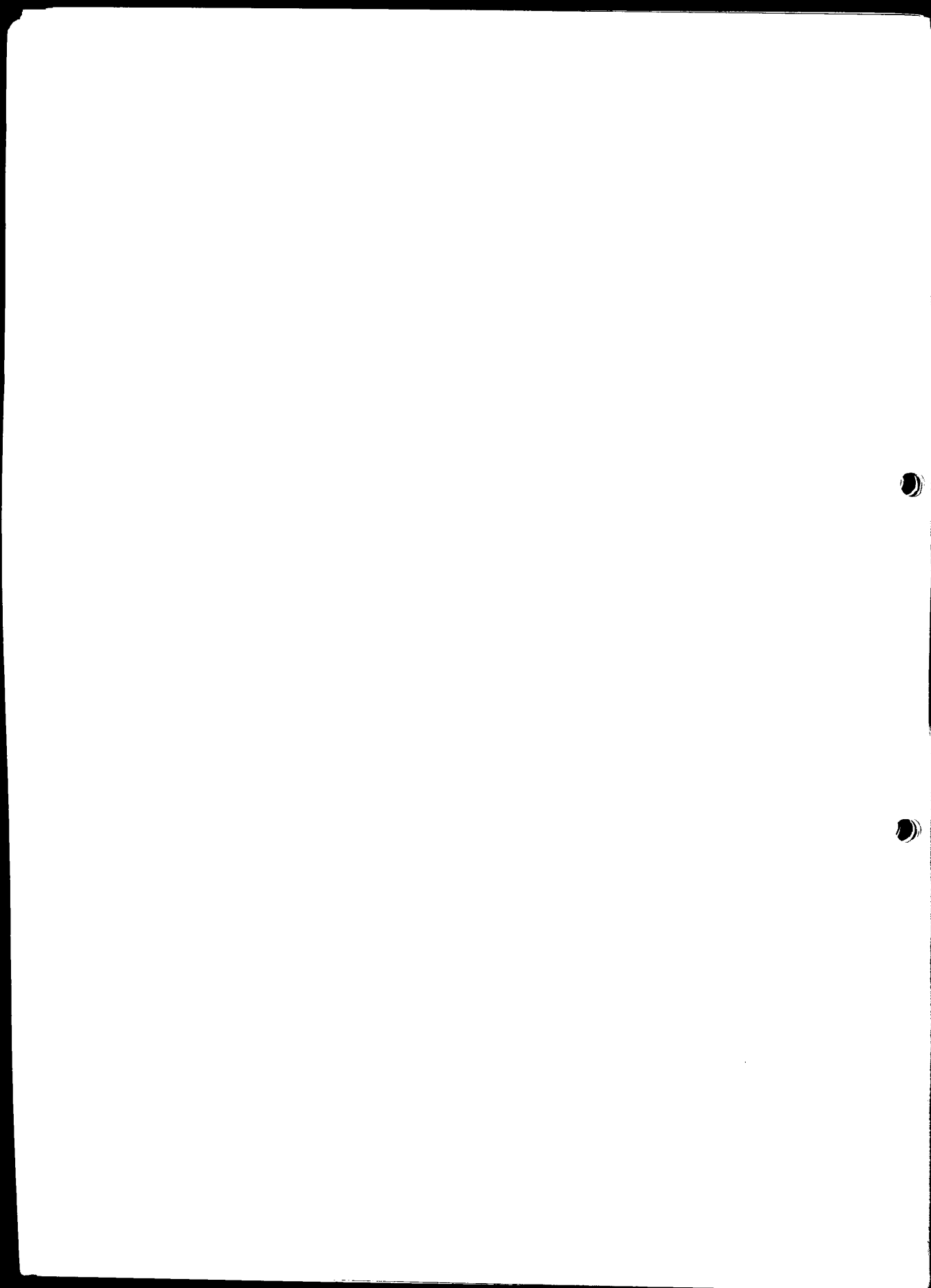
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

Information collected by the primary health care team

9.1 The following practice information is collected by the primary health care team:

		YES	NO	
9.1.1	age/sex of practice population	☐	☐	A
9.1.2	notifiable diseases	☐	☐	A
9.1.3	a disease register	☐	☐	B
9.1.4	immunisation status of practice population	☐	☐	A
9.1.5	child development	☐	☐	B
9.1.6	cervical cytology	☐	☐	A
9.1.7	health promotion	☐	☐	B
9.1.8	deaths	☐	☐	A
9.1.9	referrals	☐	☐	B
9.1.10	patient/client contacts	☐	☐	B
9.1.11	activities performed	☐	☐	A
9.1.12	case load profile	☐	☐	C
9.1.13	waiting times for assessment and intervention.	☐	☐	B
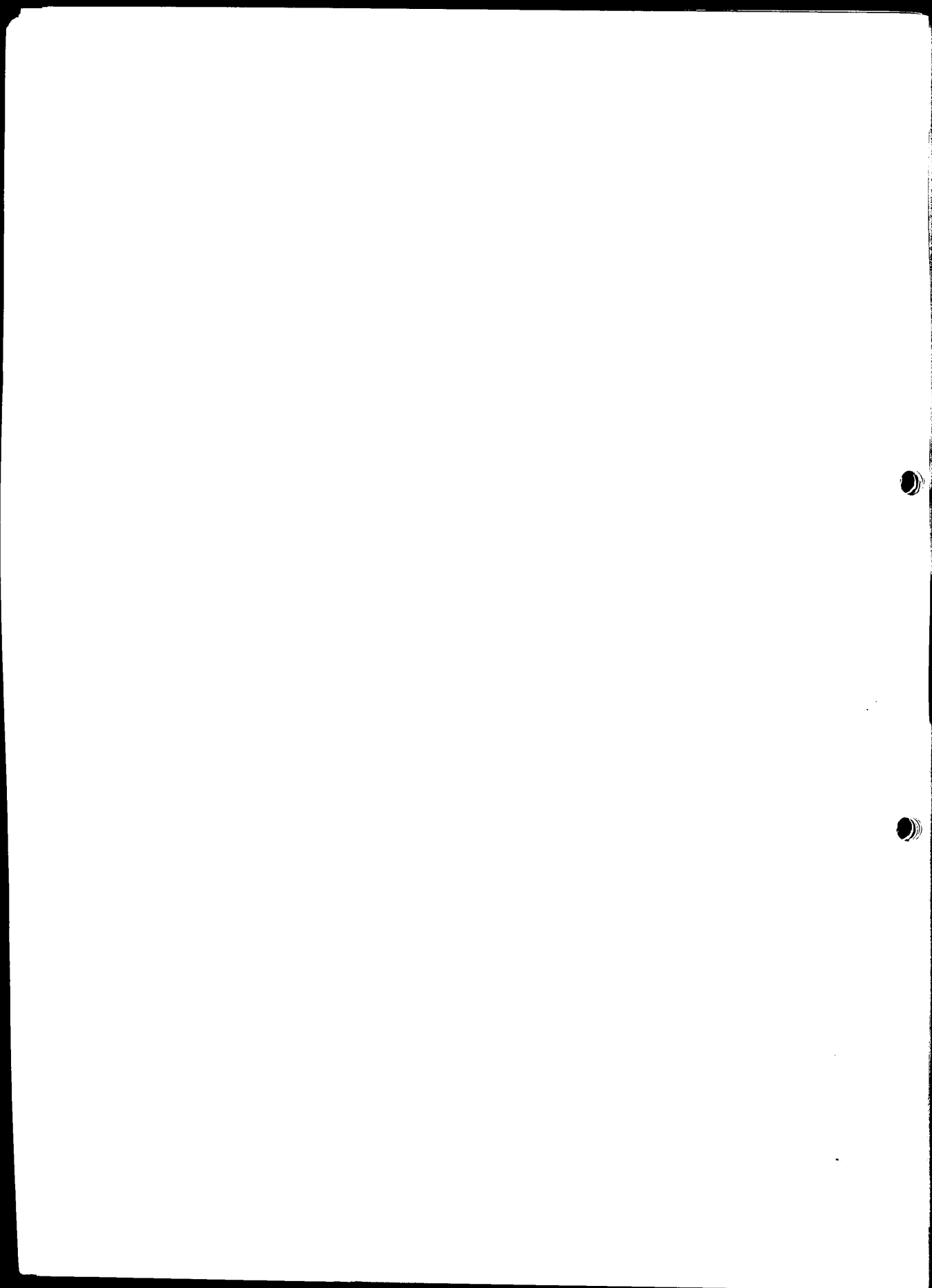
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

9.2 Information is stored in a form that:

9.2.1   ensures consistency of data recording   ☐ ☐ A

9.2.2   enables retrieval of data   ☐ ☐ A

9.2.3   enables data to be monitored   ☐ ☐ A

9.2.4   facilitates the production of reports.   ☐ ☐ A

9.3 Practice statistics are:

9.3.1   analysed   ☐ ☐ B

9.3.2   used to inform service provision.   ☐ ☐ B

9.4 The primary health care team maintains confidentiality in accordance with the Data Protection Act 1984.   ☐ ☐ A

9.5 There is a policy for informing patients of:

9.5.1   the purposes for which information about them is collected   ☐ ☐ A

9.5.2   the categories of people or organisations to which information may need to be passed.   ☐ ☐ A

        GUIDANCE
        Department of Health guidelines, The Protection and Use of
        Patient Information (1996), should be referred to.

9.6 Contingency plans are in place to allow continued operation of procedures in the event of computer failure.   ☐ ☐ A
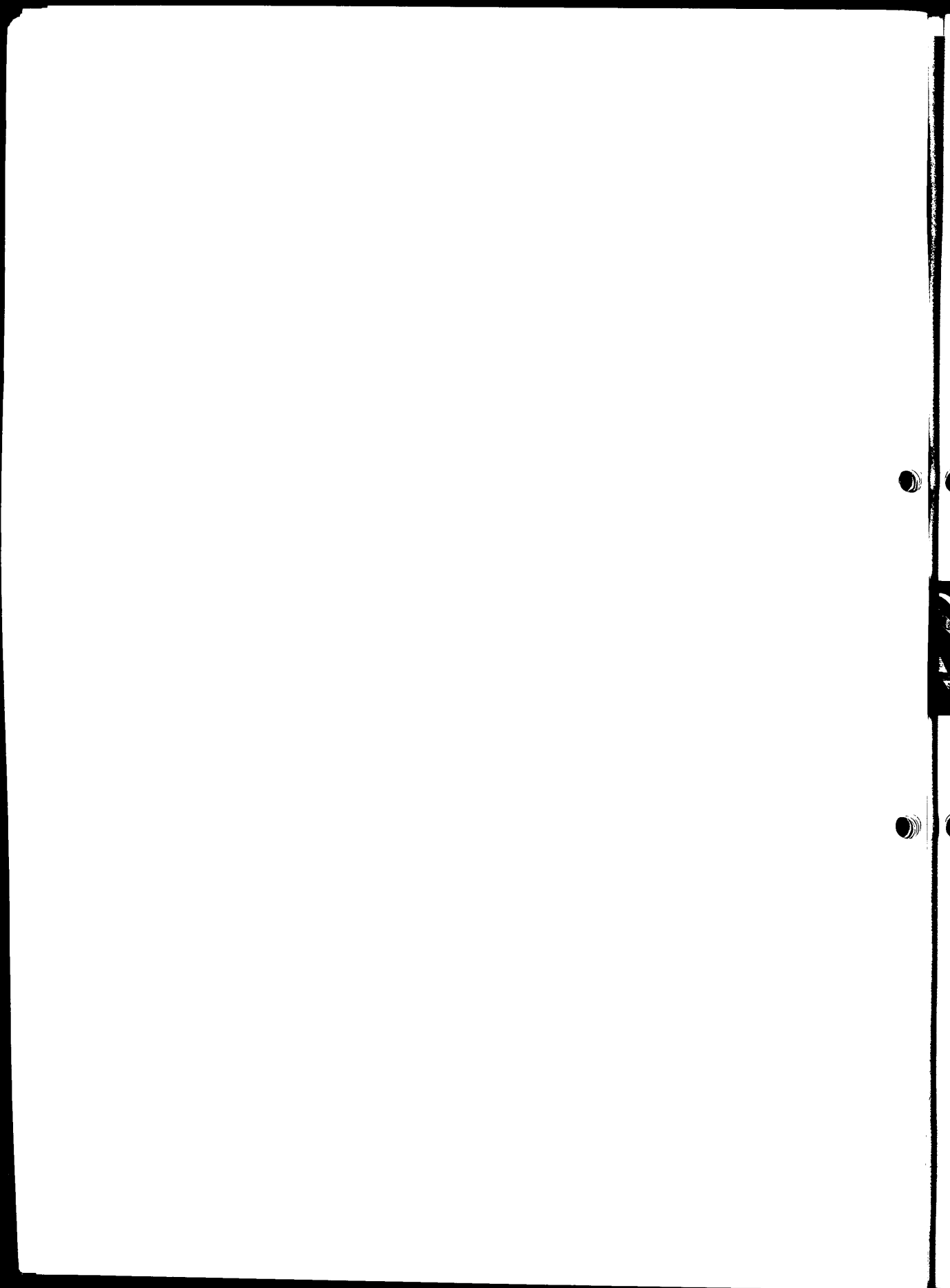
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Information from health authorities

9.7 The practice seeks the following information from local health authorities:

9.7.1	the business plan	☐☐	B	
9.7.2	corporate objectives	☐☐	C	
9.7.3	policy statements	☐☐	C	
9.7.4	local interpretation of national objectives	☐☐	B	

GUIDANCE
This may include:
• the health authority primary care charter
• guidelines on health promotion.

9.7.5	information on local health needs	☐☐	B	
9.7.6	commissioning intentions and purchasing plan	☐☐	B	
9.7.7	a list of provider units with which contracts have been negotiated	☐☐	B	
9.7.8	service quality specifications	☐☐	B	
9.7.9	plans for monitoring service provision	☐☐	B	
9.7.10	a list of departments in the health authority with which the primary health care team may need to communicate	☐☐	B	
9.7.11	information on opportunities for the development of premises	☐☐	B	

GUIDANCE
This includes improvement grants and cost rent schemes.

9.7.12	funding for practices	☐☐	B	

GUIDANCE
This includes reimbursement policies and budgetary information.
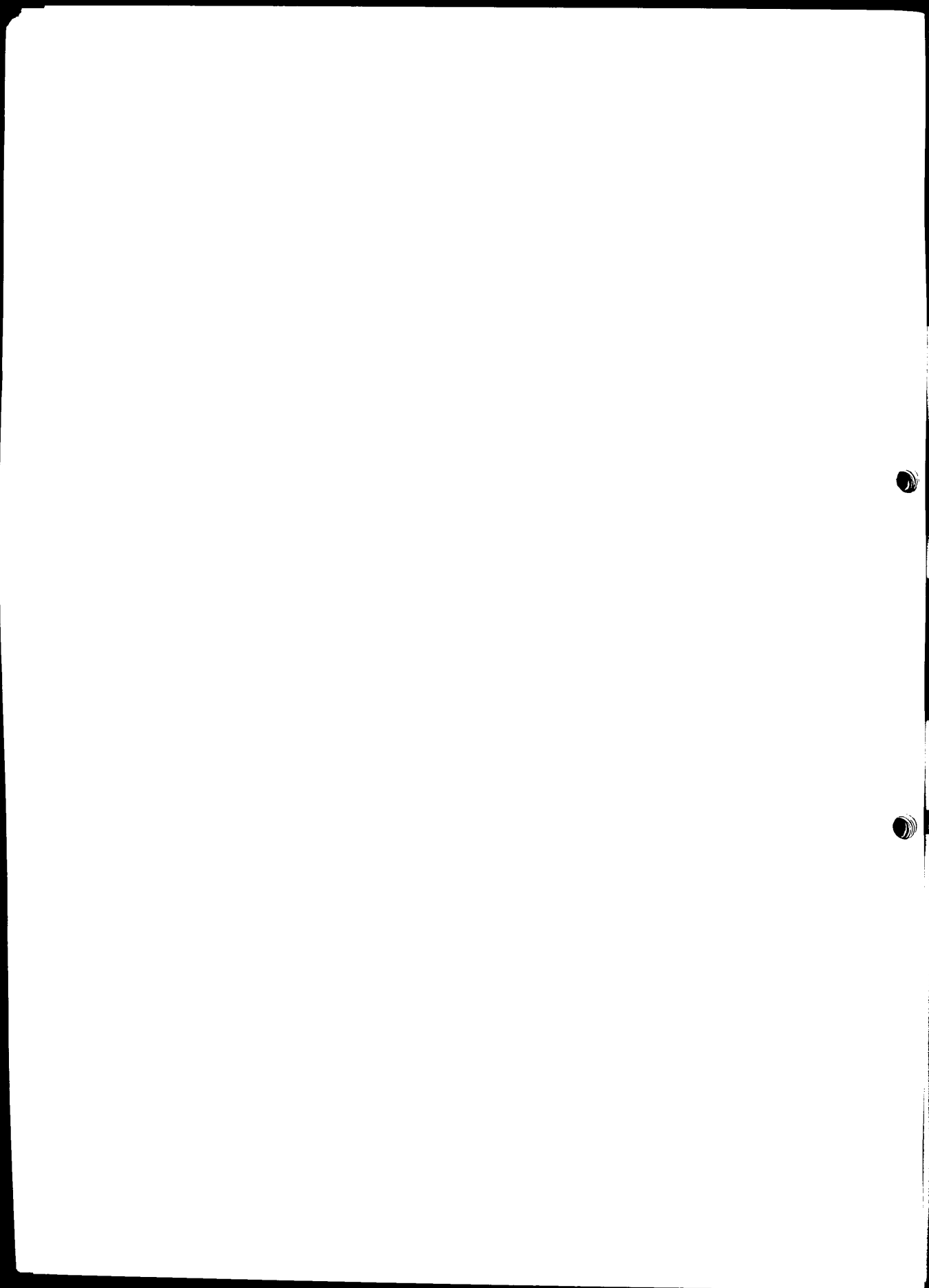
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

9.7.13   key dates for returns to be made to the health authority.   ☐☐ B

Information from service providers

9.8 The following information is obtained from relevant service providers:

> *GUIDANCE*
> *Relevant service providers are those with which GP fundholders hold*
> *contracts, or those which non-fundholders refer to regularly.*

9.8.1   plans for service provision   ☐☐ B

9.8.2   service quality specifications   ☐☐ B

9.8.3   consultants and specialty   ☐☐ B

9.8.4   waiting time for referral to consultants   ☐☐ B

9.8.5   waiting time for admission   ☐☐ B

9.8.6   investigations undertaken   ☐☐ B

> *GUIDANCE*
> *For example:*
> *• microbiological*
> *• haematological*
> *• radiological.*

9.8.7   waiting time for results   ☐☐ B

9.8.8   complaints procedure   ☐☐ B

9.8.9   discharge summaries.   ☐☐ B

9.9 The content and timeliness of discharge summaries are audited.   ☐☐ C
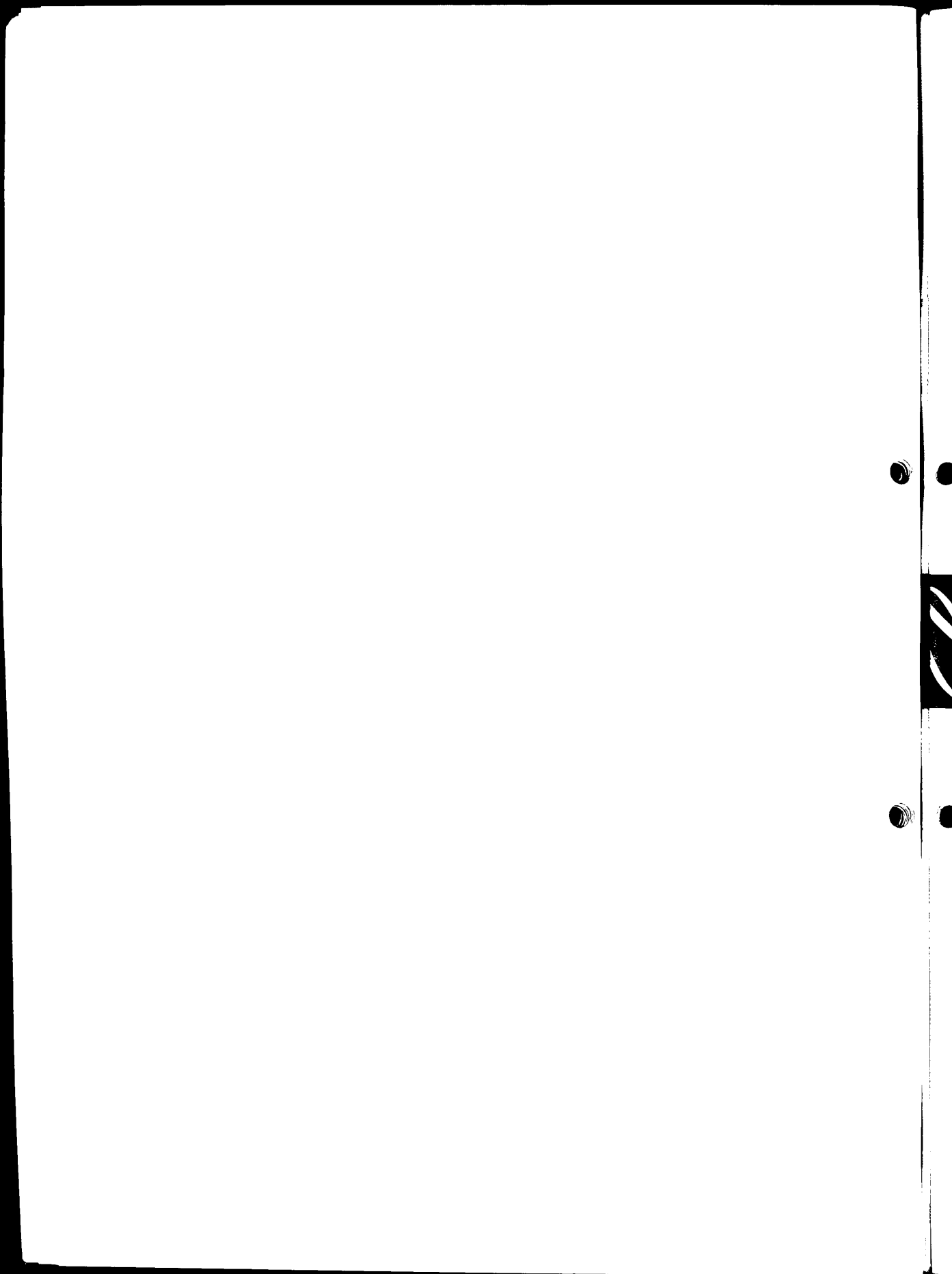
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Information from social services

9.10 The following information is obtained from social services:

9.10.1   the community care plan   ☐ ☐ B

9.10.2   criteria for referral for community care assessment   ☐ ☐ B

9.10.3   social care services for which direct payment is required   ☐ ☐ C

9.10.4   arrangements for carer assessment.   ☐ ☐ C

Information for patients/clients

9.11 There is an up-to-date practice leaflet.   ☐ ☐ A

> *GUIDANCE*
> *This should include information about:*
> *• personal and professional details of GPs, including assistants*
> *• the services provided and access to these*
> *• the availability of GPs*
> *• appointment systems*
> *• primary health care team members and their roles*
> *• practice boundaries*
> *• obtaining repeat prescriptions*
> *• undergraduate or vocational training*
> *• information on how to make complaints and suggestions*
> *• out-of-hours arrangements.*

9.12 The practice leaflet is made available to the public.   ☐ ☐ A
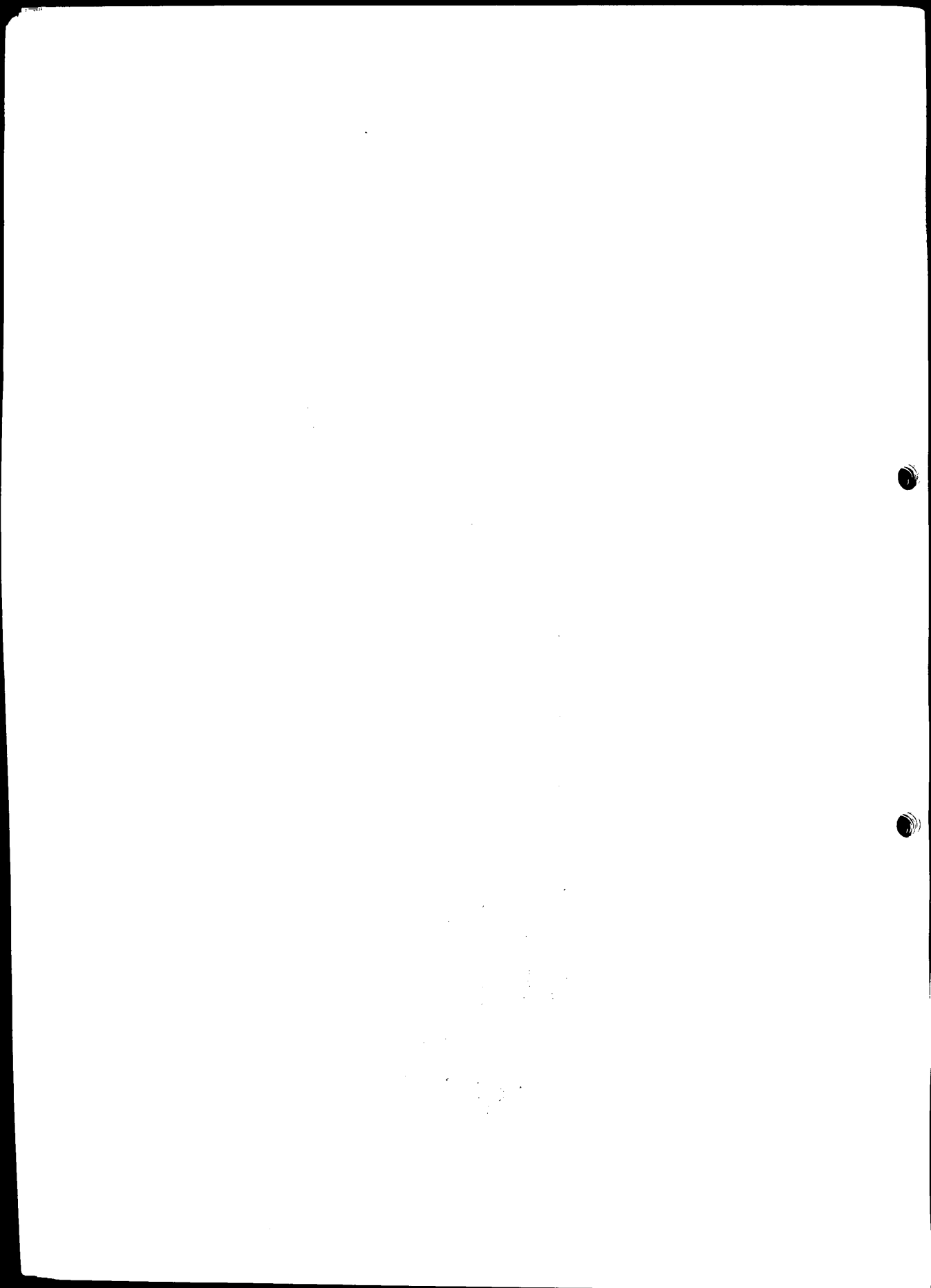
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES   NO

COMMENTS

9.13 Information leaflets on clinical and non-clinical subjects are made available
to patients/clients and carers.

☐☐ B

GUIDANCE
Leaflets may cover:
• support groups
• self-help groups
• patient participation groups
• respite care services
• residential homes
• community health records
• availability of aids, appliances and facilities that could assist patients/clients
  living in the community.

9.14 Information is provided to patients in suitable formats.

☐☐ B

GUIDANCE
Examples include large print, tape and Braille.

9.15 Health promotion material is clearly displayed within the practice.

☐☐ B

9.16 When access to the practice is a problem, health promotion literature is
provided to people in their homes.

☐☐ C
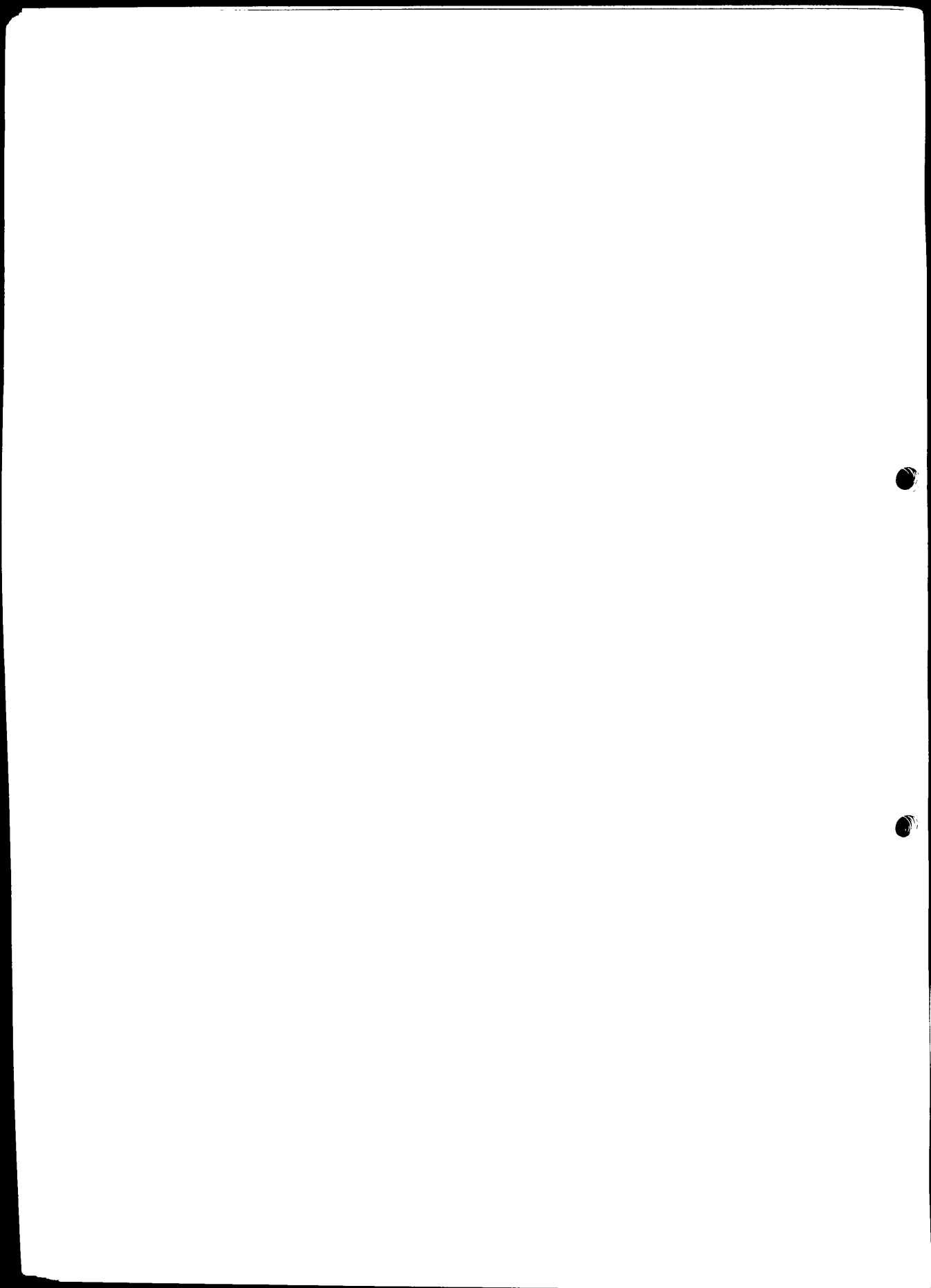
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

9.17 Leaflets and posters are assessed by the primary health care team according to an agreed policy on quality. ☐ ☐ B

> *GUIDANCE*
> *Such a policy could take into consideration:*
> * *content*
> * *philosophy*
> * *graphics and style*
> * *readability*
> * *suitability for target audience*
> * *absence of racist or sexist stereotypes*
> * *cultural appropriateness.*

9.18 There is a policy on the use of commercially sponsored materials. ☐ ☐ C

9.19 There are designated bulletin boards used to display information about the availability of clinics, screening and services. ☐ ☐ B

9.20 A designated member(s) of staff is responsible for keeping the patient information up to date. ☐ ☐ B
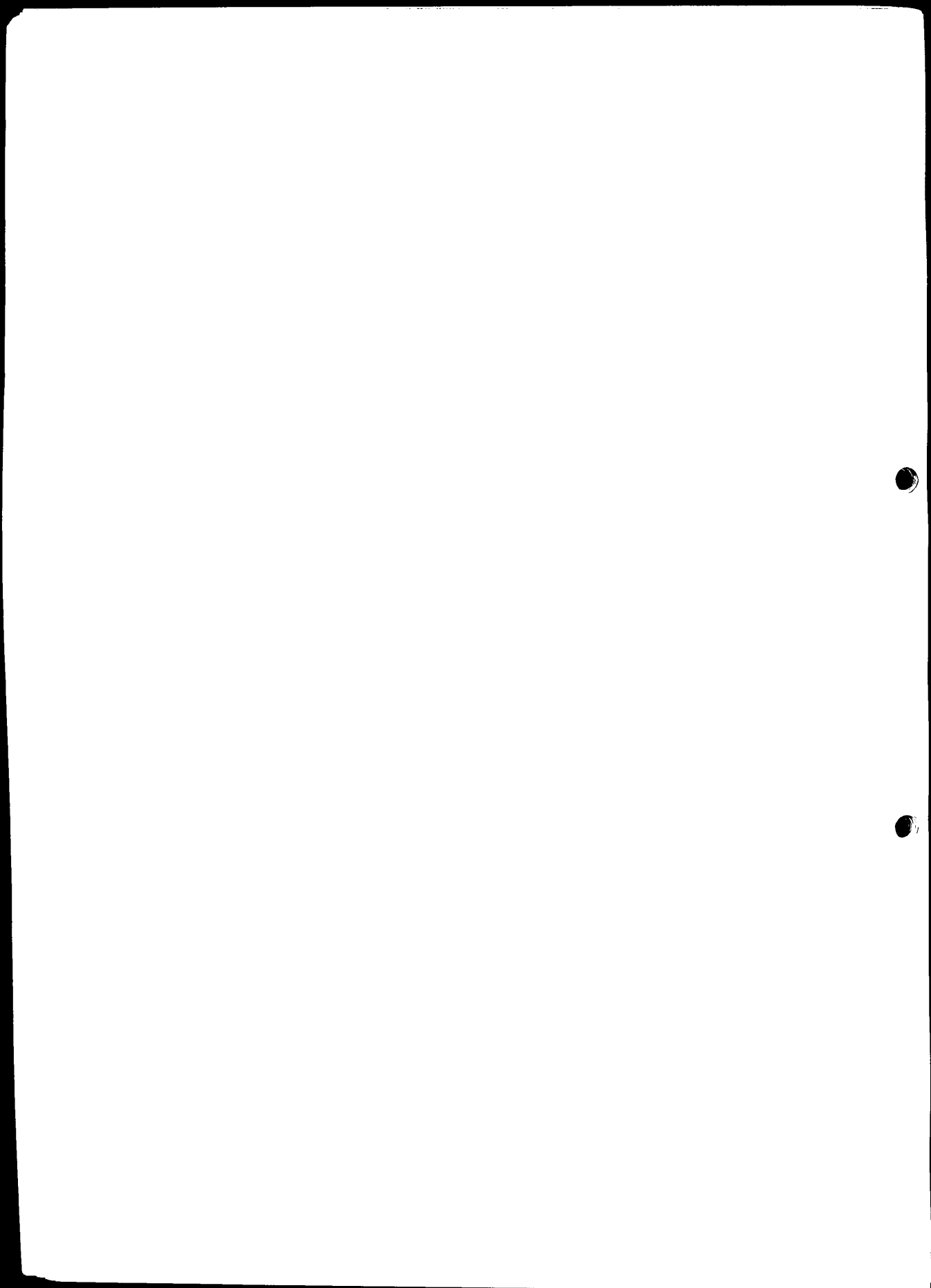
Standard 10

Policies, procedures and protocols

There are written policies, supported by procedures and protocols, which reflect current knowledge and practice. They are used to guide the primary health care team in its activities and are consistent with the objectives of the service and relevant regulations.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Policies

10.1 Written policies are developed by the primary health care team.   ☐ ☐ A

> GUIDANCE
> *The members of the primary health care team involved will*
> *depend on the type of policy being drawn up.*

10.2 Written policies are shared with:

   10.2.1   the primary health care team   ☐ ☐ A

   10.2.2   patient/support groups.   ☐ ☐ B

10.3 When writing policies the relevant influences, such as statutory regulations,
   codes of ethics and local/national agreed objectives are considered.   ☐ ☐ A

10.4 Policies are:

   10.4.1   reviewed on a regular basis and, if necessary, amended   ☐ ☐ A

> GUIDANCE
> *This could be annually or sooner if new guidance is issued.*
> *Responsibility for review should be clear.*
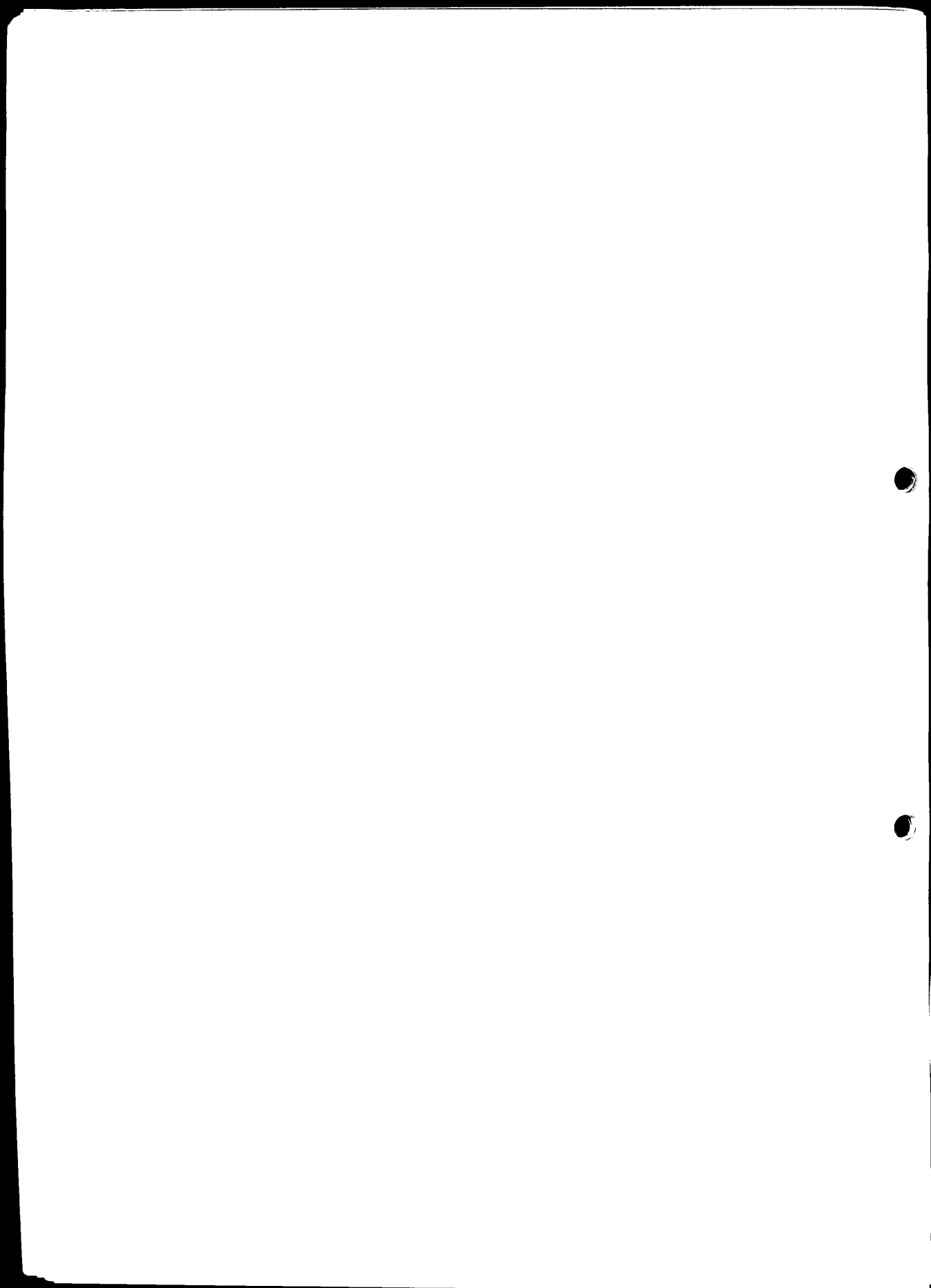
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA		YES	NO	
10.4.2	compiled into a manual	☐	☐	B
10.4.3	dated	☐	☐	B
10.4.4	accessible to all staff.	☐	☐	A

GUIDANCE
This includes locum, bank and agency staff.

10.5 Adherence to policies is monitored. ☐ ☐ A

Procedures

10.6 Procedures are:

10.6.1	written in a clear intelligible style	☐	☐	A
10.6.2	compiled into a manual	☐	☐	B
10.6.3	accessible to all staff	☐	☐	A
10.6.4	reviewed on a regular basis and, if necessary, amended	☐	☐	A

GUIDANCE
This could be annually, or sooner if new guidance is issued.
Responsibility for review should be clear.

10.6.5	dated	☐	☐	B
10.6.6	signed by the person responsible for endorsing the procedure.	☐	☐	A

10.7 Adherence to procedures is monitored. ☐ ☐ A

COMMENTS
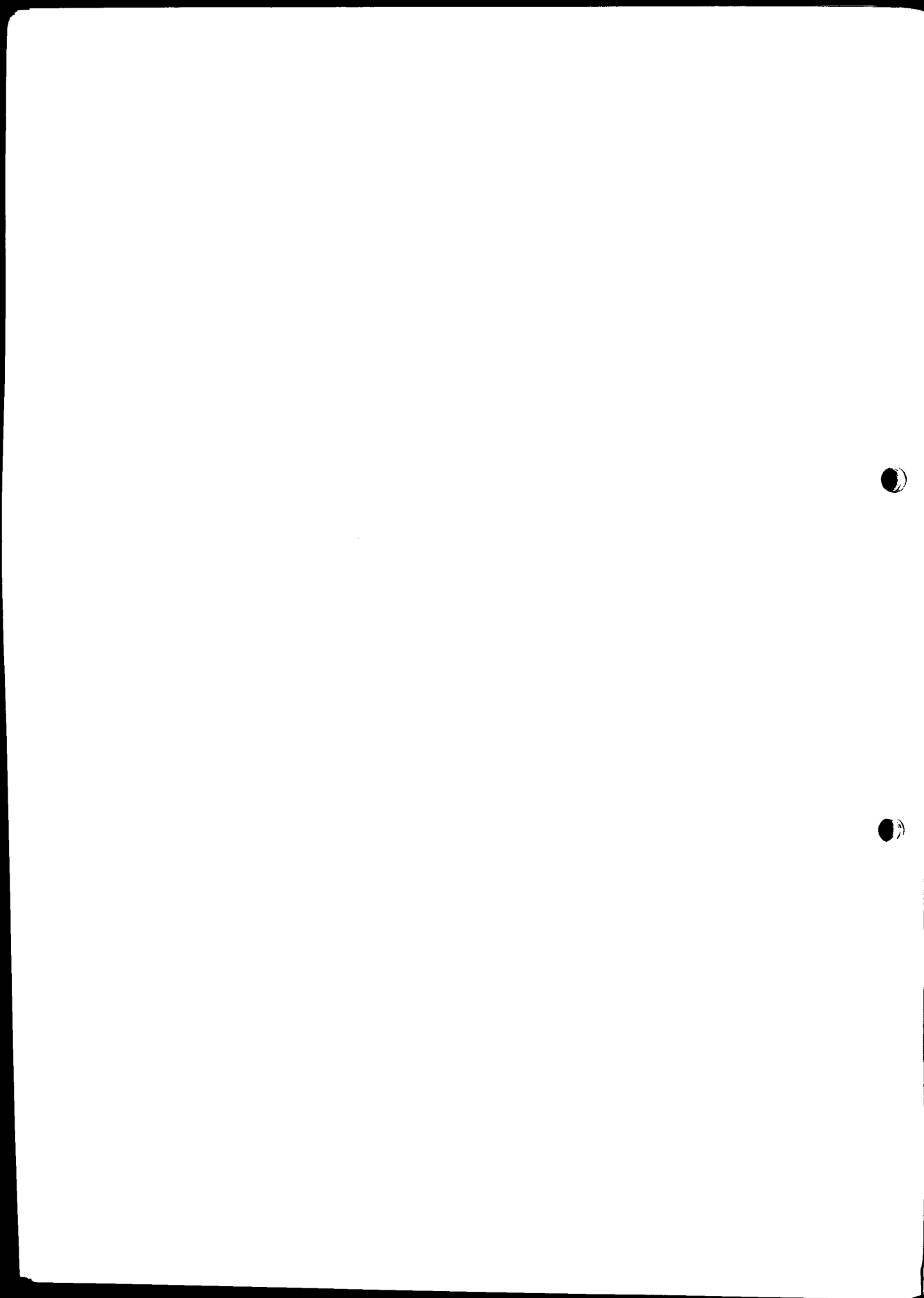
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

Protocols

10.8 Protocols for patient care:

10.8.1   are based on clinical evidence   ☐ ☐ A

10.8.2   do not conflict with professional guidance or statutory regulations   ☐ ☐ A

10.8.3   are reviewed on a regular basis and, if necessary, amended   ☐ ☐ A

GUIDANCE
This could be annually, or sooner if new guidance is issued.
Responsibility for review should be clear.

10.8.4   are accessible to all staff   ☐ ☐ A

10.8.5   are dated   ☐ ☐ B

10.8.6   are signed by the person responsible for endorsing the protocol.   ☐ ☐ A

GUIDANCE
When drawing up protocols the following should be considered:
• definition of target/disease group
• objective of activity
• definition of professional responsibilities
• standards and accountabilities
• resource implications and training needs
• method of contact of target group
• agreed method of record keeping and annotation
• review/recall arrangements.
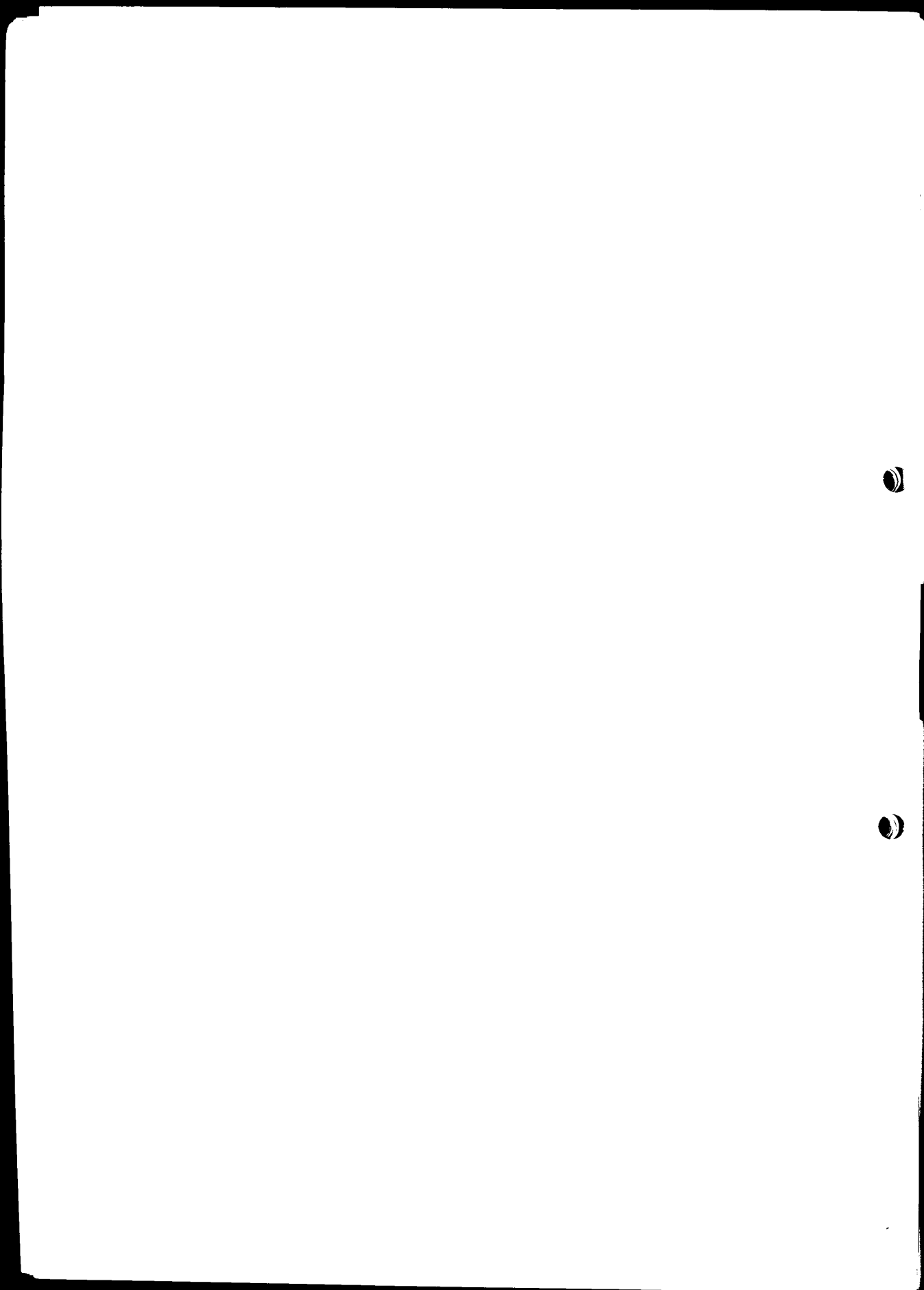
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

10.9 Where patient care is shared between two or more professional agencies, there is a written joint protocol. ☐☐ B

> GUIDANCE
> *Joint protocols should include:*
> • *the specific responsibilities of each party*
> • *an agreement on resource implications*
> • *arrangements for review.*

10.10 All staff involved in the implementation of protocols understand them. ☐☐ B

10.11 A system of audit is used to evaluate each protocol. ☐☐ B

10.12 Adherence to protocols is monitored. ☐☐ A

10.13 Staff are informed of any change to policies, procedures and protocols. ☐☐ A
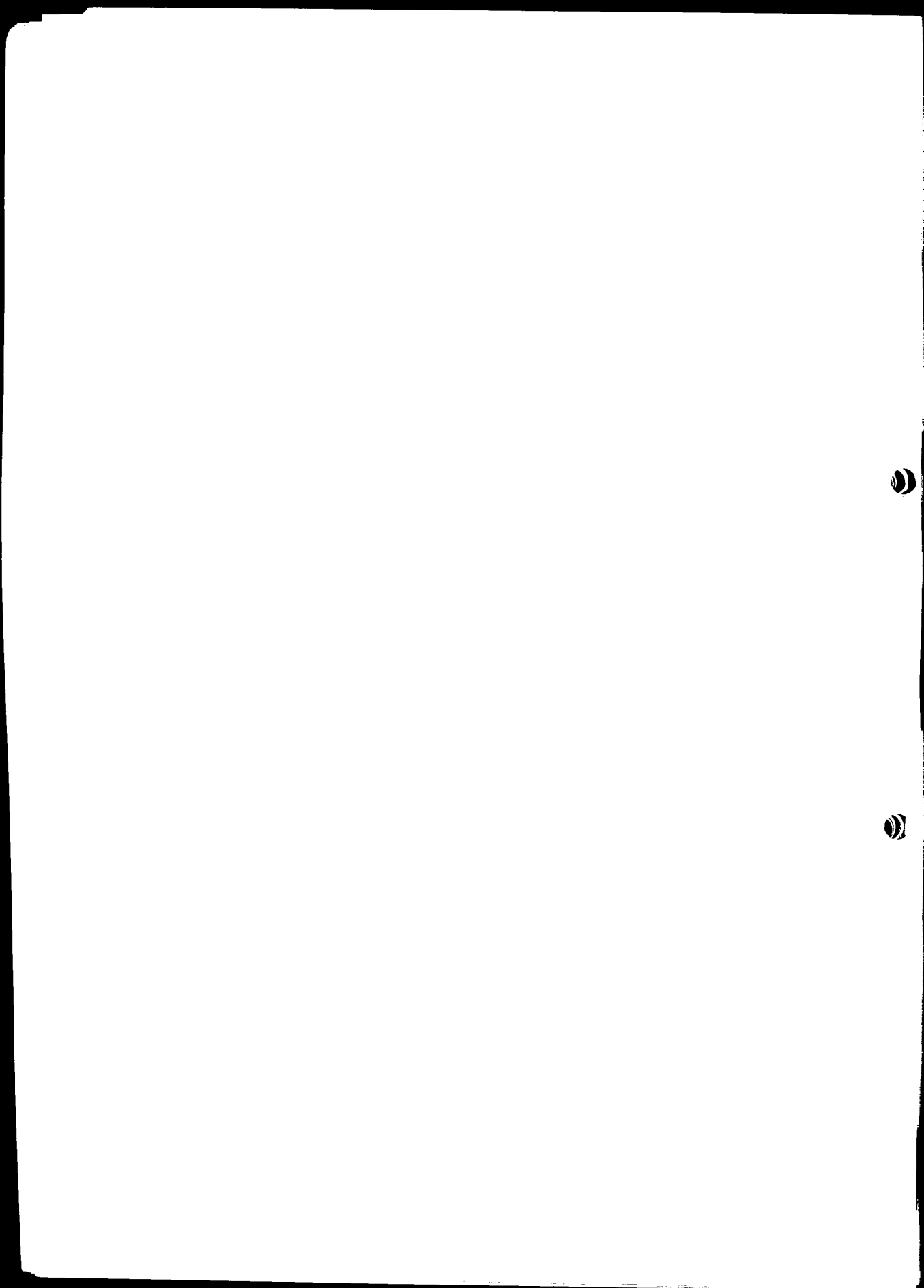
Health and safety

The practice provides a safe and healthy environment for patients/clients, staff and visitors.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

Policy

11.1 There is a health and safety policy for the practice. ☐☐ A

GUIDANCE
The health and safety policy should cover patients/clients, employed and attached staff and visitors. If the practice employs more than five staff, the policy must be written. All staff must comply with health and safety rules.

11.2 Arrangements are in place for implementing the health and safety policy. ☐☐ A

11.3 There is a competent person responsible for health and safety management. ☐☐ A

GUIDANCE
This person(s) has relevant training in health and safety and has responsibility for policy implementation, policy development, staff training and dissemination of information.

11.4 The practice complies with current health and safety legislation/regulations. ☐☐ A

GUIDANCE
Details of relevant legislation can be found in Essentials of Health and Safety at Work, published by the Health and Safety Executive.
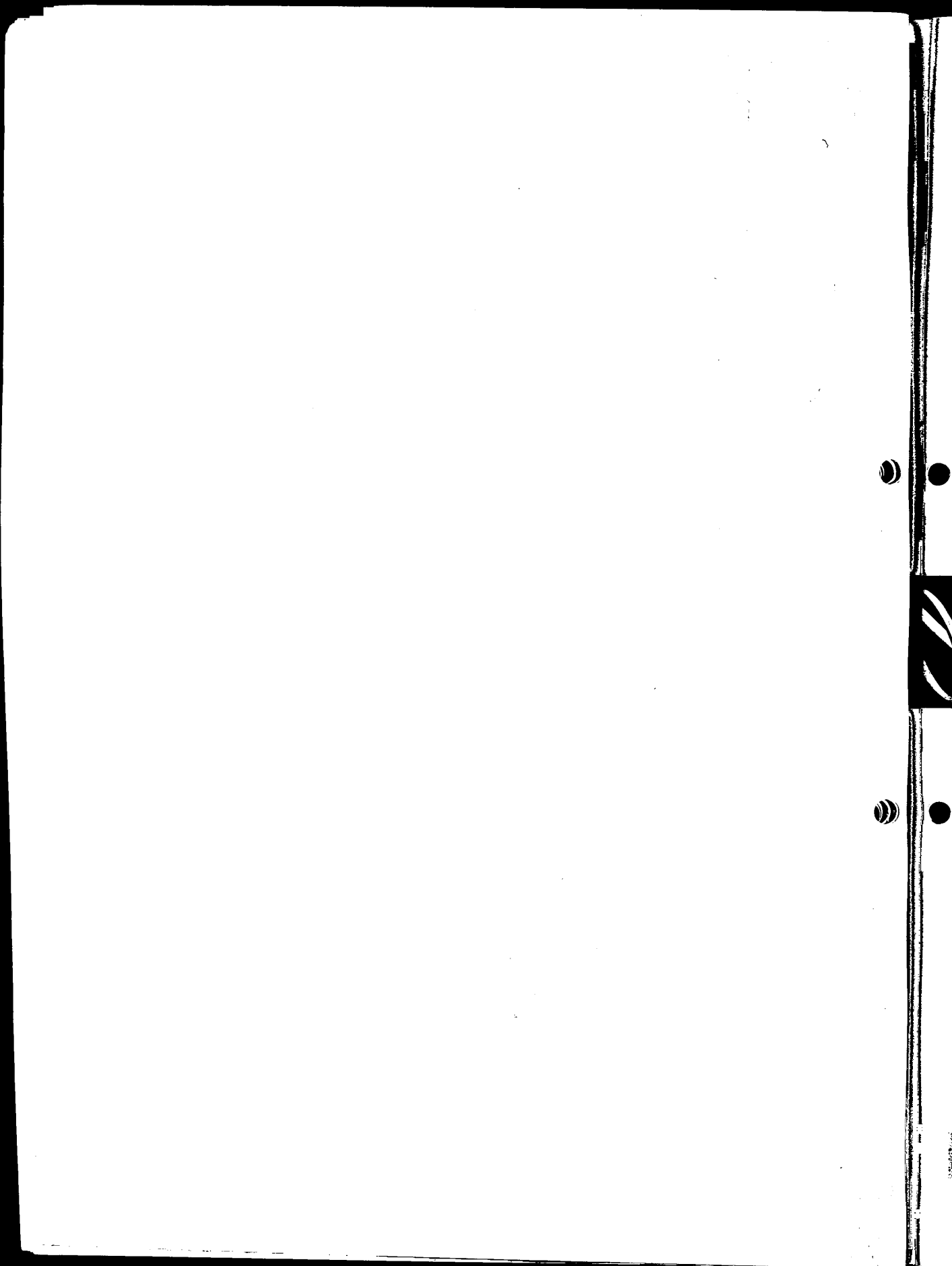
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

11.5 The risks to the health and safety of primary health care team members,
patients/clients and other visitors are assessed.   ☐☐ A

> GUIDANCE
> *Risks to be assessed include:*
> * *substances hazardous to health*
> * *security/violence inside and outside the practice*
> * *moving and handling of patients, equipment and other heavy loads*
> * *visual display screens*
> * *personal protective clothing.*

11.6 Once risks have been assessed:

11.6.1   necessary preventive and protective measures are identified   ☐☐ A

11.6.2   preventive and protective measures are put in place   ☐☐ A

11.6.3   measures are taken to control risk   ☐☐ A

11.6.4   records of assessment and action taken are maintained.   ☐☐ A

11.7 All incidents and accidents are:

11.7.1   recorded in a specifically identified book   ☐☐ A

11.7.2   investigated if necessary   ☐☐ A

11.7.3   where necessary, reported to the Health and Safety Executive under
the requirements of the Reporting of Injuries, Diseases and
Dangerous Occurrences Regulations 1995 (RIDDOR).   ☐☐ A

> GUIDANCE
> *A Guide to the Reporting of Injuries, Diseases and*
> *Dangerous Occurrences Regulations (HMSO, 1995) should be referred to.*

11.8 Action is taken to ensure that further occurrences are prevented.   ☐☐ A
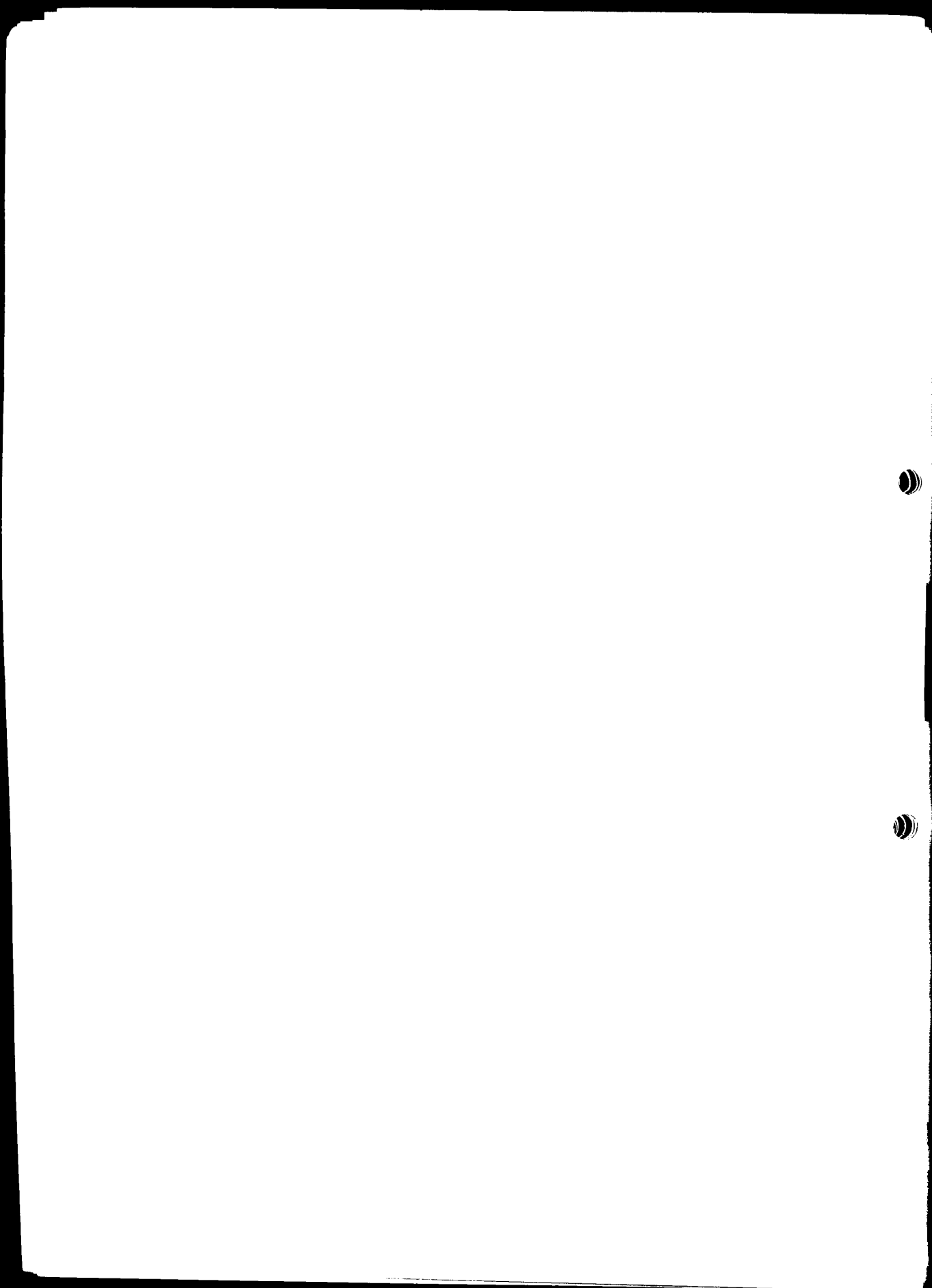
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Training

11.9 There is a training programme for health and safety at work.   ☐☐ A

> *GUIDANCE*
> *This should include:*
> *• induction*
> *• updating*
> *• new legislation*
> *• new procedures*
> *• new equipment*
> *• systems of work*
> *• stress.*
> *All staff should be subject to the training programme.*

11.10 Records are kept of:

    11.10.1 health and safety information given to staff   ☐☐ A

    11.10.2 training received.   ☐☐ A

11.11 Staff are aware of the procedures for:

    11.11.1 handling emergencies   ☐☐ A

    11.11.2 accidents.   ☐☐ A

> *GUIDANCE*
> *Staff should also be aware of where to locate:*
> *• resuscitation equipment*
> *• first aid box.*

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

Violence to staff

11.12 There is policy regarding violence to staff and patients.   ☐ ☐ A

> *GUIDANCE*
> *This should address violence:*
> *• within the practice*
> *• during out-of-hours visits*
> *• during home visits.*

11.13 Staff receive training to prevent and respond to violent incidents.   ☐ ☐ A

11.14 Systems are in place to enable an effective response to a violent situation.   ☐ ☐ A

> *GUIDANCE*
> *These may include:*
> *• safe systems of work*
> *• panic alarms*
> *• intercom systems on telephones*
> *• lighting.*

Infection control

11.15 There is a written infection control policy.   ☐ ☐ A

> *GUIDANCE*
> *This should consider controlling infection of:*
> *• patients*
> *• visitors*
> *• equipment.*
> *It should include arrangements for:*
> *• isolating infectious patients*
> *• handling specimens.*
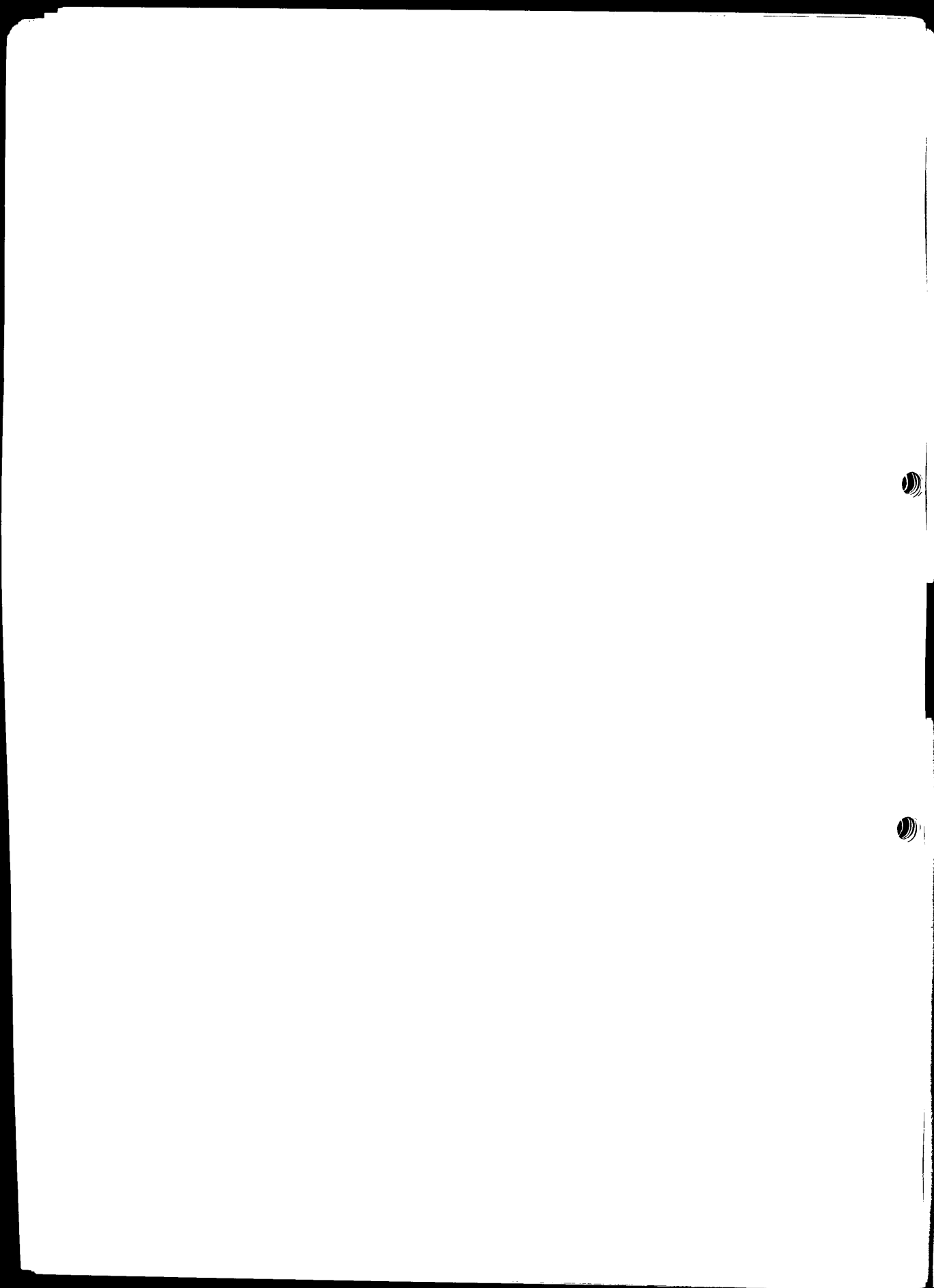
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

11.16 There are written policies for sterilisation of instruments and equipment.   ☐ ☐ A

> *GUIDANCE*
> *Special advice should be sought when formulating sterilisation policies and procedures (for example, from a microbiologist or an infection control nurse).*

11.17 There is a nominated person responsible for reviewing and updating infection control policies and procedures.   ☐ ☐ A

11.18 Contaminated material and human tissue are disposed of safely.   ☐ ☐ A

> *GUIDANCE*
> *The Environmental Protection Act 1990 should be referred to.*

11.19 There is a policy for preventing and controlling needlestick injuries.   ☐ ☐ A

> *GUIDANCE*
> *The policy should consider the access and risk to children in the practice as well as staff and adult patients/clients.*

11.20 There is a procedure for the investigation and follow-up of needlestick injuries.   ☐ ☐ A

11.21 There are clear instructions about the collection and handling of specimens for:

    11.21.1   patients/clients   ☐ ☐ A

    11.21.2   staff.   ☐ ☐ A

11.22 Suitable protective equipment is:

    11.22.1   provided   ☐ ☐ A

    11.22.2   used   ☐ ☐ A
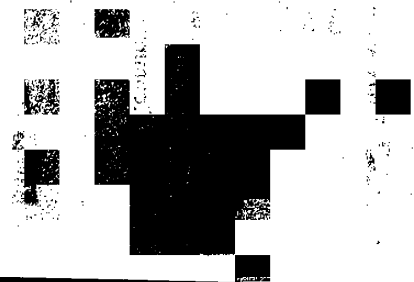
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

11.22.3   maintained.   ☐ ☐ A

GUIDANCE
*Protective equipment should include protective covering
for patients and staff involved in minor surgery procedures.*

11.23 There is an immunisation programme for all staff.   ☐ ☐ B

GUIDANCE
*Immunisation for hepatitis B, polio, BCG or tetanus may be offered,
depending on risk. Staff should be given the choice to refuse if they so wish.*

11.24 The immunisation status of staff undertaking invasive procedures is known.   ☐ ☐ A

11.25 There is a written policy for dealing with communicable diseases.   ☐ ☐ A

Near patient testing

11.26 An accredited pathology laboratory is involved in the setting up and monitoring
of any near patient testing regime.   ☐ ☐ A

GUIDANCE
Examples include operator training, quality control and machine calibration.

11.27 Laboratory based quality control schemes are used.   ☐ ☐ A

First aid

11.28 There is a nominated first aider in the practice.   ☐ ☐ A

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

11.29 There is a first aid box.   ☐ ☐ A

> GUIDANCE
> To comply with the Health and Safety (First Aid) Regulations 1981,
> the first aid box should contain:
> • 20 individually wrapped sterile adhesive dressings in assorted sizes
> • 2 sterile eye pads, with attachment
> • 6 individually wrapped triangular bandages
> • 6 safety pins
> • 11 individually wrapped unmedicated wound dressings
>   (6 medium, 2 large, 3 extra large)
> • first aid guidance as specified in the Health and Safety
>   (First Aid) Regulations 1981.

11.30 First aid equipment is checked and maintained.   ☐ ☐ A

11.31 The whereabouts of first aid equipment is made known to staff.   ☐ ☐ A

Fire safety

11.32 The practice ascertains whether a fire certificate is required.   ☐ ☐ A

> GUIDANCE
> Not all practices require a fire certificate.
> The Fire Precautions Act 1971 should be referred to.

11.33 There is a nominated fire officer for the practice.   ☐ ☐ A
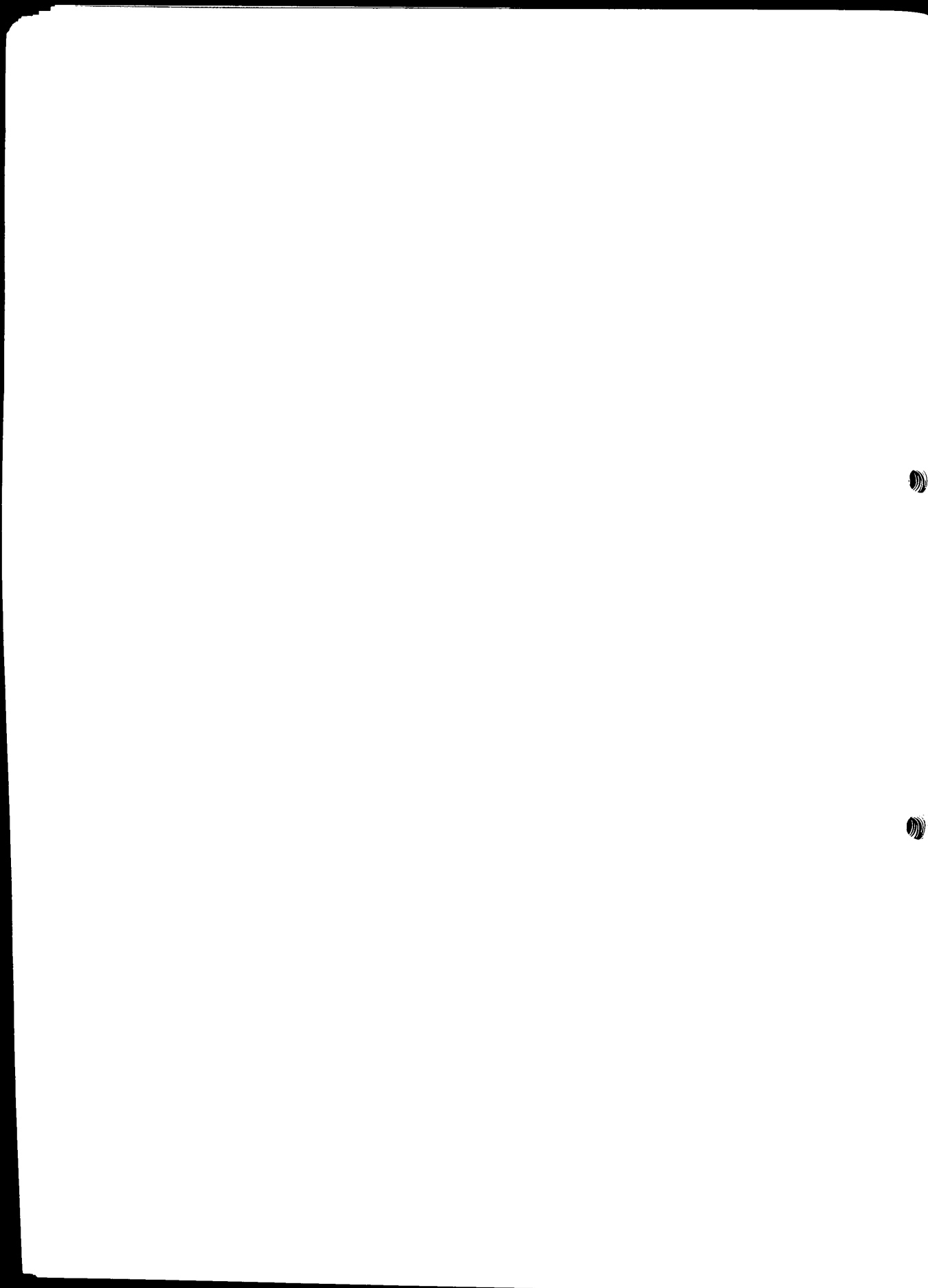
Weighting: Essential practice A, Good practice B, Desirable practice C

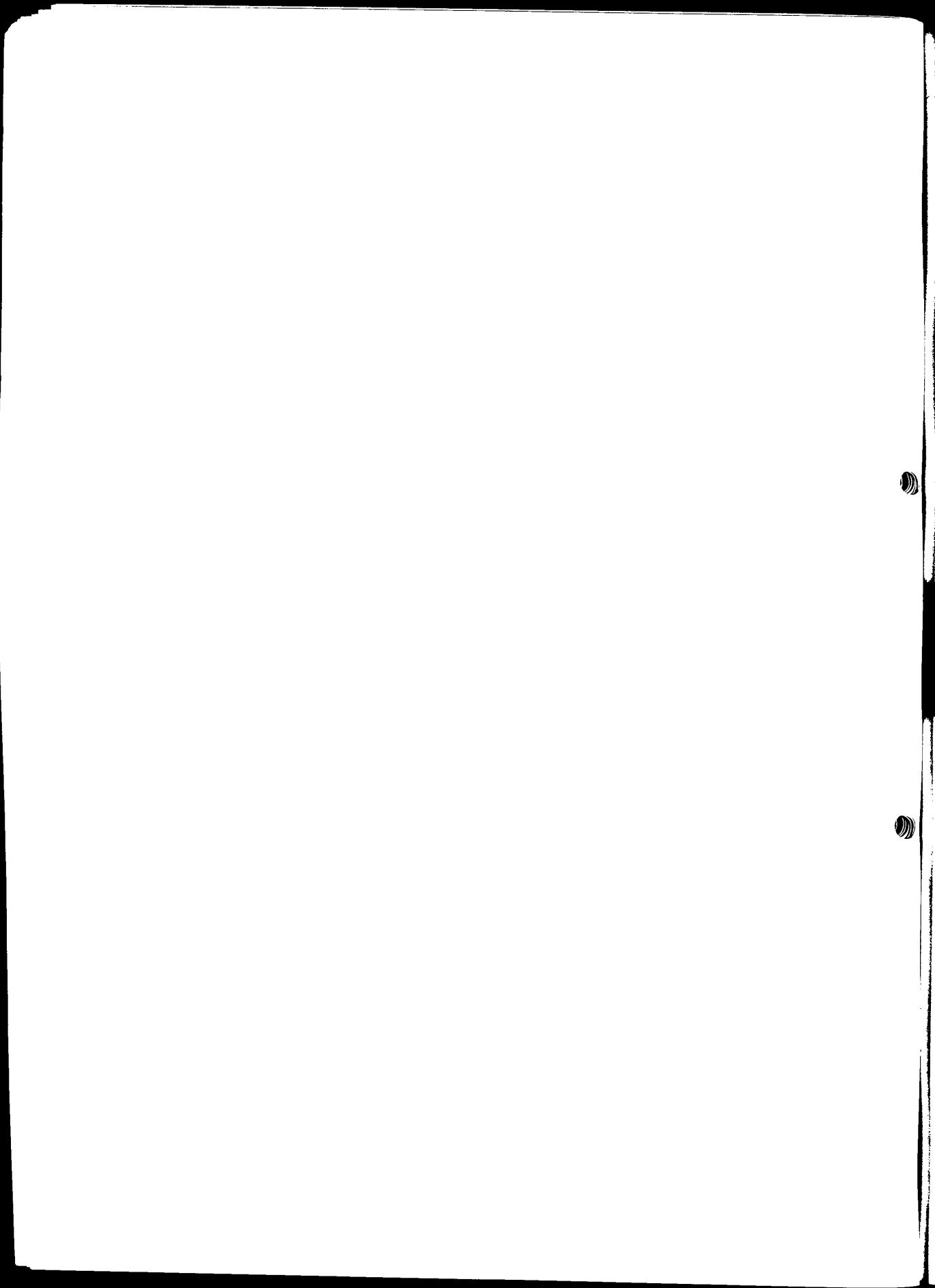CRITERIA   YES NO   COMMENTS

11.34 Staff receive regular fire training which includes practice evacuation.   ☐ ☐ A

> *GUIDANCE*
> *If the practice has a fire certificate, requirements for training are written into the certificate. For practices that do not require a fire certificate, training should take place at least annually.*

11.35 Records of attendance at fire training are kept.   ☐ ☐ A

11.36 Fire exits are:

11.36.1   signposted   ☐ ☐ A

> *GUIDANCE*
> *Signs should indicate if stairs have to be negotiated.*

11.36.2   kept free of obstruction.   ☐ ☐ A

11.37 If a fire certificate is required, there is a fire alarm system that is:

11.37.1   subject to a full annual maintenance check   ☐ ☐ A

> *GUIDANCE*
> *This should be performed by a qualified person who should ensure that the system complies with BS5839.*

11.37.2   regularly tested.   ☐ ☐ A

> *GUIDANCE*
> *This can be carried out in-house and should be recorded.*

11.38 Fire extinguishers are:

11.38.1   placed throughout the premises   ☐ ☐ A

11.38.2   maintained annually by a qualified person   ☐ ☐ A
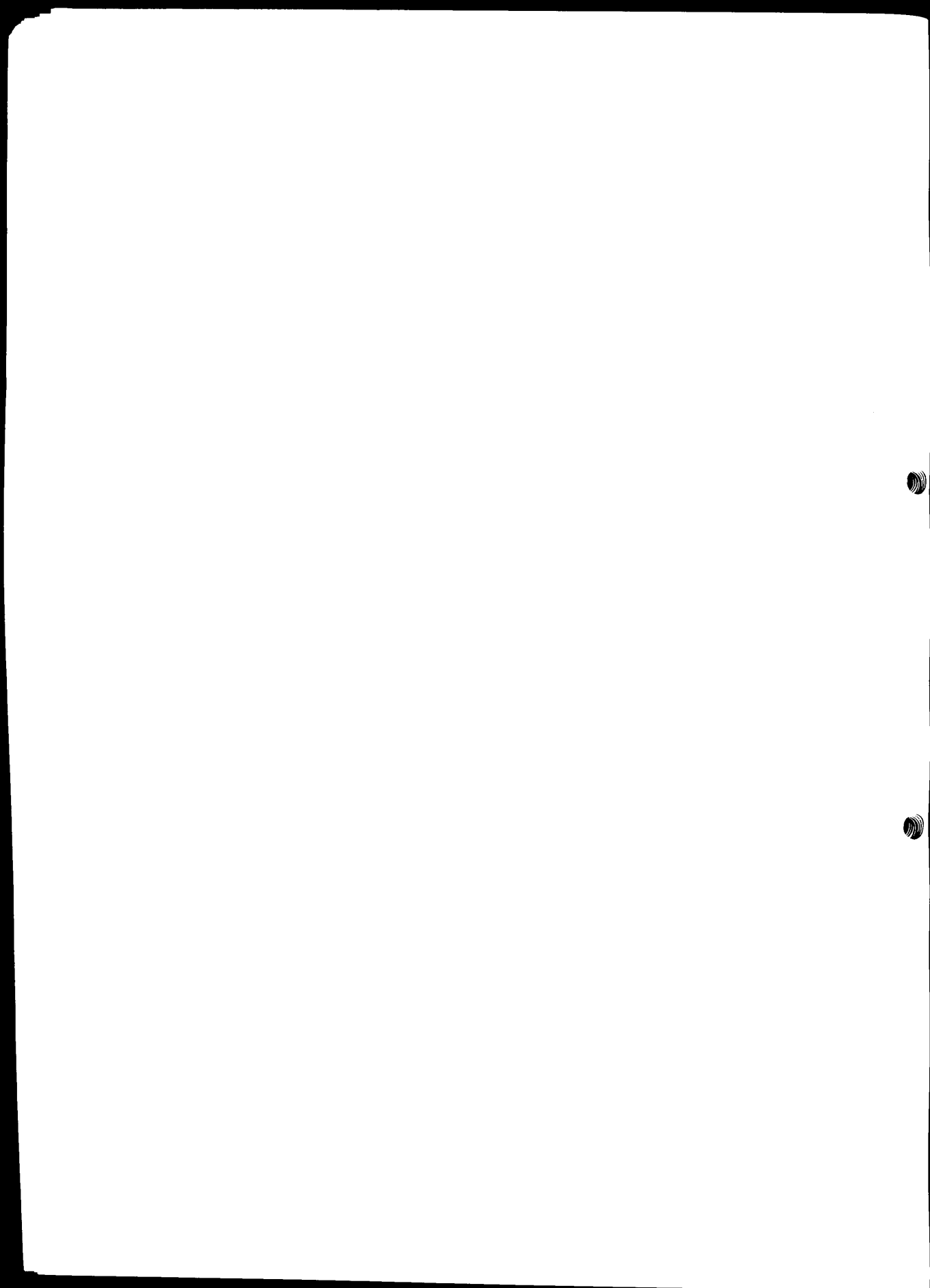
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

11.38.3 appropriate to potential fire risks   ☐☐ A

GUIDANCE
This includes:
• powder extinguishers for all fire hazards
• carbon dioxide extinguishers for electrical hazards
• water extinguishers for wood and paper
• foam extinguishers for flammable liquids.

11.38.4 checked regularly to make sure they are still in place and have
not been tampered with.   ☐☐ A

11.39 Smoke detectors are:

11.39.1 placed throughout the premises   ☐☐ A

11.39.2 checked annually.   ☐☐ A
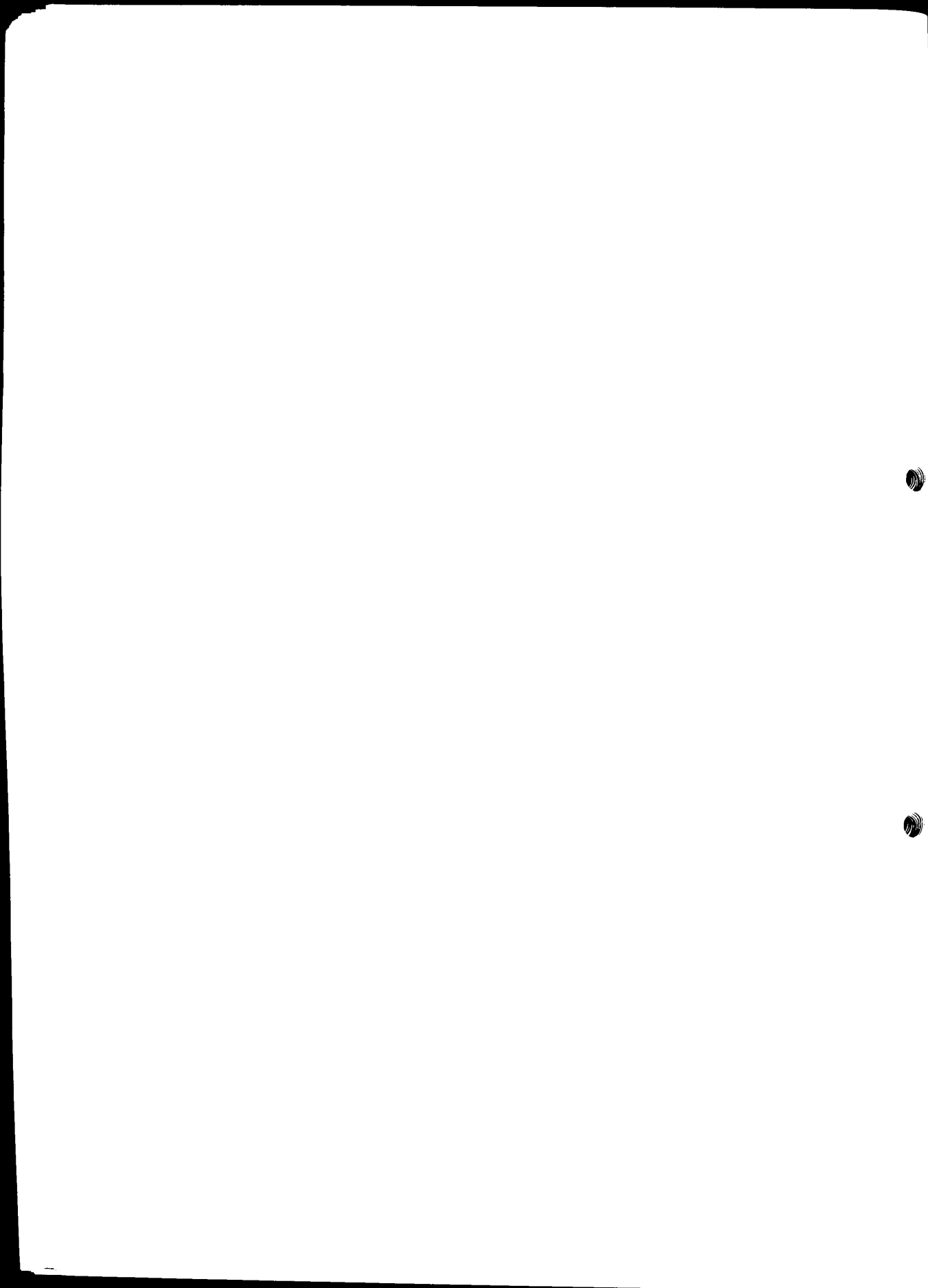
Standard 12

Patient/client access to services

The services provided by the primary health care team are timely and accessible to all patients/clients.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS
Appointments			

12.1 Appointment systems are:

    12.1.1   patient/client centred   ☐☐ A

    12.1.2   flexible to ensure access.   ☐☐ A

12.2 There are guidelines on the maximum length of time a
patient/client should wait for a routine appointment.   ☐☐ B

12.3 Patients/clients are reminded of their appointments.   ☐☐ C

> *GUIDANCE*
> *This may be through the use of appointment cards.*

12.4 There is a written procedure for dealing with urgent appointments.   ☐☐ B

> *GUIDANCE*
> *This should be made known to staff and patients/clients.*

12.5 There is a written policy for booking appointments.   ☐☐ B

> *GUIDANCE*
> *This includes GP, practice nurse, minor surgery and medical appointments.*

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

12.6 Telephone enquiries are responded to promptly. ☐ ☐ B

12.7 There is a written policy for home visits. ☐ ☐ B

> *GUIDANCE*
> *This should be made known to staff and patients/clients and should include a maximum distance to be travelled.*

12.8 A list of patients/clients with appointments is made available to the practitioner running the surgery/clinic. ☐ ☐ B

12.9 The patient/client is aware of the procedure to be followed if they arrive late for an appointment. ☐ ☐ C

12.10 The patient/client awaiting consultation or treatment is:

12.10.1 made aware of any delays ☐ ☐ B

12.10.2 given the opportunity to make other arrangements. ☐ ☐ B

12.11 Information on the following is collected:

12.11.1 length of time patients/clients wait for next available appointment with any health professional ☐ ☐ C

12.11.2 length of time patients/clients wait for next available appointment with the health professional of their choice ☐ ☐ C

12.11.3 non-attendance. ☐ ☐ C

12.12 This information is:

12.12.1 evaluated ☐ ☐ C

12.12.2 acted upon. ☐ ☐ C
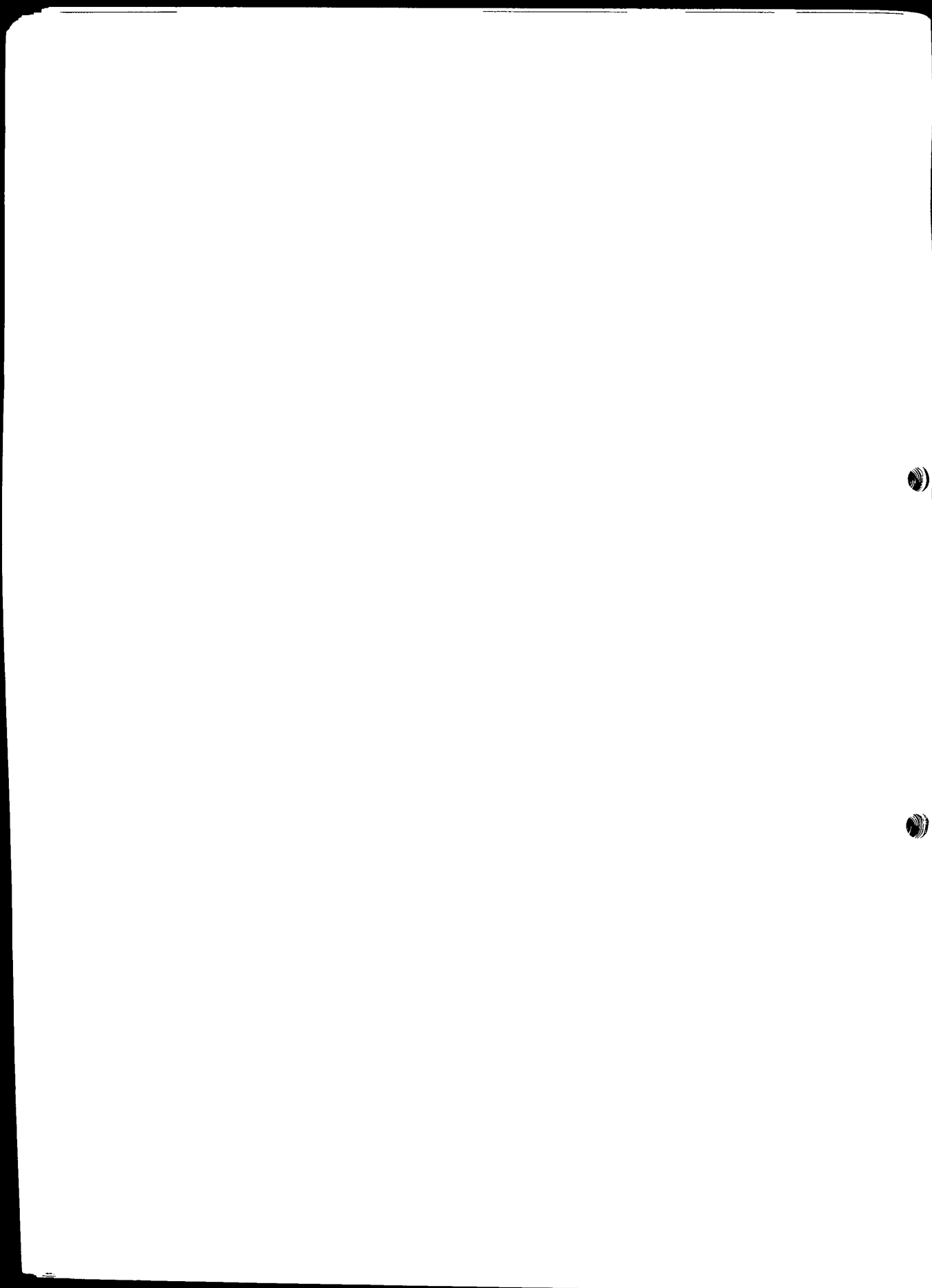
Weighting: Essential practice A, Good practice B, Desirable practice C

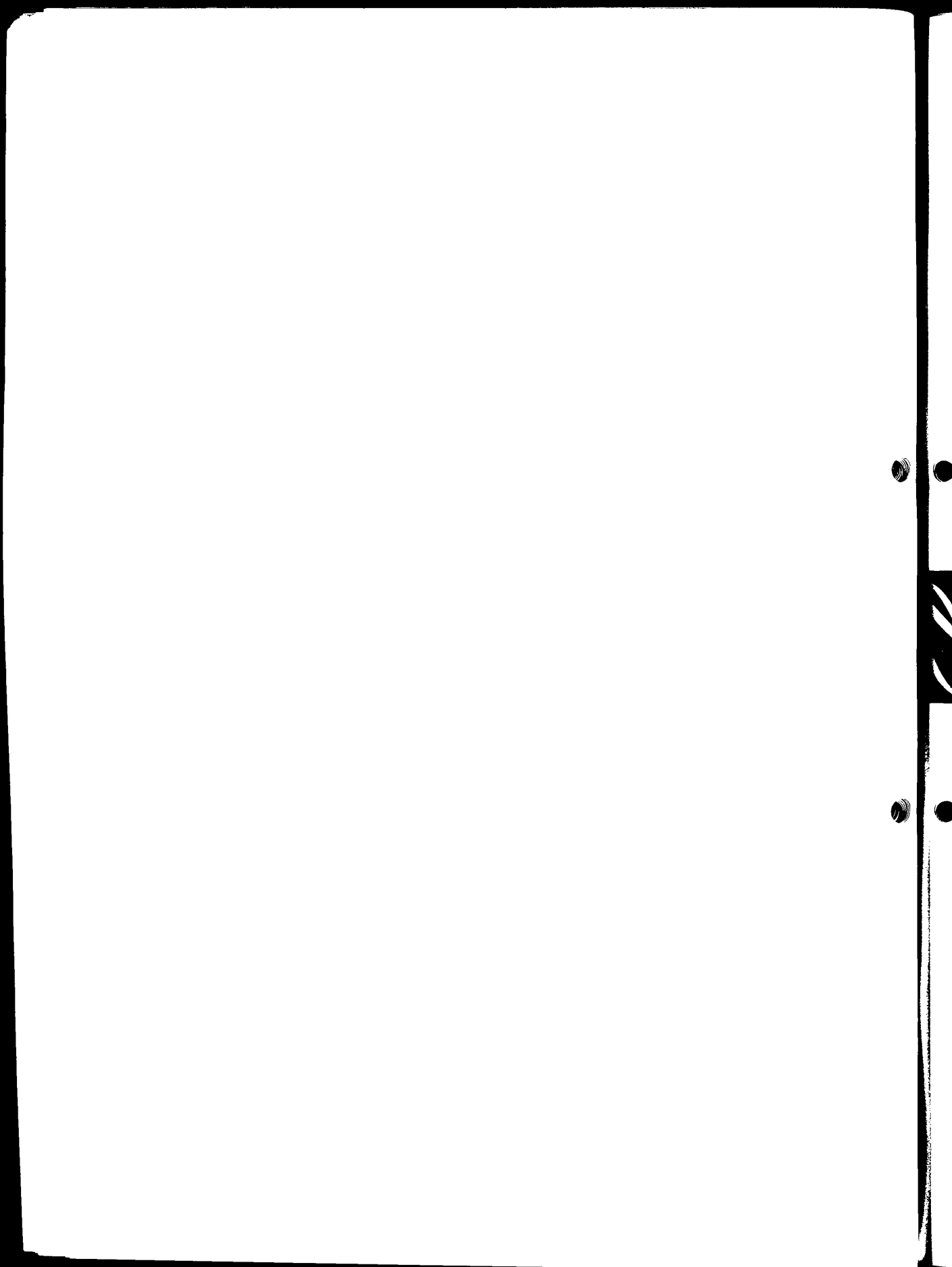CRITERIA   YES   NO   COMMENTS

Visits away from the practice

12.13 There is a procedure for contacting staff:

    12.13.1   when making out-of-hours visits   ☐☐ A

        GUIDANCE
        Bleeps or mobile telephones may be provided.

    12.13.2   when on duty away from the premises.   ☐☐ A

12.14 The whereabouts of staff making out-of-hours visits is known.   ☐☐ A

        GUIDANCE
        Details should be made available of:
        • location of visit
        • purpose
        • estimate of time involved.

12.15 Primary health care team members carry official, up-to-date identification when
visiting patients/clients in the community.   ☐☐ A
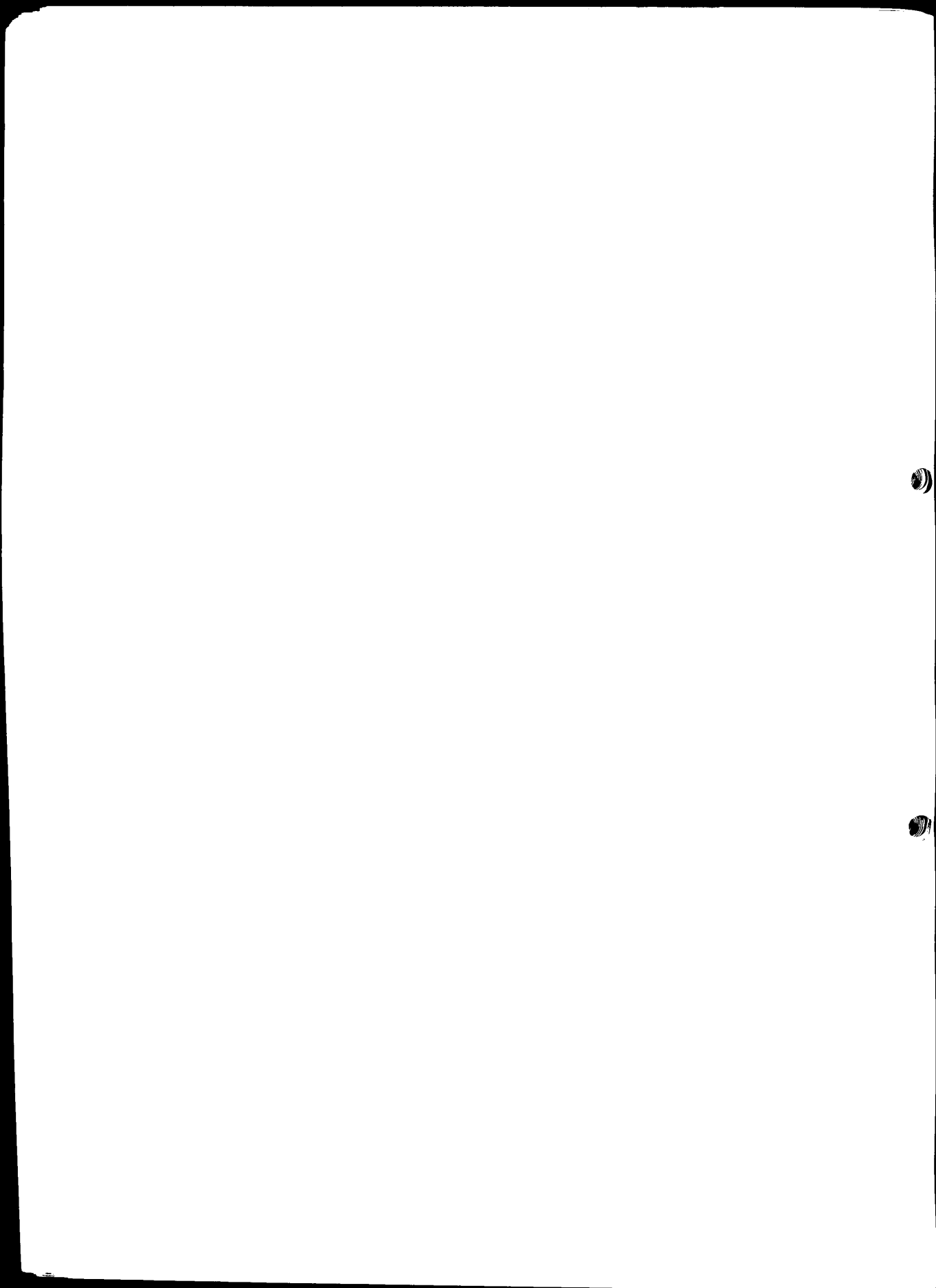
Patient/client care

The rights and individual needs of all patients/clients and their carers, regardless of their age, disability, race, gender or sexual orientation, are recognised, respected and complied with by all staff involved in their care.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

Individual care

13.1 Staff work in partnership with:

13.1.1   patients/clients   ☐☐ A

13.1.2   carers   ☐☐ A

13.1.3   other agencies involved in the care of a patient/client.   ☐☐ A

13.2 Trained staff are responsible for the:

13.2.1   assessment of patient/client care   ☐☐ A

13.2.2   planning of patient/client care   ☐☐ A

13.2.3   evaluation of patient/client care   ☐☐ A

13.2.4   review of patient/client care.   ☐☐ A

13.3 Members of the primary health care team are involved in community care assessments.   ☐☐ A

Weighting: Essential practice A, Good practice B, Desirable practice C
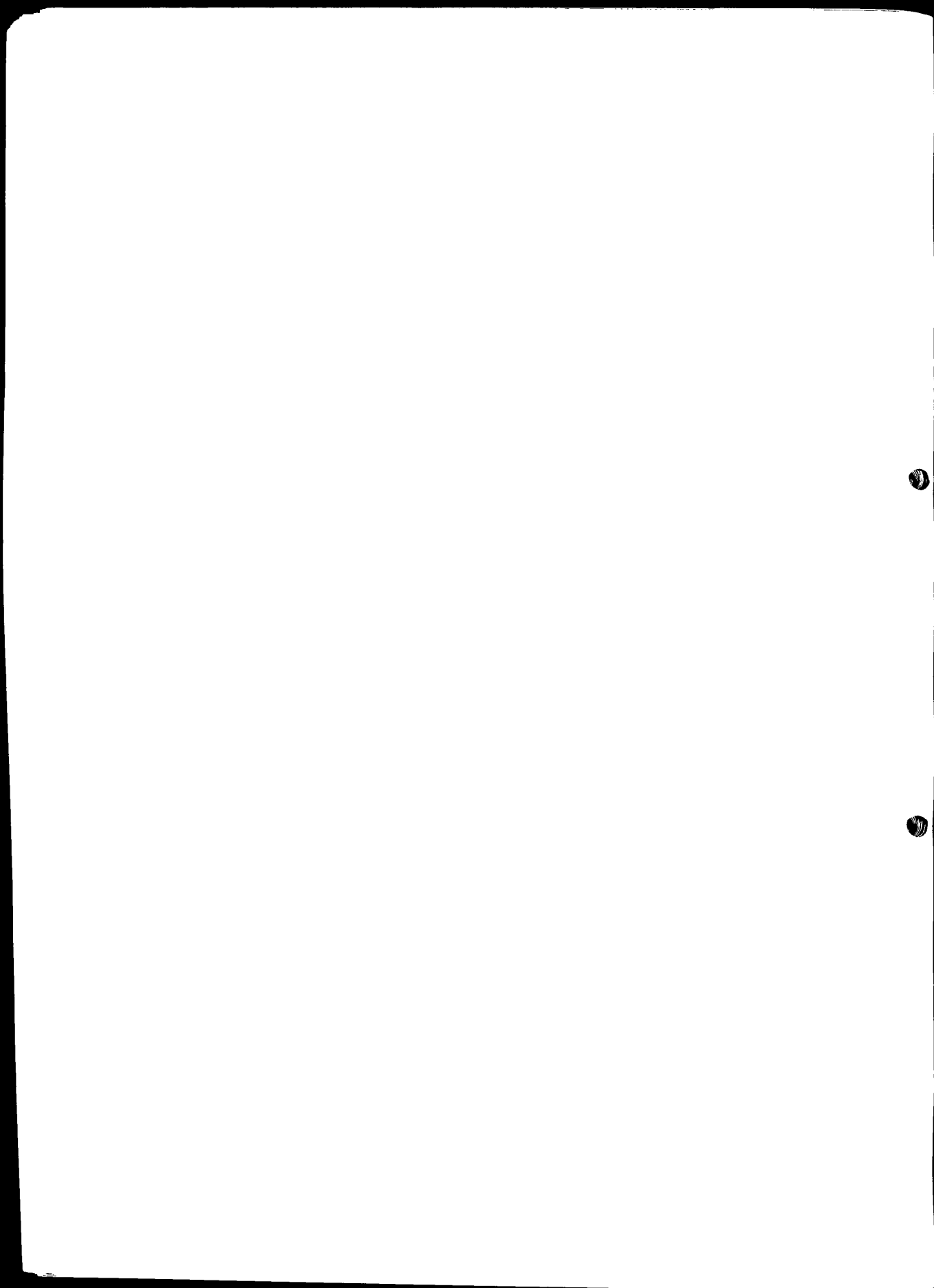
CRITERIA   YES NO   COMMENTS

13.4 Treatment/care plans are developed for each patient/client.   ☐☐ A

> *GUIDANCE*
> *This includes:*
> *• consultation with the patient/client*
> *• family/carers involved*
> *• a statement of the patient's/client's needs*
> *• expected outcomes*
> *• details of specific care given*
> *• health education, including self-care and health promotion*
> *• preparation for discharge or ongoing contact*
> *• continuing assessment and evaluation of needs*
> *• coordination with health care professionals, social services and*
>   *other organisations*
> *• name, signature and designation of the professional responsible for care.*

13.5 All consultations are recorded in the patient's/client's health record.   ☐☐ A

13.6 A named nurse is responsible for each patient/client referred for nursing care.   ☐☐ A

13.7 Relatives are informed of progress and treatment, with the patient's/client's
agreement.   ☐☐ B

Staffing

13.8 All staff are qualified and competent to carry out their duties.   ☐☐ A

> *GUIDANCE*
> *Competence is indicated by an individual's ability to perform his/her*
> *designated role to defined standards. This may include:*
> *• state registration as a practitioner*
> *• training and health authority accreditation for undertaking minor*
>   *surgery procedures*
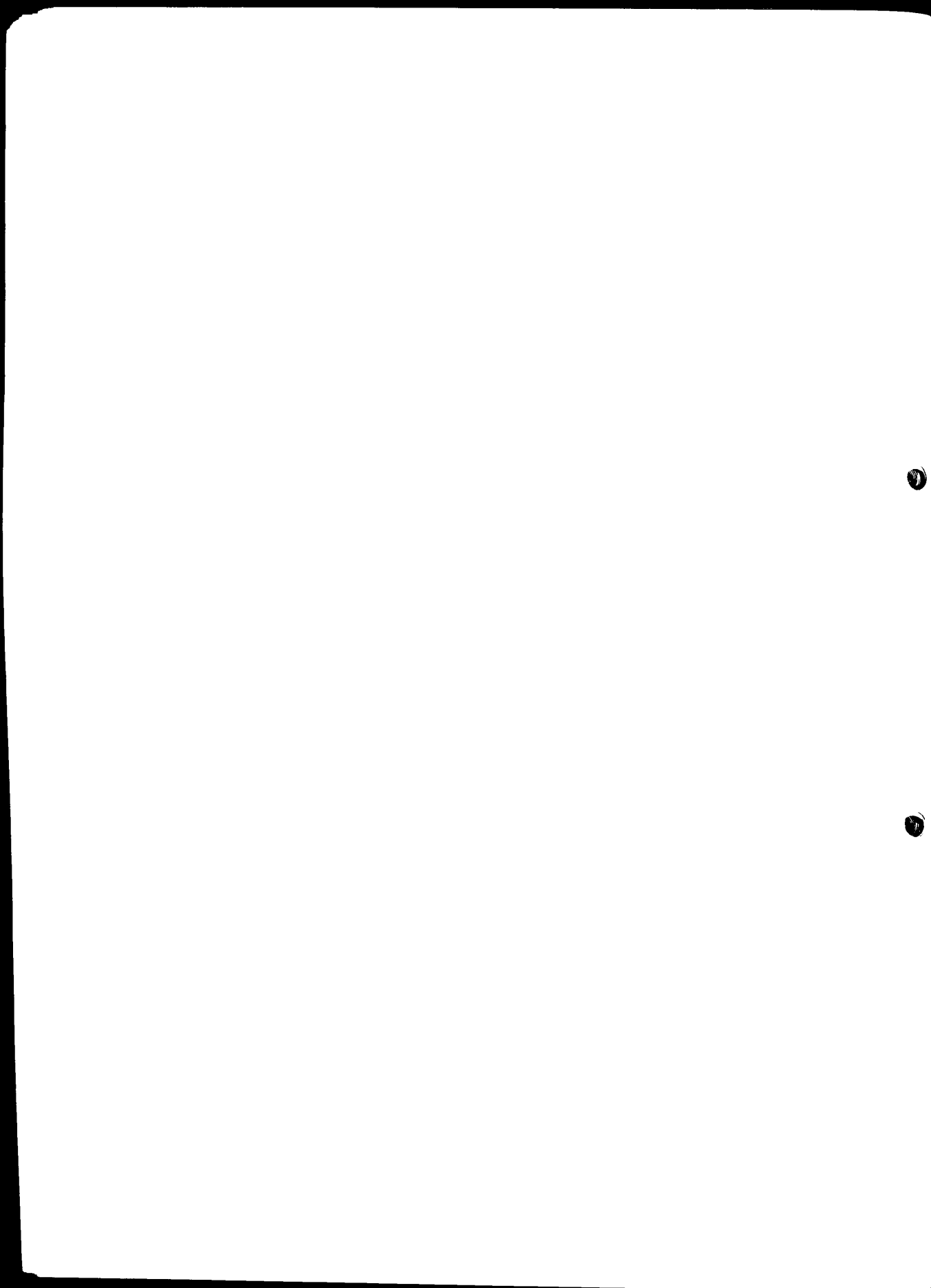
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

• *compliance with requirements for PGEA and PREP*
• *undertaking required training for advanced practice.*

13.9 Clinical advice is only given by suitably trained staff. ☐☐ A

13.10 All students and unqualified staff working in the practice are under the supervision of an appropriately qualified person. ☐☐ A

> GUIDANCE
> *Examples include Project 2000 students, midwifery students, and students and trainee GPs performing minor surgery.*

13.11 There are insurance policies for:

13.11.1 staff ☐☐ A

13.11.2 patients/clients. ☐☐ A

13.12 All staff involved in minor surgery have up-to-date legal indemnity. ☐☐ A

Policies, procedures and protocols

13.13 There is an agreed policy on the care provided by clinical members of the primary health care team. ☐☐ B

13.14 This reflects:

13.14.1 provision of care in accordance with defined standards for clinical practice ☐☐ A

13.14.2 a commitment to health promotion. ☐☐ A

13.15 Clinical procedures are documented to guide staff. ☐☐ A
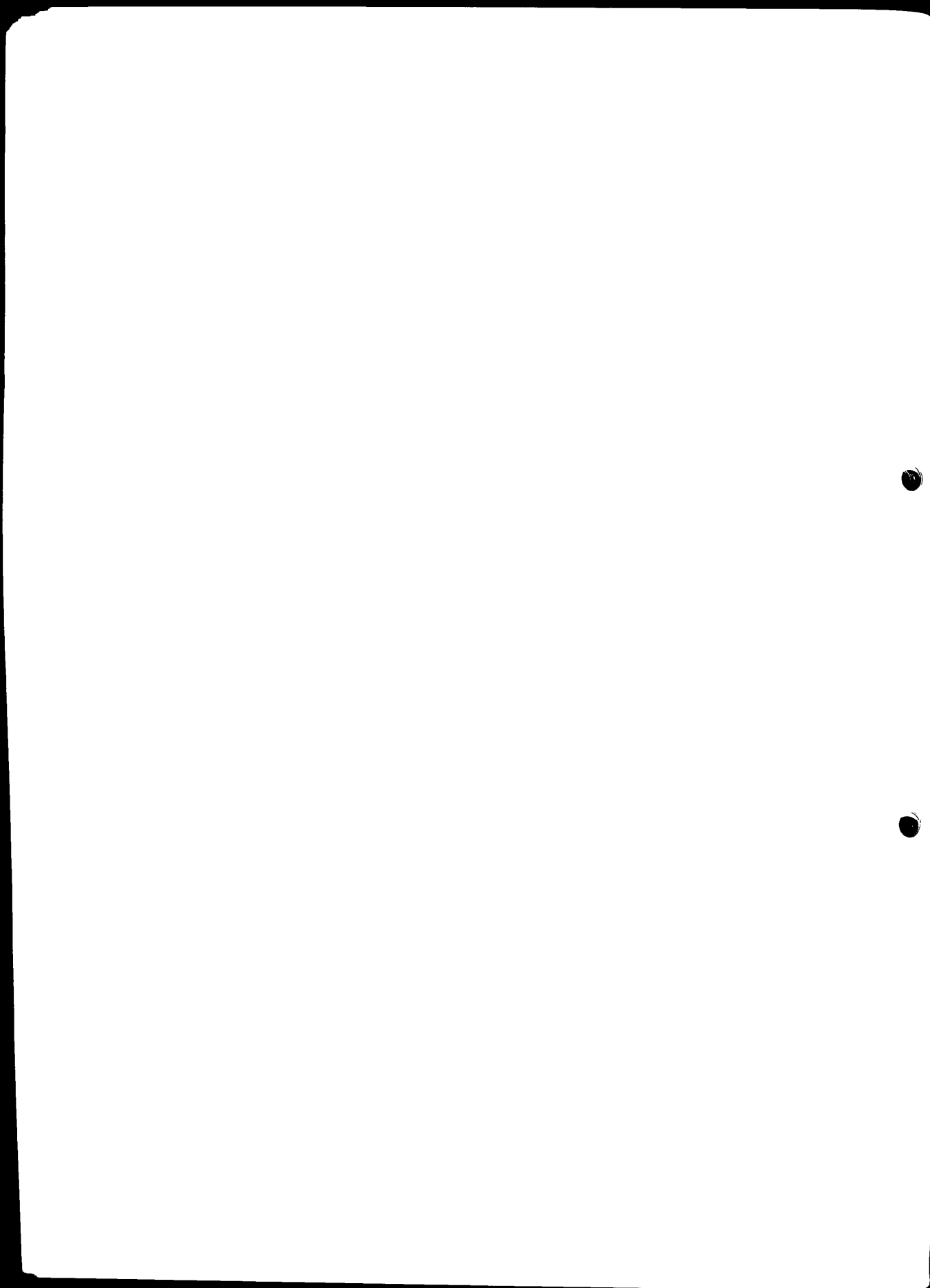
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

13.16 Procedures include:

13.16.1 handling human tissue   ☐ ☐ A

13.16.2 handling specimens   ☐ ☐ A

13.16.3 following up the results of investigations   ☐ ☐ A

13.16.4 handling spillages   ☐ ☐ A

13.16.5 handling contaminated linen   ☐ ☐ A

13.16.6 maintaining the efficacy of medicines and vaccines   ☐ ☐ A

13.16.7 minor surgery   ☐ ☐ A

13.16.8 disposal of contaminated waste   ☐ ☐ A

13.16.9 handling clinical errors.   ☐ ☐ A

13.17 Protocols are developed for:

13.17.1 child health surveillance   ☐ ☐ A

13.17.2 childhood immunisation   ☐ ☐ A

13.17.3 contraception   ☐ ☐ A
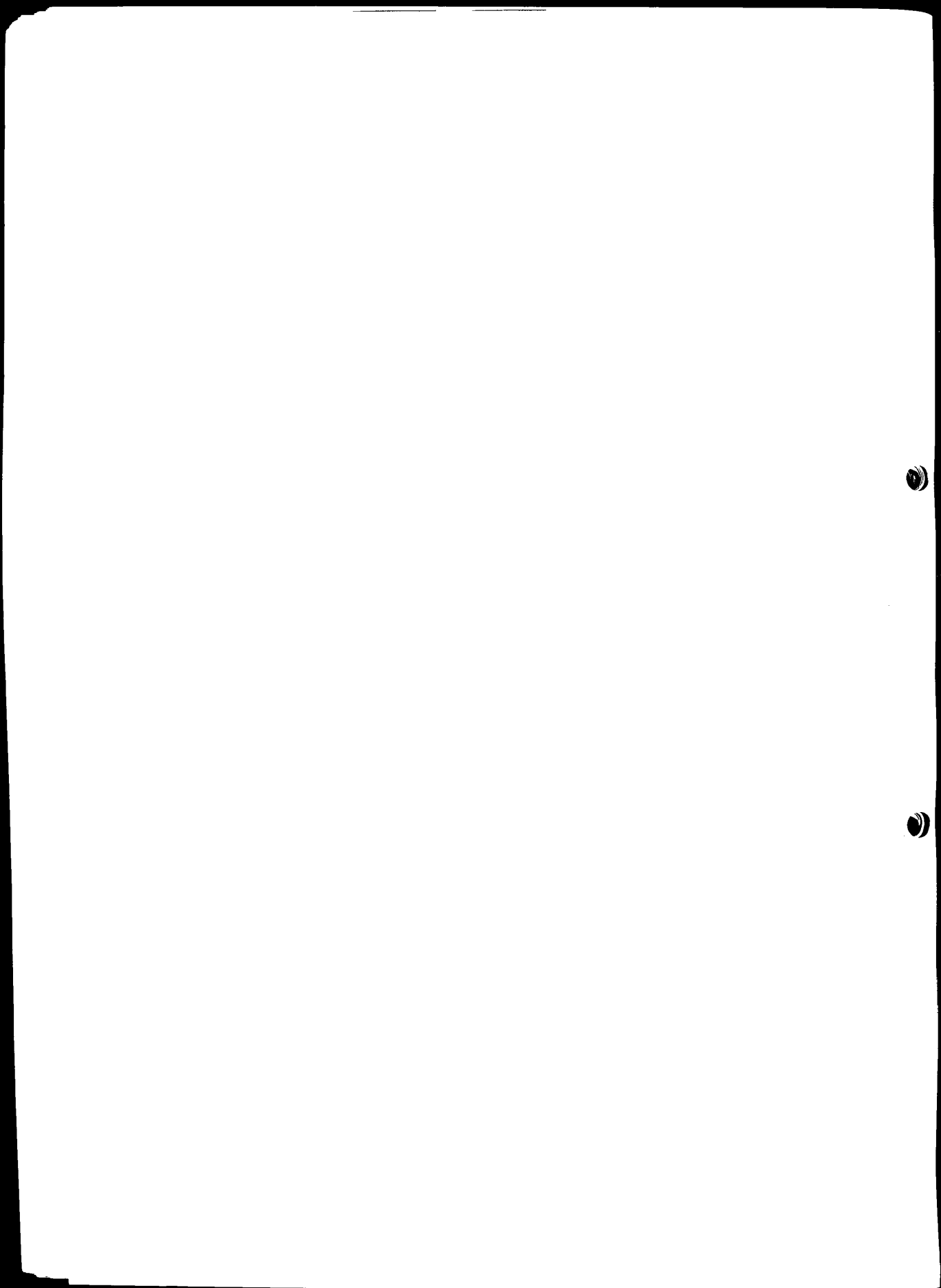
13.17.4 adult immunisation   ☐ ☐ A

        GUIDANCE
        This should include travel immunisation.

13.17.5 chronic disease management   ☐ ☐ A

        GUIDANCE
        Examples include:
        • asthma
        • diabetes.

Weighting: Essential practice A, Good practice B, Desirable practice C
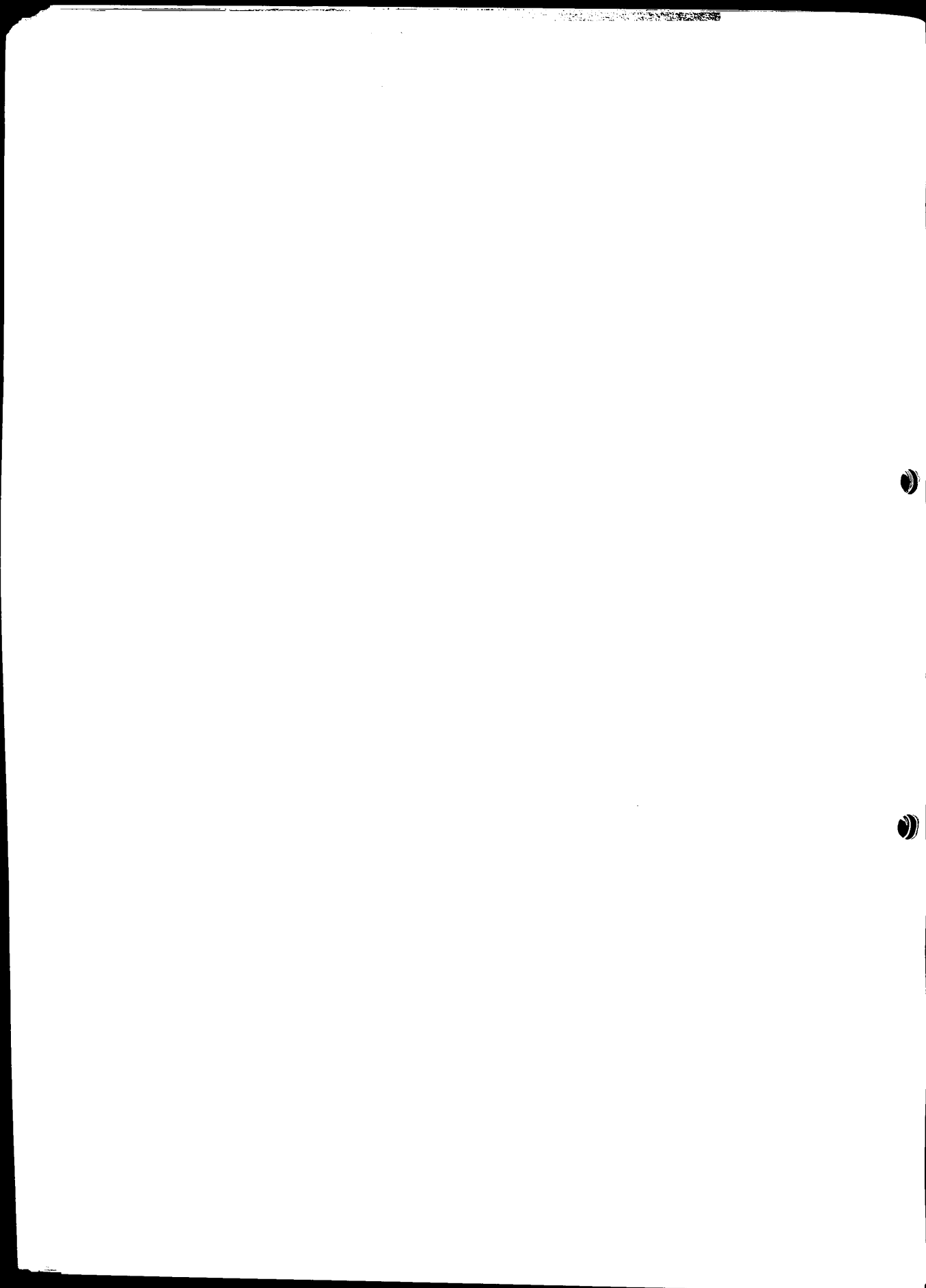
CRITERIA   YES NO   COMMENTS

13.17.6 screening programmes.   ☐☐ A   _____

GUIDANCE
Examples include:
• clinical cytology
• blood pressure.

Clinic organisation

13.18 For each clinic, there are written agreements for the following:

13.18.1 objectives   ☐☐ A

13.18.2 target group   ☐☐ A

13.18.3 protected staff time   ☐☐ B

GUIDANCE
This includes administrative staff.

13.18.4 training needs   ☐☐ B

13.18.5 equipment and facilities   ☐☐ B

13.18.6 workload implications for other members of the primary health care
team and outside agencies   ☐☐ B

GUIDANCE
Outside agencies include:
• laboratories
• hospitals
• transport.

13.18.7 evaluation/audit.   ☐☐ B

GUIDANCE
This includes determining that the clinic is the most effective method of
meeting the health need.

Weighting: Essential practice A, Good practice B, Desirable practice C

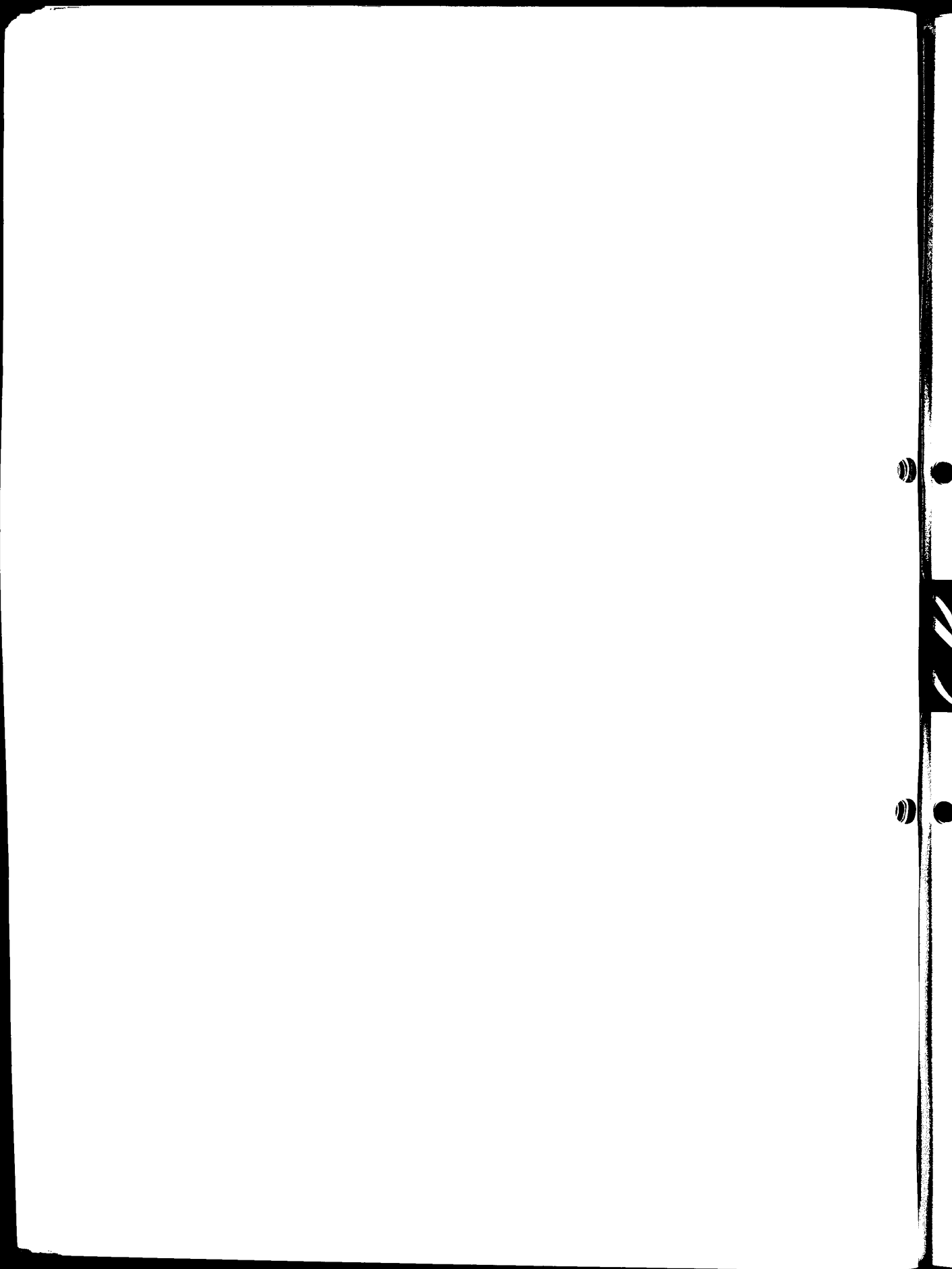| CRITERIA	YES	NO	COMMENTS
13.19 There are agreed referral criteria for all clinics.	☐	☐ B	
13.20 The referral criteria are understood by members of the primary health care team.	☐	☐ B	

Standard 14

Management of medicines

There is a systematic approach to prescribing and managing drugs which is safe, efficient, meets the needs of patients and complies with the requirements of the Medicines Act 1968, the Misuse of Drugs Act 1971 and the Poisons Act 1972.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

Procurement, storage, stock control and handling

14.1 Drugs are purchased from recognised suppliers.   ☐ ☐ A

> *GUIDANCE*
> *These are usually product licence holders.*

14.2 Records of purchase and receipt of medicines are maintained in accordance with legal requirements.   ☐ ☐ A

> *GUIDANCE*
> *The Medicines Act 1968 and Misuse of Drugs Act 1971 should be referred to.*

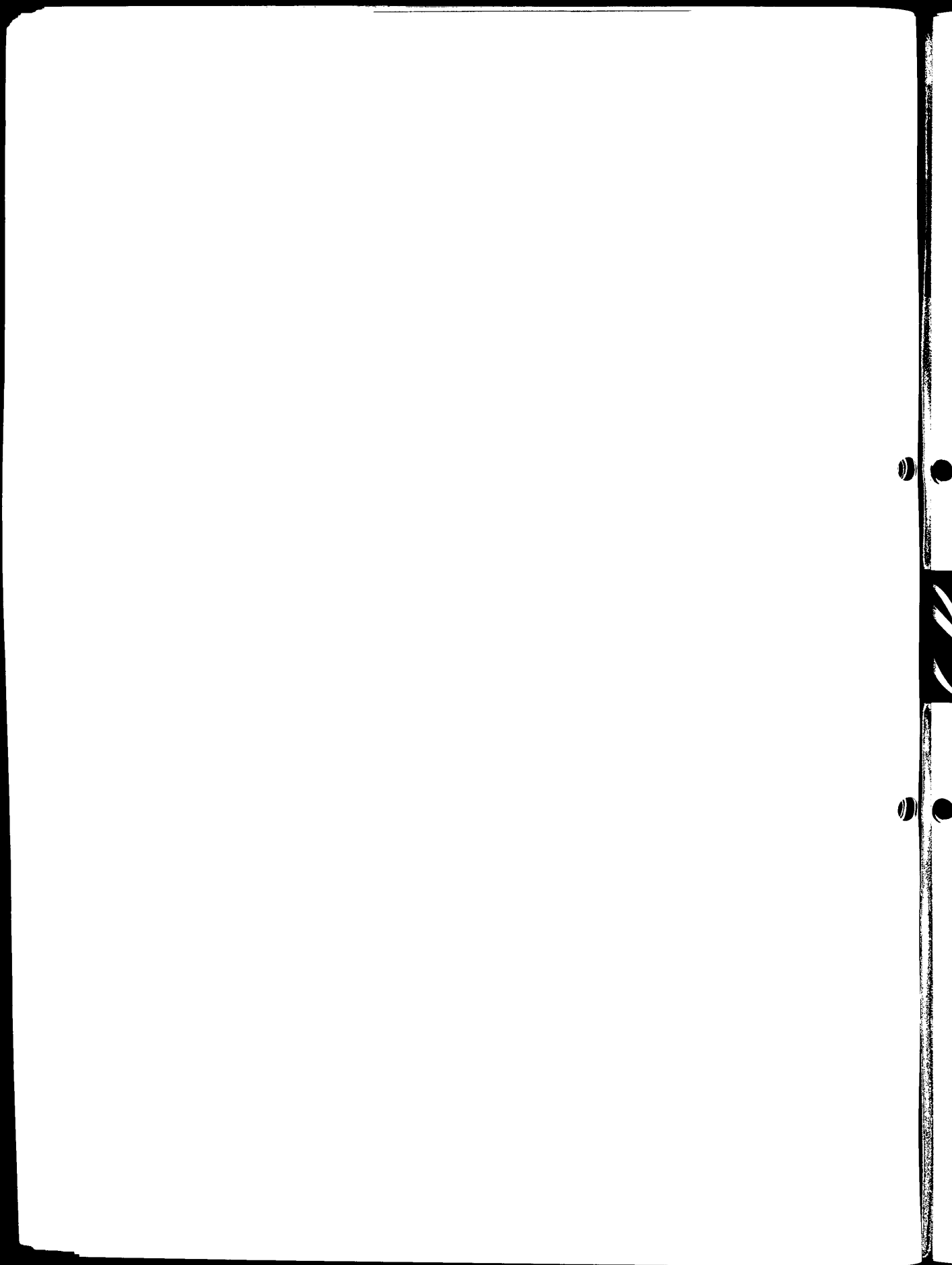**14.3** There is a policy on the use of free samples from pharmaceutical sales representatives.   ☐ ☐ B

> *GUIDANCE*
> *This should ensure that no sample medicines are issued without records being kept.*

14.4 The security of pharmaceutical products is maintained when deliveries are received by the practice.   ☐ ☐ A

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

14.5 Secure storage areas are available which conform to manufacturers' requirements. □□ A

14.6 All medicines are stored in accordance with manufacturers' instructions. □□ A

14.7 There are refrigerators/freezers dedicated to the storage of certain medicines. □□ A

> GUIDANCE
> Drug refrigerators should not be used to store milk and food.

14.8 Vaccines are stored at the correct temperature of 2–4°C □□ A

14.9 Steps are taken to ensure that vaccines are removed from the refrigerator only when needed. □□ A

> GUIDANCE
> A secondary refrigerator may be used to keep smaller batches of vaccine that are in use.

14.10 There is a designated individual responsible for taking daily recordings of the refrigerator temperature (maximum and minimum). □□ A

14.11 Written records of the following are maintained:

14.11.1 daily recordings of refrigerator temperature □□ A

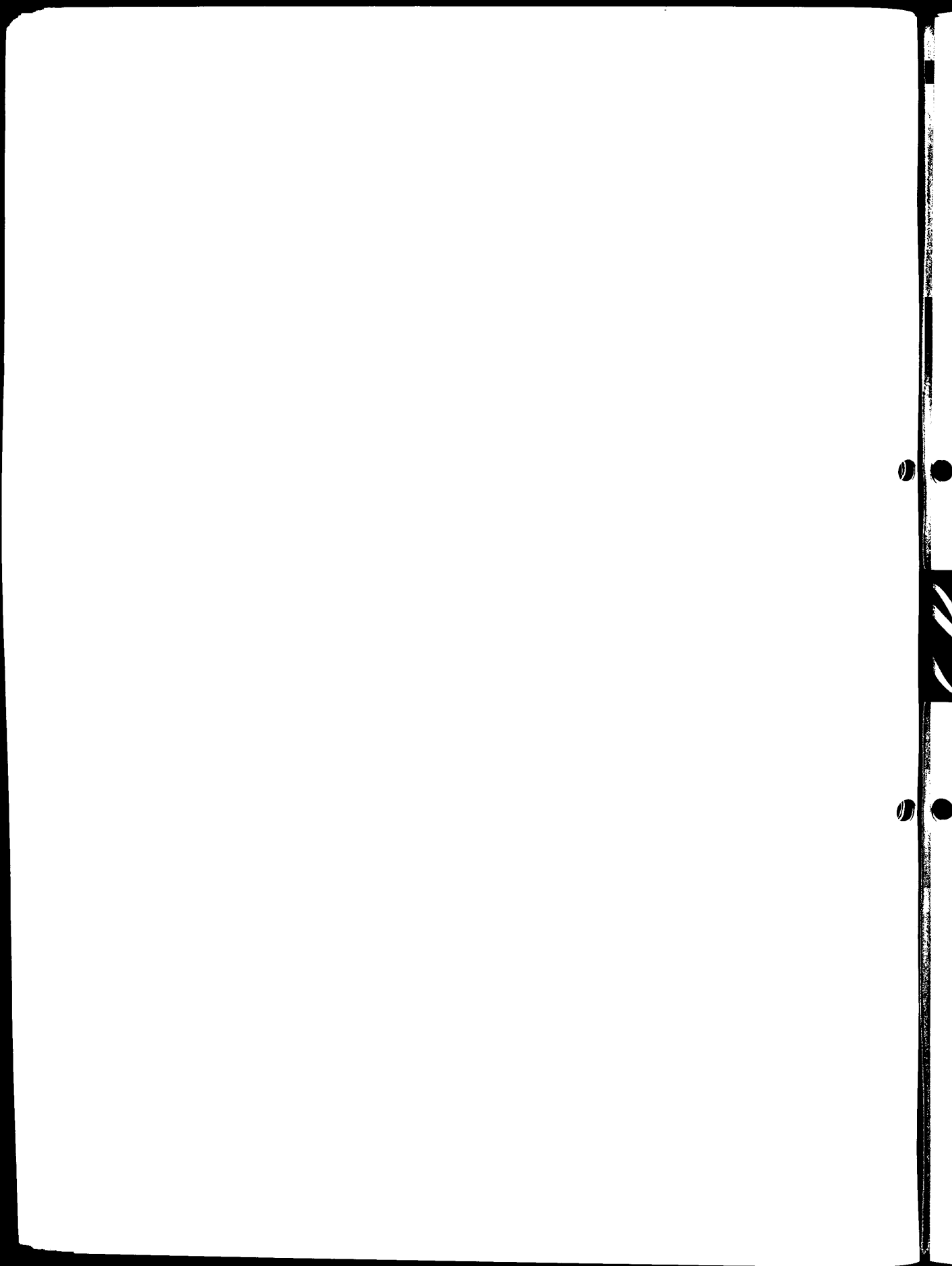14.11.2 drug refrigerator maintenance (including seals and hinges) □□ A

14.11.3 defrosting. □□ A

> GUIDANCE
> The length of time that written records are kept should be agreed within the practice.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

14.12 Written policies and procedures are developed for the following:

    14.12.1   checking of expiry dates/stock rotation   ☐ ☐ A

    14.12.2   disposal of out-of-date, returned or inappropriately labelled drugs   ☐ ☐ A

    14.12.3   failure to maintain refrigerator temperatures   ☐ ☐ A

    14.12.4   use of cytotoxic drugs   ☐ ☐ A

    14.12.5   spillage and contamination   ☐ ☐ A

    14.12.6   handling controlled drugs   ☐ ☐ A

    14.12.7   stock control and ordering   ☐ ☐ A

    14.12.8   drug storage   ☐ ☐ A

    14.12.9   maintaining the cold chain.   ☐ ☐ A

Prescribing and formulary management

14.13 Prescriptions conform to legal requirements as directed by the Medicines Act 1968, the Misuse of Drugs Act 1971 and other enabling regulations.   ☐ ☐ A

14.14 There is a written policy for prescribing within the practice.   ☐ ☐ A

14.15 The written policy addresses:

    14.15.1   repeat prescriptions (including review times)   ☐ ☐ B
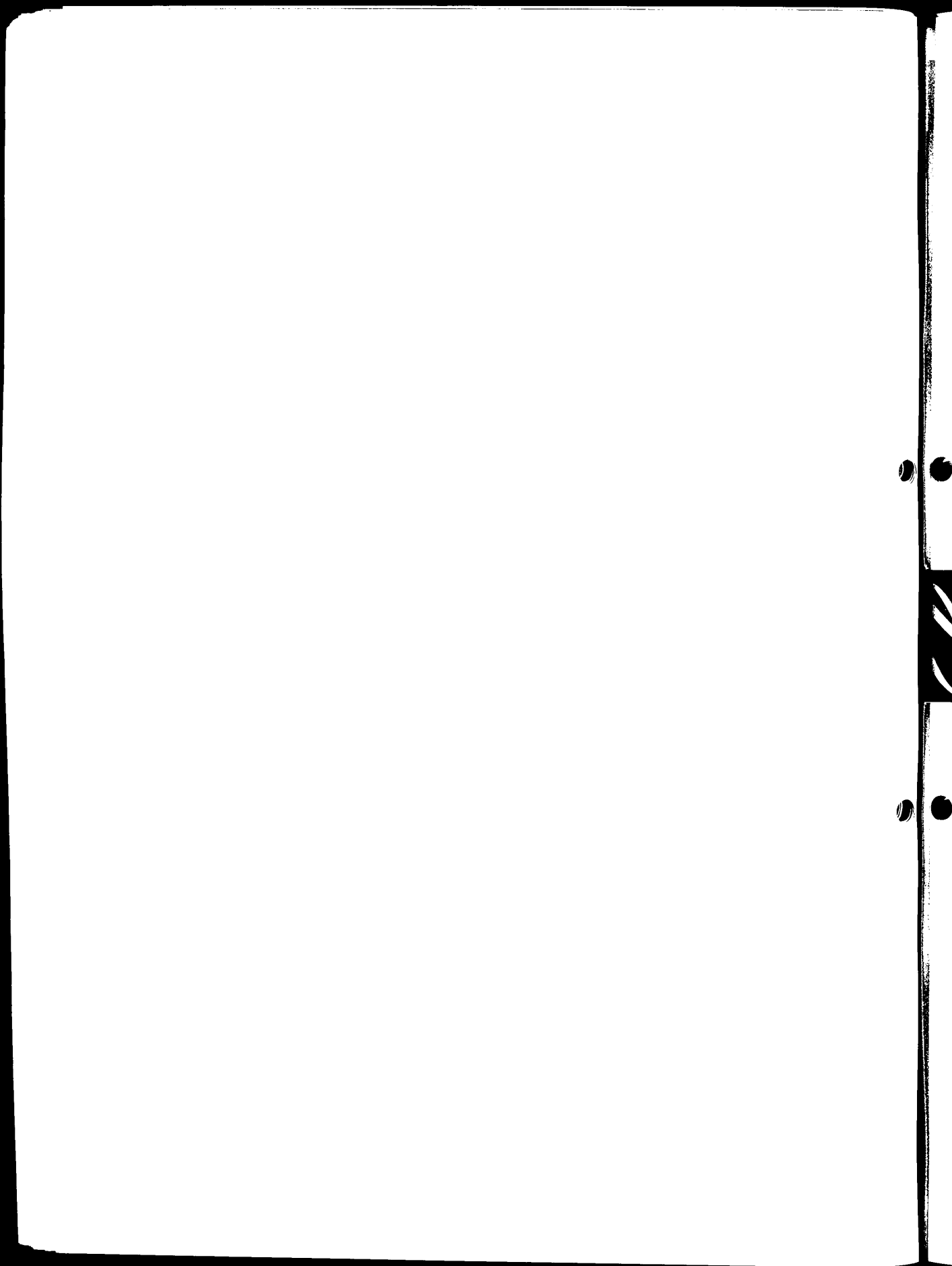
    14.15.2   notifiable drug addiction   ☐ ☐ A

    14.15.3   adverse drug reaction reporting   ☐ ☐ B

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

14.15.4 the role of nurse prescribers where they exist ☐☐ A

GUIDANCE
This should reflect UKCC guidelines on nurse prescribing.

14.15.5 review times/compliance assessments. ☐☐ A

14.16 There are internally agreed drug formulary/treatment guidelines. ☐☐ C

14.17 The drug formulary/treatment guidelines are reviewed and updated at agreed intervals. ☐☐ C

GUIDANCE
These should reflect national and local guidelines.

14.18 Blank prescription forms are stored securely. ☐☐ A

Dispensing

14.19 There are security systems to protect staff working in the dispensary. ☐☐ A

GUIDANCE
Systems may include alarms and controlled access.

14.20 Dispensary staff act in accordance with legislation affecting pharmacy practice and current professional guidelines. ☐☐ A

GUIDANCE
The Medicines Act 1968, Misuse of Drugs Act 1971, Poisons Act 1972, general pharmaceutical services and general medical services regulations should be referred to.

14.21 Dispensary staff have a recognised dispensing qualification. ☐☐ B
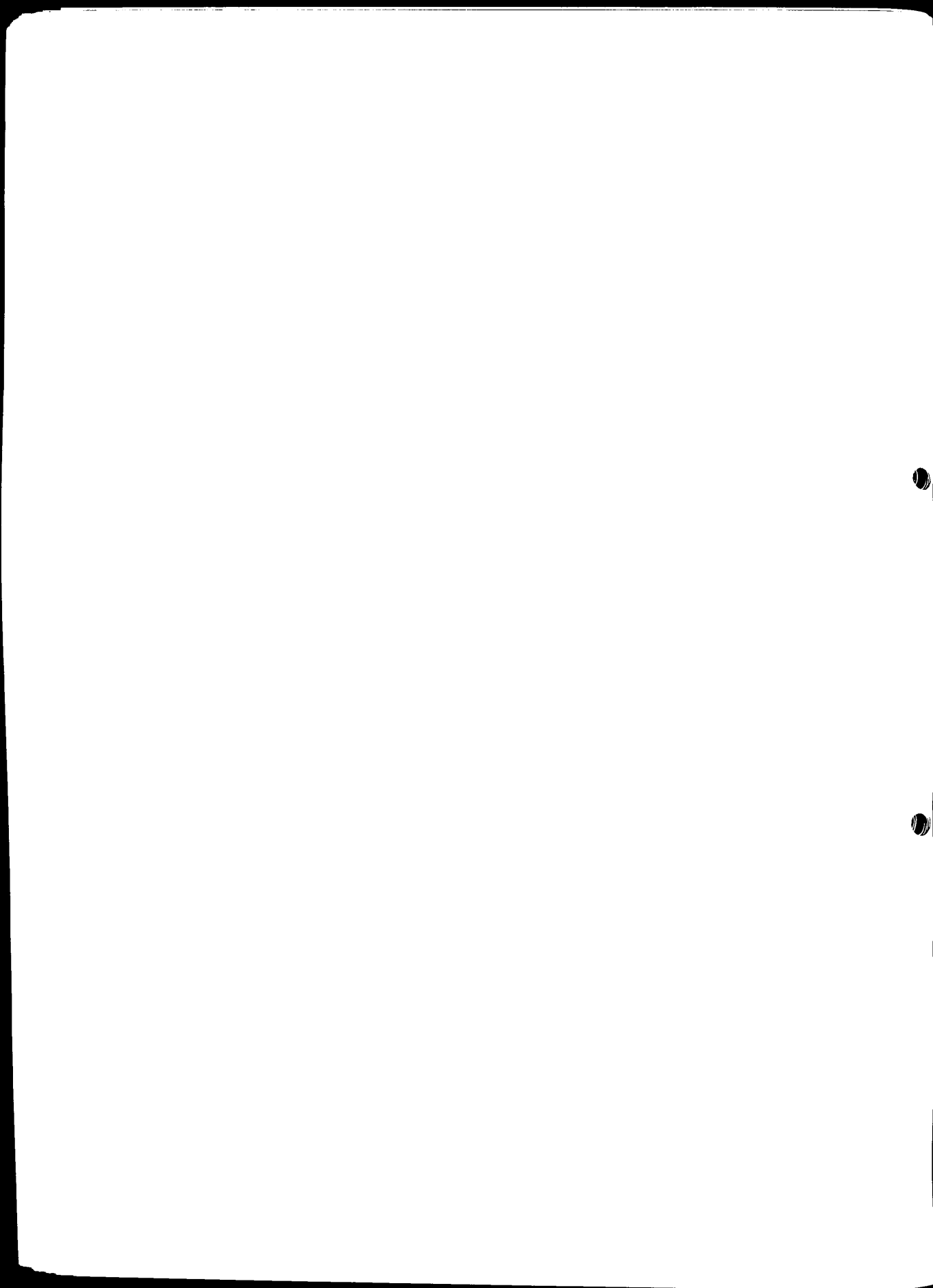
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

14.22 Policies and procedures are developed for:

14.22.1   dispensing of drugs   ☐☐ A

14.22.2   dispensing medicines liable to abuse   ☐☐ A

14.22.3   sale of medicines over the counter in accordance with guidance
              issued by the Royal Pharmaceutical Society of Great Britain   ☐☐ A

14.22.4   supervision of dispensing staff.   ☐☐ B

14.23 Dispensing equipment includes:

14.23.1   a smooth, impervious dispensing surface   ☐☐ B

14.23.2   a sink with water supply   ☐☐ B

14.23.3   weighing equipment   ☐☐ B

GUIDANCE
This should be calibrated regularly.

14.23.4   counting equipment   ☐☐ B

GUIDANCE
This should be calibrated regularly.

14.23.5   computer equipment   ☐☐ B
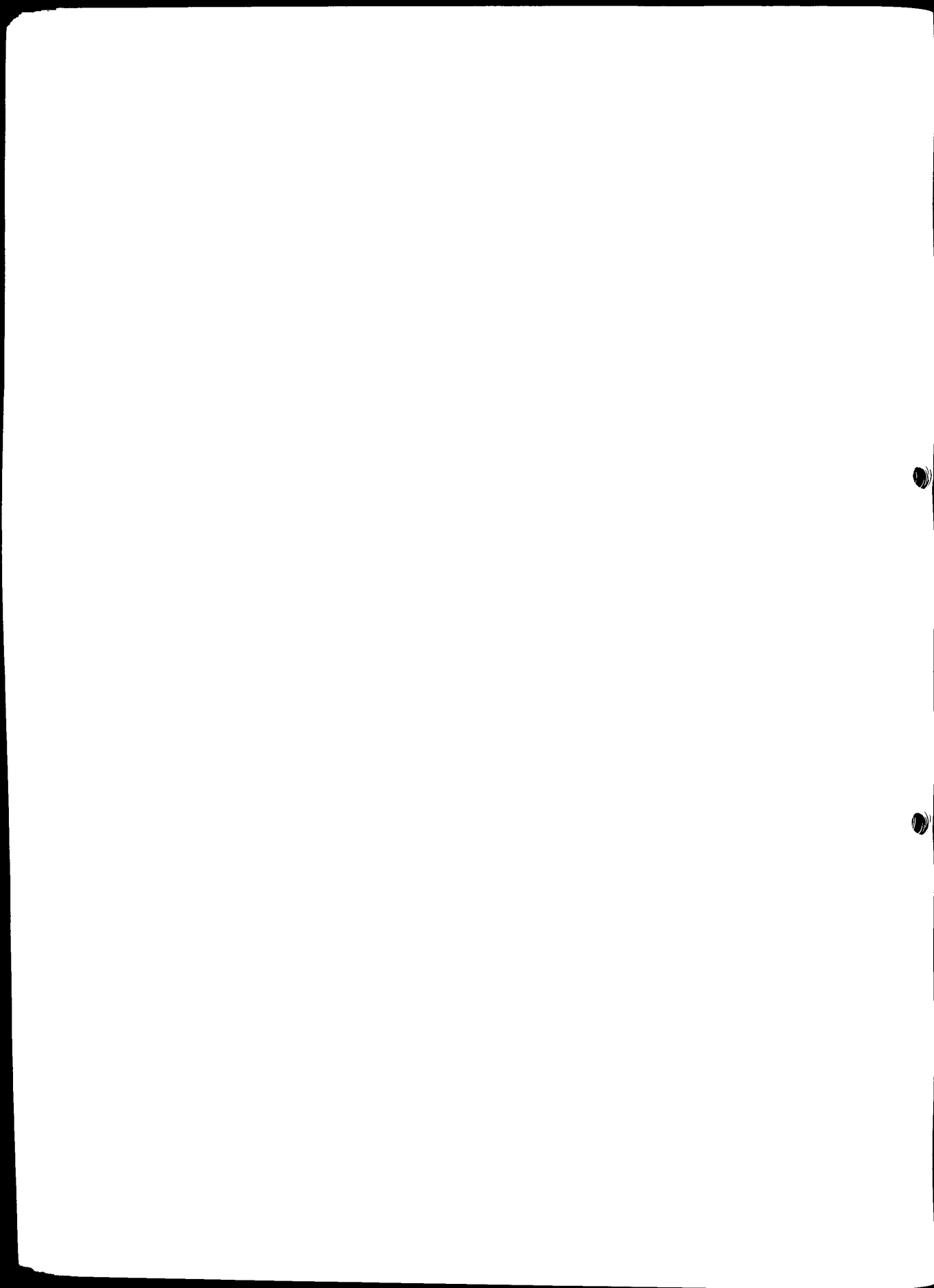
GUIDANCE
This could be used for:
• producing labels
• maintaining patient medication records for at risk groups
• maintaining a stock inventory.

14.23.6   packaging for dispensed items   ☐☐ B

GUIDANCE
Original packs should be used, when available.

Weighting: Essential practice A, Good practice B, Desirable practice C

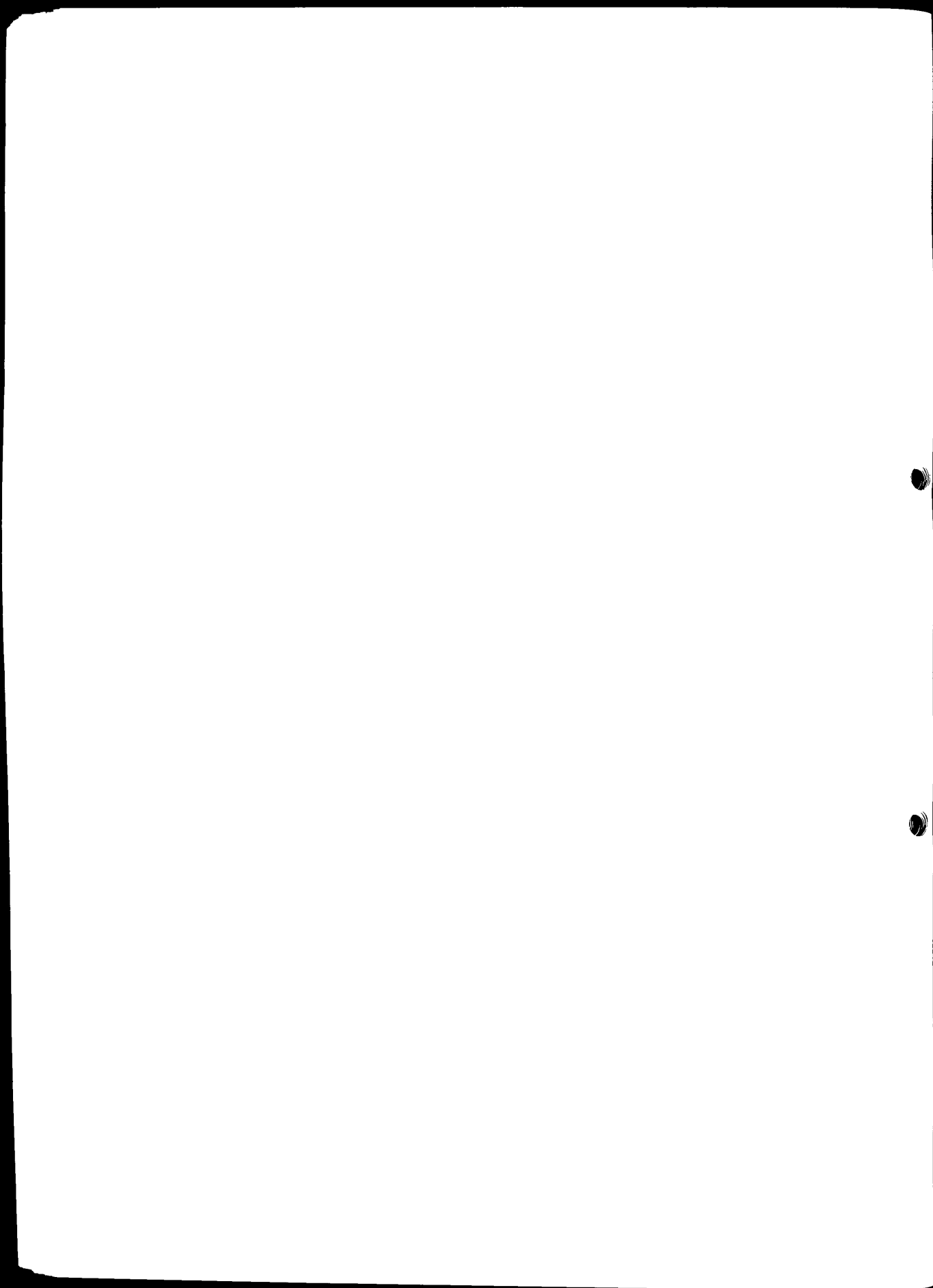| CRITERIA	YES	NO		COMMENTS
14.23.7 dosage dispensers	☐	☐	B	
14.23.8 protective equipment	☐	☐	B	
14.23.9 glass measures	☐	☐	B	
14.23.10 items to help patients/clients use their medication effectively.	☐	☐	B	

Patient information

14.24 Information on the availability of out-of-hours pharmacists is readily available to patients/clients and staff. ☐ ☐ A

GUIDANCE
This should be clearly displayed.

14.25 The patient/client is given clear written and verbal instructions and counselling on his/her medication. ☐ ☐ A

GUIDANCE
Information should ensure that patients/clients understand:
• the purpose of the treatment
• how they should take the medication
• what to do in case of difficulty or doubt.
Labels should be typewritten or computer generated.

14.26 There is a practice policy for advising when prescribed medication can be bought more cheaply from a community pharmacy. ☐ ☐ B

14.27 Supplementary labels/patient information leaflets from the manufacturer are included in the prescribed medication, where available. ☐ ☐ B

14.28 Pharmaceutical records are kept in accordance with legal guidelines. ☐ ☐ A

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

Evaluation and quality assurance

14.29 The following key information is collected and evaluated:

    14.29.1 out-of-stock items   ☐☐ B

    14.29.2 expired items   ☐☐ B

    14.29.3 compliance with formulary   ☐☐ B

    14.29.4 drug usage in accordance with the practice prescribing policy
             (for example, prescribing analysis and cost [PACT], indicative
             prescribing amount [IPA] information, drug budget information)   ☐☐ B

    14.29.5 repeat prescriptions   ☐☐ B

    14.29.6 dispensing errors   ☐☐ B

   14.29.7 waiting times for prescriptions.   ☐☐ B

General

14.30 A collaborative working relationship is established with the local community
pharmacy service and the local community drugs advisory service.   ☐☐ B

14.31 The primary health care team has an agreed policy for the administration
of drugs.   ☐☐ A

        GUIDANCE
        This includes instructions given over the telephone.

14.32 Policies and procedures are developed for:

    14.32.1 drug defect reporting   ☐☐ A

    14.32.2 medicinal product hazard notifications   ☐☐ A
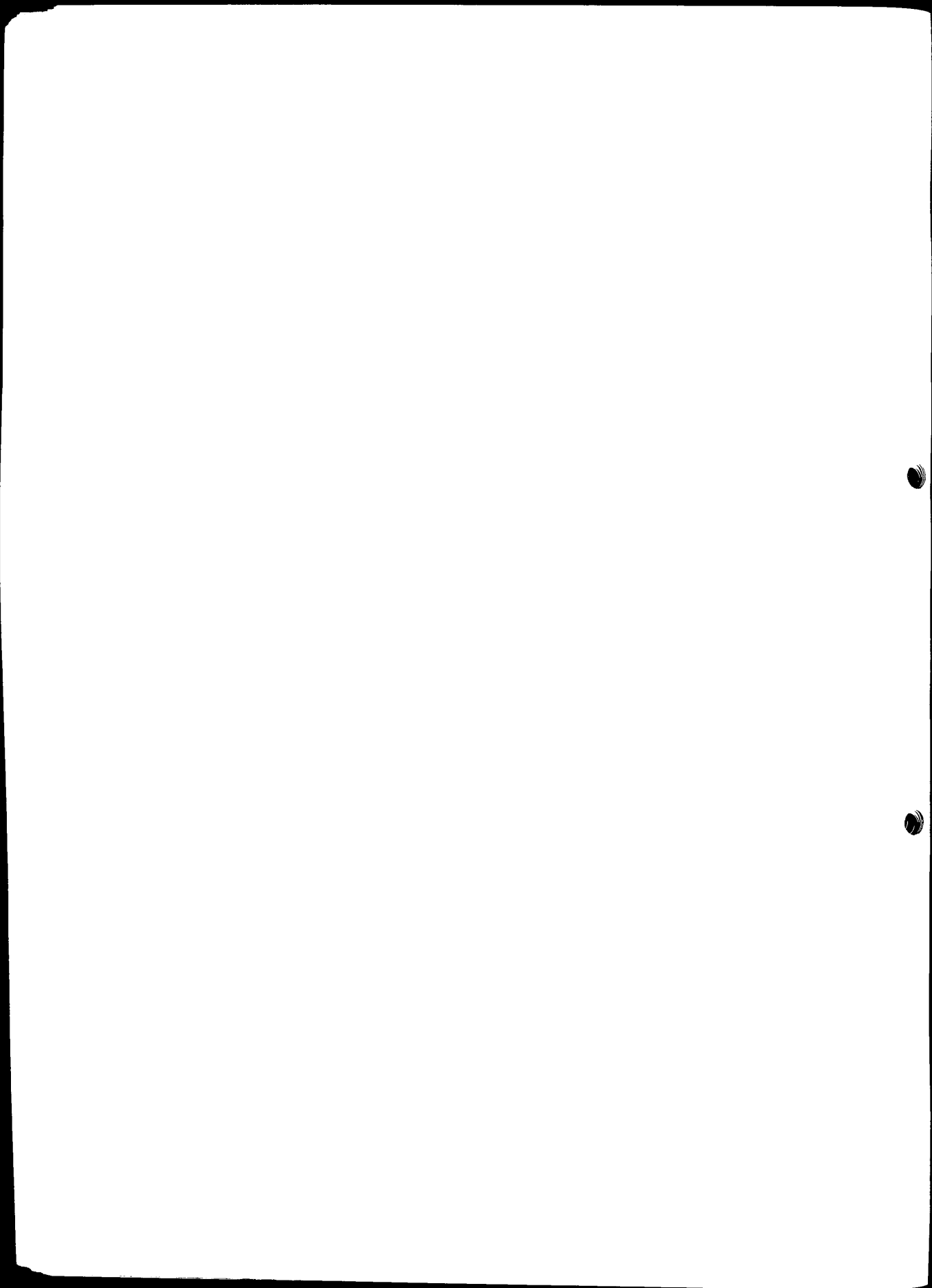
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

                                                        YES NO   COMMENTS
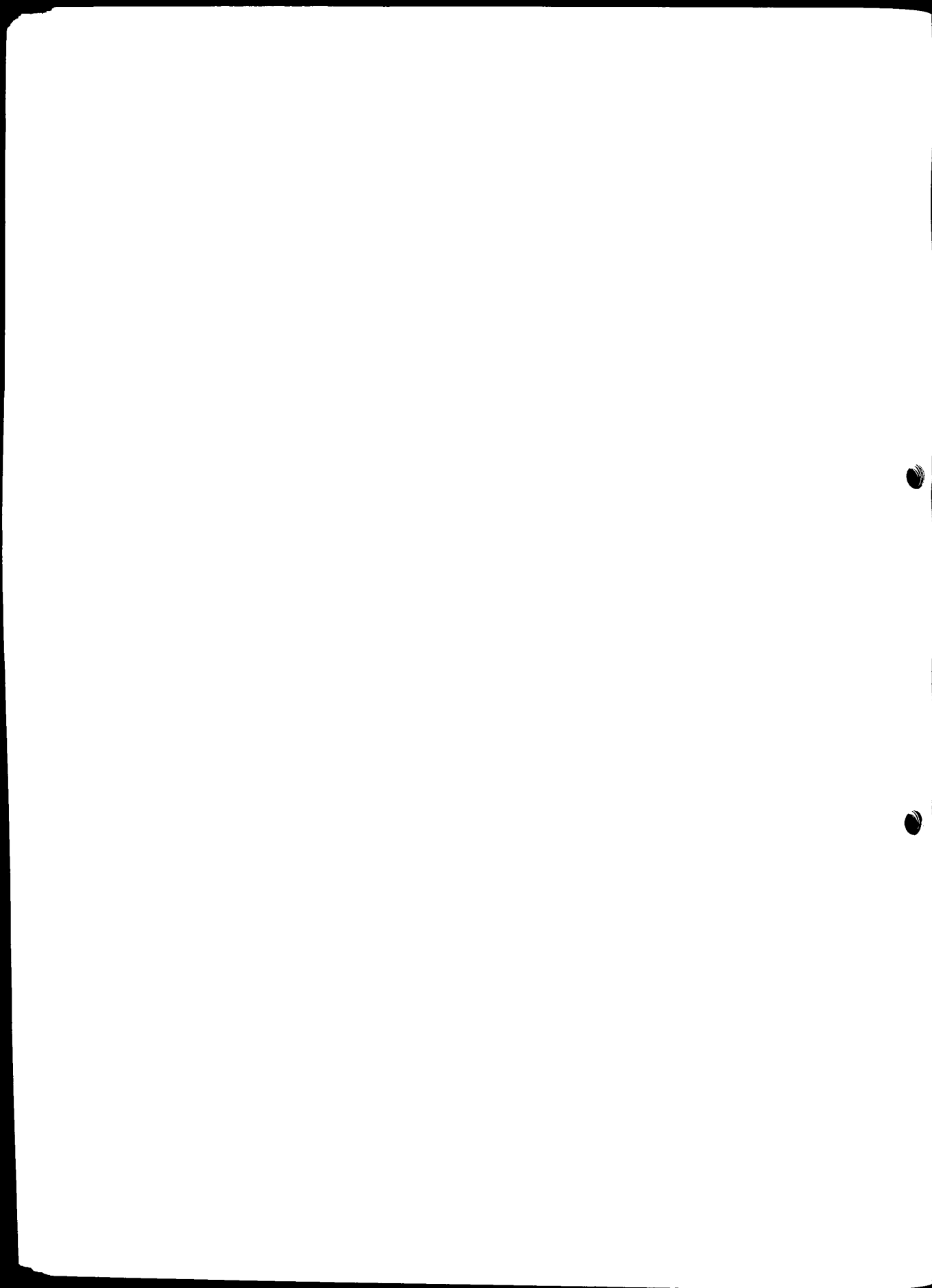
14.32.3 adverse drug reactions.   ☐☐ A

14.33 Up-to-date information on drugs, chemicals and new products is available.   ☐☐ A

        GUIDANCE
        This may be through:
        • the British National Formulary
        • manufacturers' data sheets
        • drug information centres
        • local hospitals.

14.34 New product information is shared with the primary health care team.   ☐☐ B

Standard 15

Health record content

A health record is maintained for all patients registered with the practice which is accurate, complete, usable for retrieving information, enables effective continuing patient care and is in accordance with accepted procedures and current legislation.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

These criteria refer to 'hard copy' and computer-held records.

15.1 Entries into the record are:

15.1.1   made only by authorised staff   ☐ ☐ A

15.1.2   written contemporaneously   ☐ ☐ A

15.1.3   legible   ☐ ☐ A

15.1.4   dated   ☐ ☐ A

15.1.5   accompanied by a signed designation   ☐ ☐ A

15.1.6   written in black ink.   ☐ ☐ B

GUIDANCE
These criteria also refer to alterations.

15.2 The abbreviations and symbols used in the record are agreed by the relevant members of the primary health care team.   ☐ ☐ A
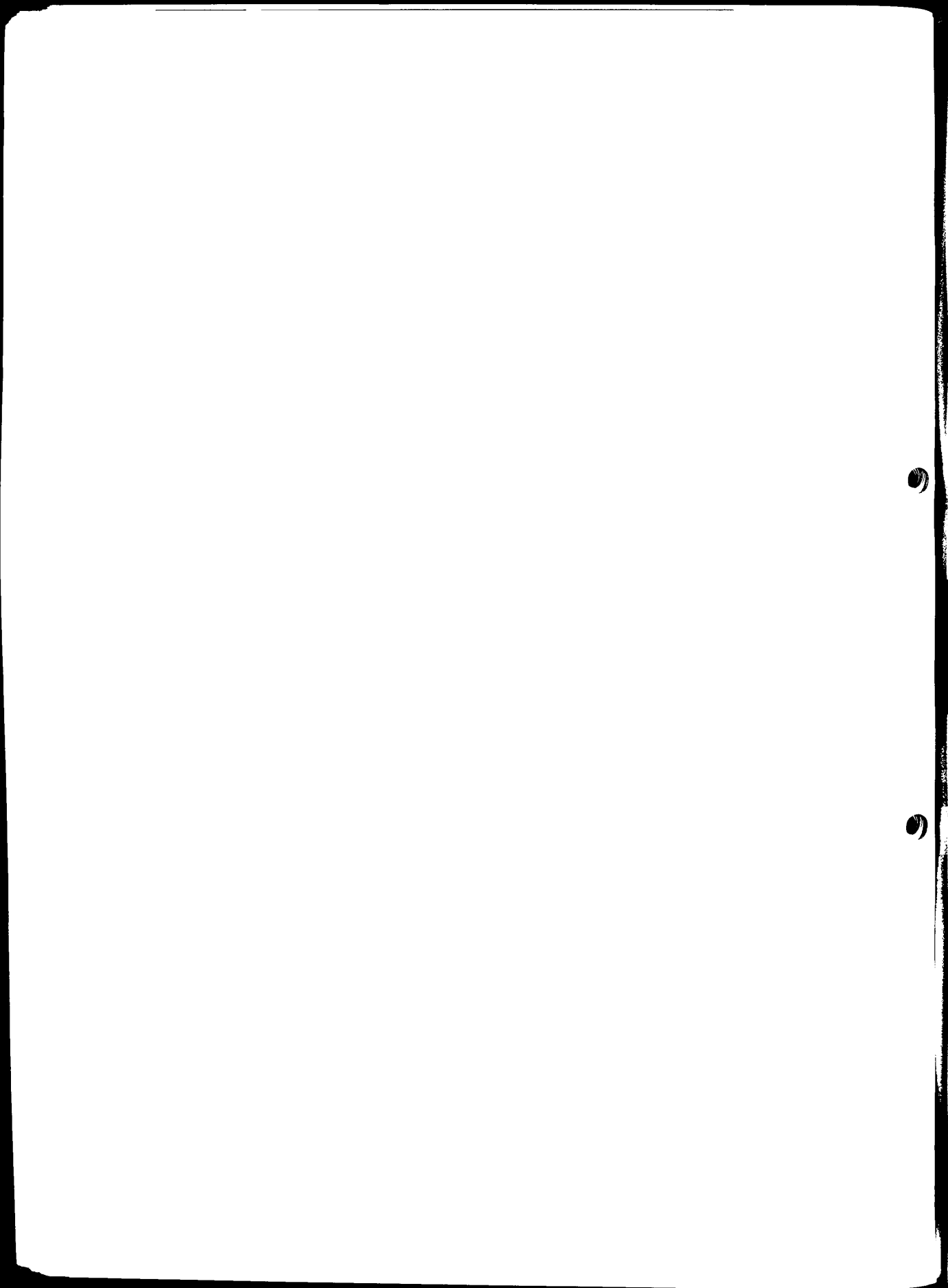
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO	COMMENTS

15.3 The record provides an account of the patient's care that is:

15.3.1 objective ☐☐ A

15.3.2 chronological ☐☐ A

15.3.3 supports clinical decisions. ☐☐ A

> GUIDANCE
> The record should include repeat/ongoing medication, progress
> notes/clinical consultations, laboratory and x-ray results.

15.4 All medical, nursing and allied health professionals' reports (or copies) are filed in the record. ☐☐ A

15.5 Each record contains the following identification data:

15.5.1 a unique number ☐☐ A

> GUIDANCE
> This may be a community health number or practice number.

15.5.2 name in full on every page ☐☐ A

15.5.3 address and postcode ☐☐ A

15.5.4 telephone number ☐☐ B

15.5.5 date of birth ☐☐ A

15.5.6 sex ☐☐ A

15.5.7 person to notify in an emergency ☐☐ B

15.5.8 main carer's name and address if applicable ☐☐ B

15.5.9 name of GP ☐☐ A
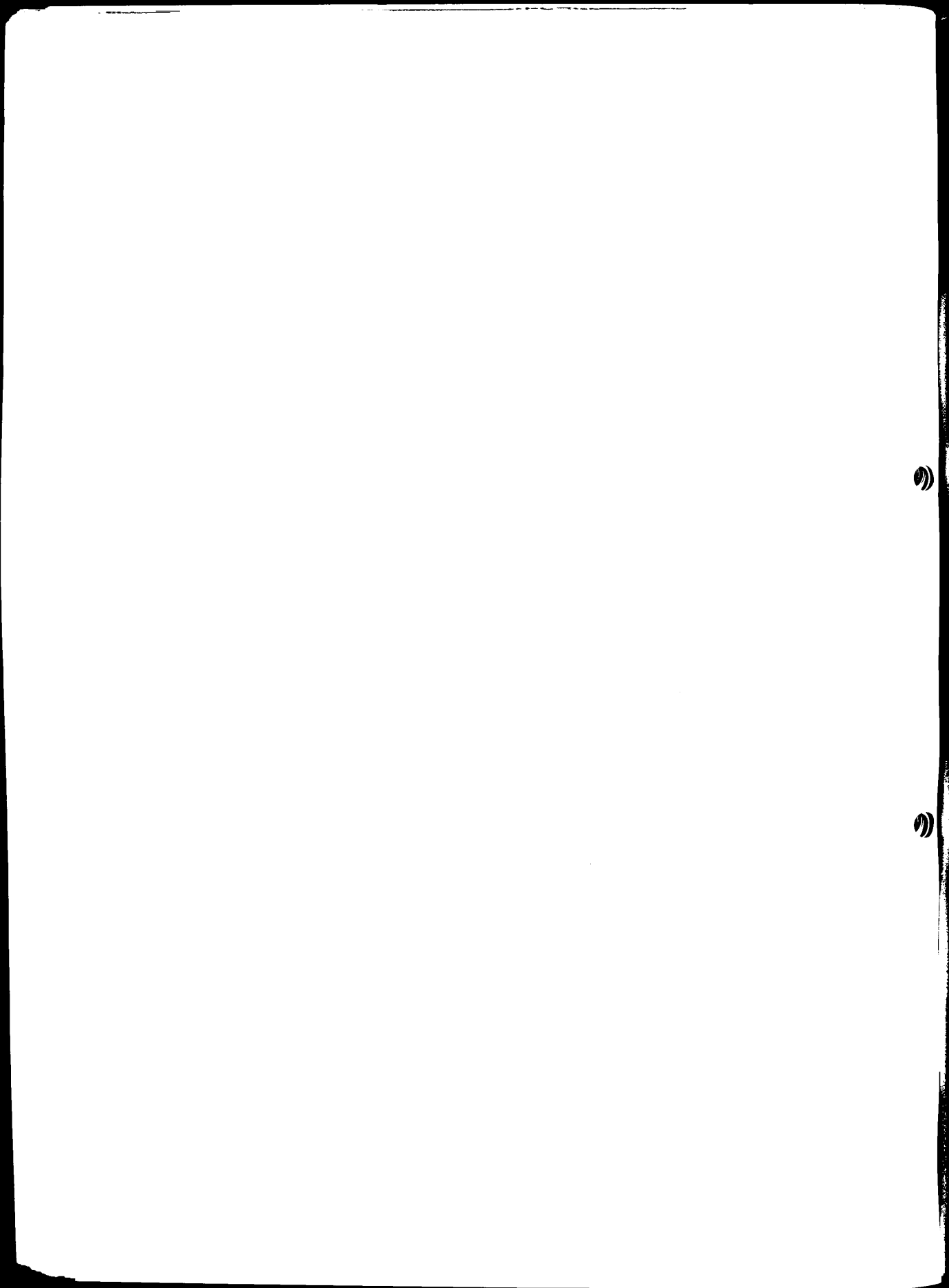
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

15.5.10 language/cultural considerations and contact point for interpreter, if required.

☐☐ A

15.6 'Alert' notations are prominently displayed.

☐☐ A

GUIDANCE
These are necessary for conditions such as allergic responses and drug reactions and where more than one person has the same name.

15.7 The record contains an up-to-date summary sheet/problem list.

☐☐ A

GUIDANCE
This may be in the hard copy of the notes or on a computer.

15.8 The summary sheet includes:

15.8.1 diagnoses and procedures

☐☐ A

15.8.2 family history

☐☐ A

15.8.3 conditions which cause loss of function.

☐☐ A

15.9 The record includes details of:

15.9.1 attendances at the practice

☐☐ A

15.9.2 home visits

☐☐ A

15.9.3 clinical information given by telephone.

☐☐ A

15.10 All prescriptions are signed by a legally authorised practitioner.

☐☐ A

15.11 Details of drug therapy are recorded.

☐☐ A
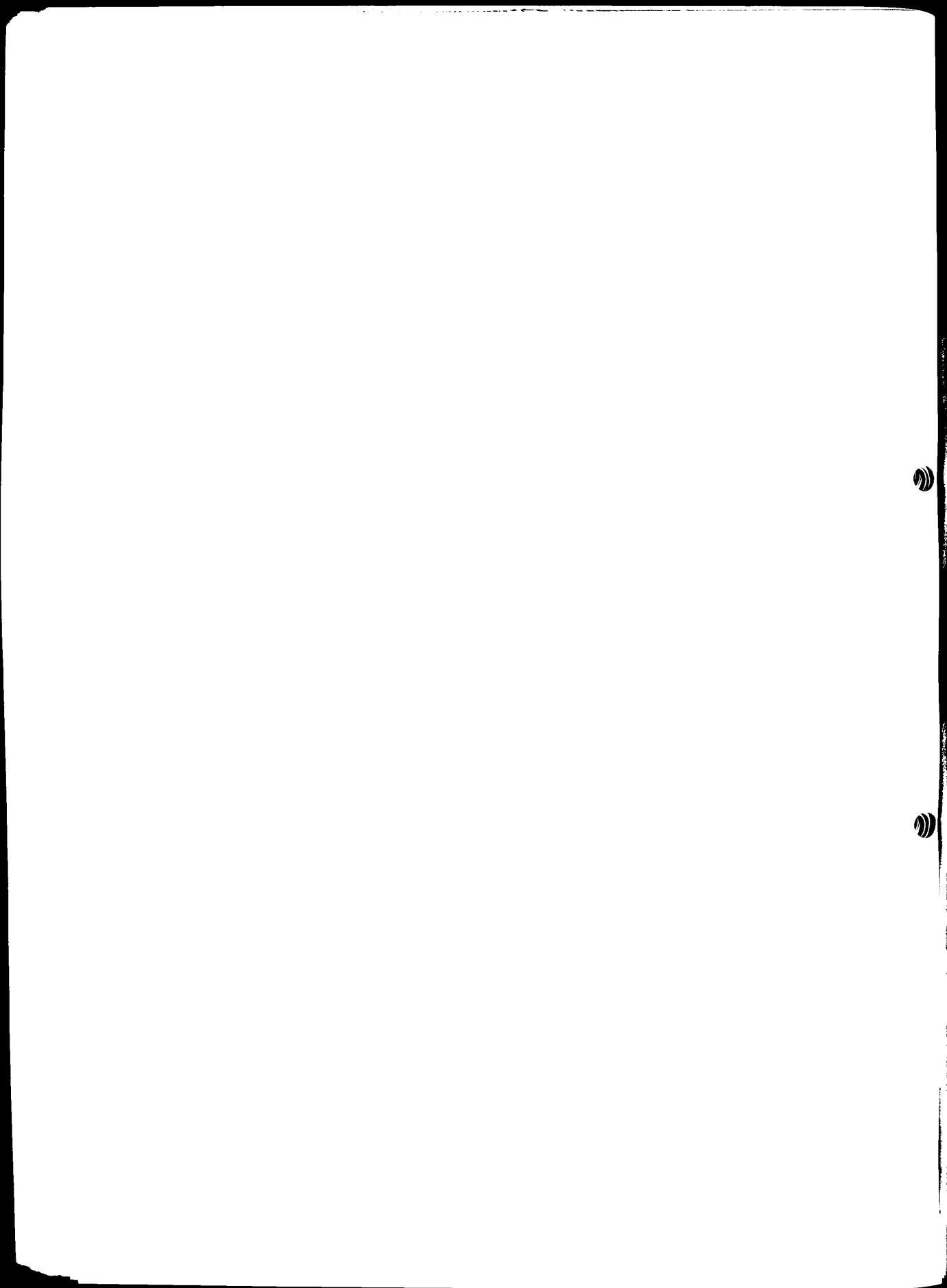
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

15.12 Details of drug therapy include the following:

15.12.1 any modifications in drug therapy authorised by a qualified practitioner   ☐ ☐ A

15.12.2 instructions given to a patient/client and/or carer when new
medication is started.   ☐ ☐ A

15.13 Results of pathology investigations are kept:

15.13.1 in the health record   ☐ ☐ A

15.13.2 in a form that identifies the source of request.   ☐ ☐ A

15.14 Information given to the patient/client and/or carer is recorded.   ☐ ☐ B

15.15 The patient's/client's consent is sought before giving information to carers.   ☐ ☐ A

15.16 Information on patients/clients given by carers is recorded separately from the
patient's/client's health record if the carer wishes.   ☐ ☐ B

15.17 There is a written policy for record completion.   ☐ ☐ B

15.18 When minor surgery is performed, the following are recorded:

15.18.1 detail of procedure   ☐ ☐ A

15.18.2 any warnings given to the patient   ☐ ☐ A

GUIDANCE
The patient/client is fully informed of:
• the procedure
• possible outcomes
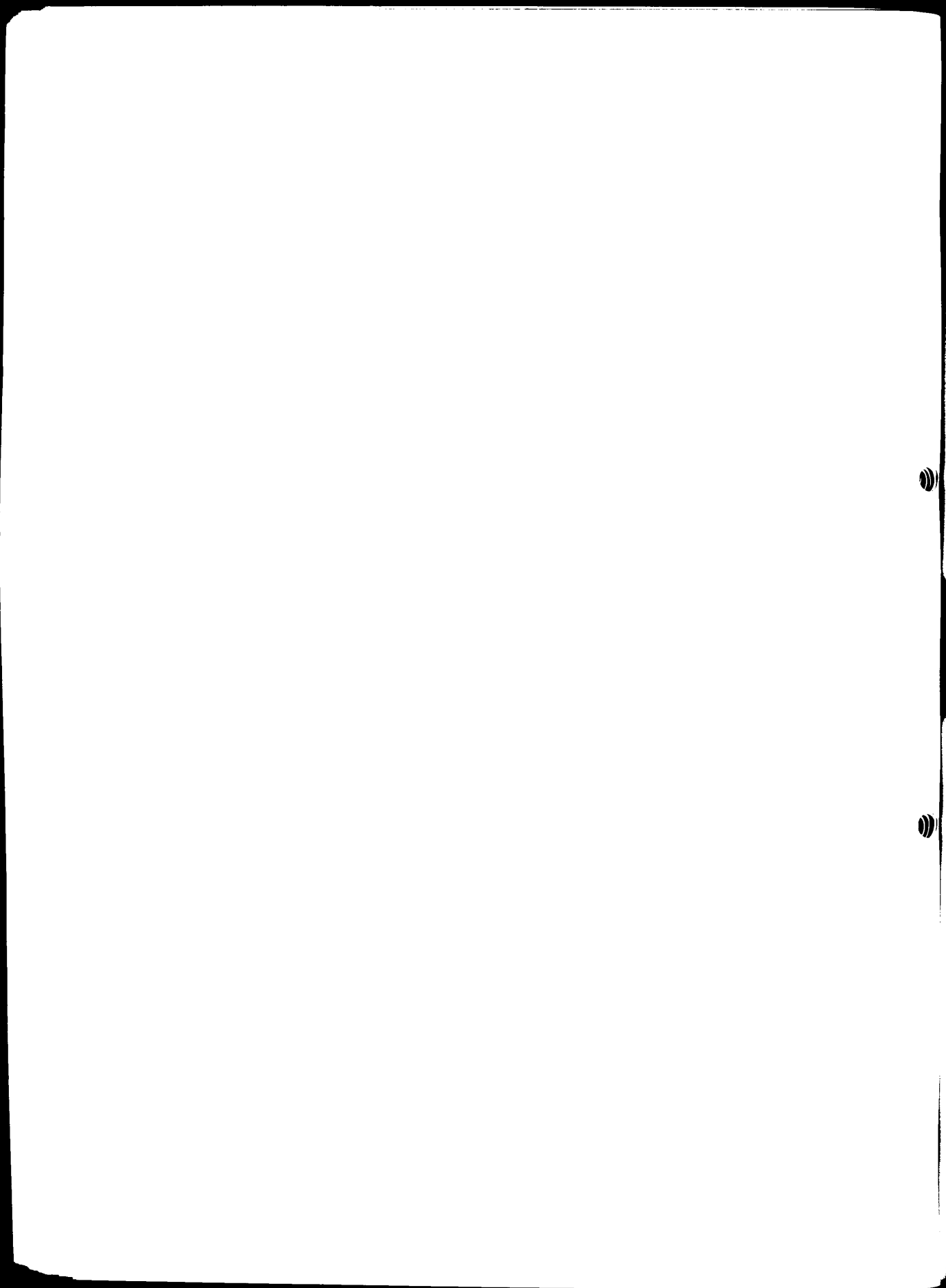
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

possible risks involved
follow-up.
The patient/client is also given information about other
alternatives to surgery.

15.18.3 consent   ☐ ☐ A

15.18.4 drugs administered   ☐ ☐ A

15.18.5 batch number of drugs administered   ☐ ☐ A

15.18.6 expiry date of drugs administered   ☐ ☐ A

15.18.7 dosage of drugs administered   ☐ ☐ A

15.18.8 details of any specimens taken   ☐ ☐ A

15.18.9 complications that arise   ☐ ☐ A

15.18.10 follow-up action from histology results.   ☐ ☐ A
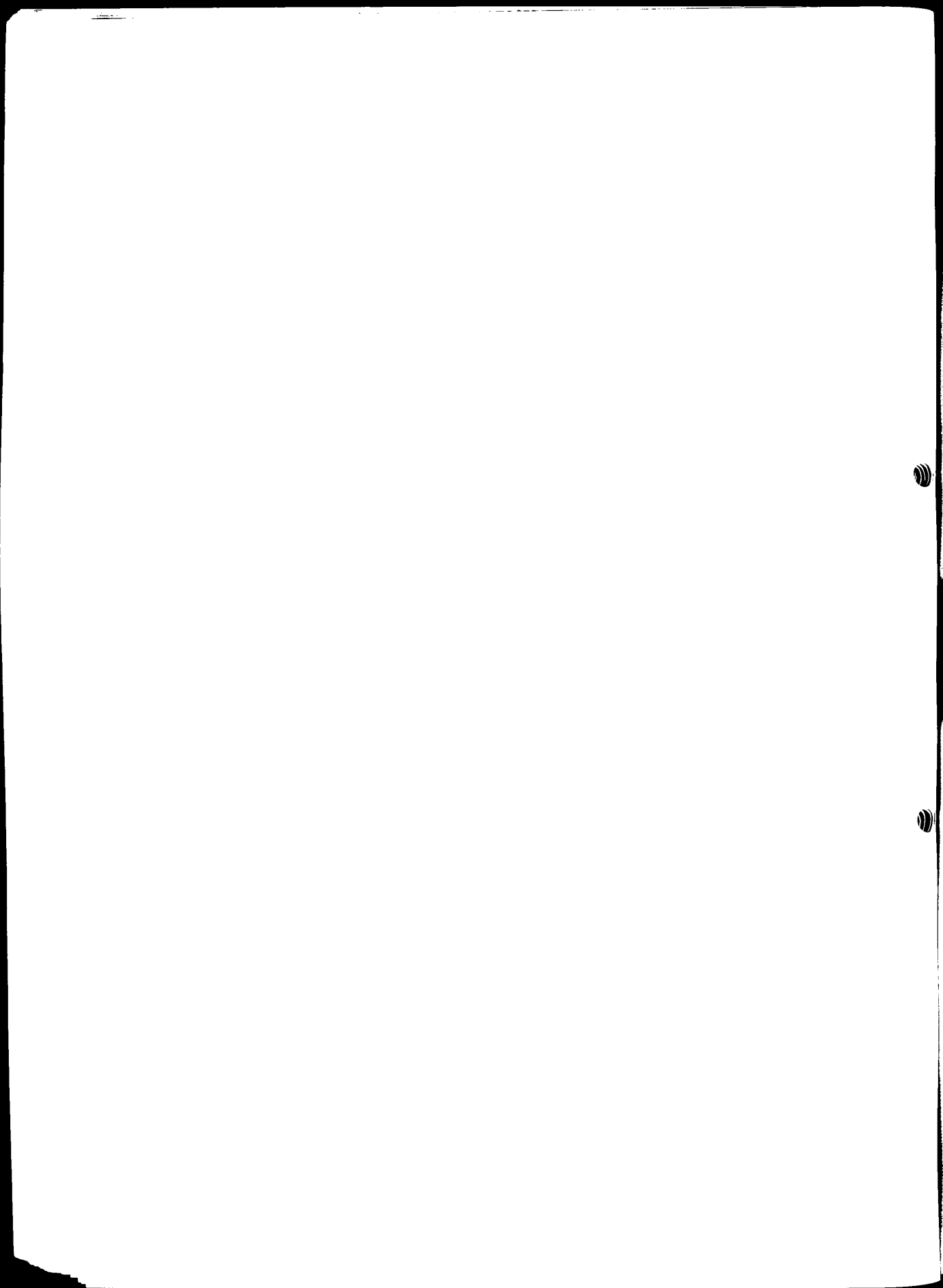
Standard 16

Health record system

Health records are securely stored and are readily accessible to authorised staff only. Legislation is complied with and information in the health record is safeguarded from use by unauthorised persons.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

Data protection and confidentiality

16.1 The information in the health record is used by all staff in accordance with their professional code of confidentiality and/or contract of employment.   ☐☐ A

16.2 The practice is registered under the Data Protection Act 1984.   ☐☐ A

16.3 Staff are aware of and follow:

    16.3.1   the Access to Health Records Act 1990 (or Access to Health Records [Northern Ireland] Order 1993).   ☐☐ A

    16.3.2   the Data Protection Act 1984.   ☐☐ A

16.4 Personal data is only used for a specified and lawful purpose.   ☐☐ A

    GUIDANCE
    Data users can comply with this principle by registering their intended use of information and by establishing procedures to ensure that new uses are added to the register as and when they arise.

16.5 There is a written policy on the length of time personal data is held.   ☐☐ B
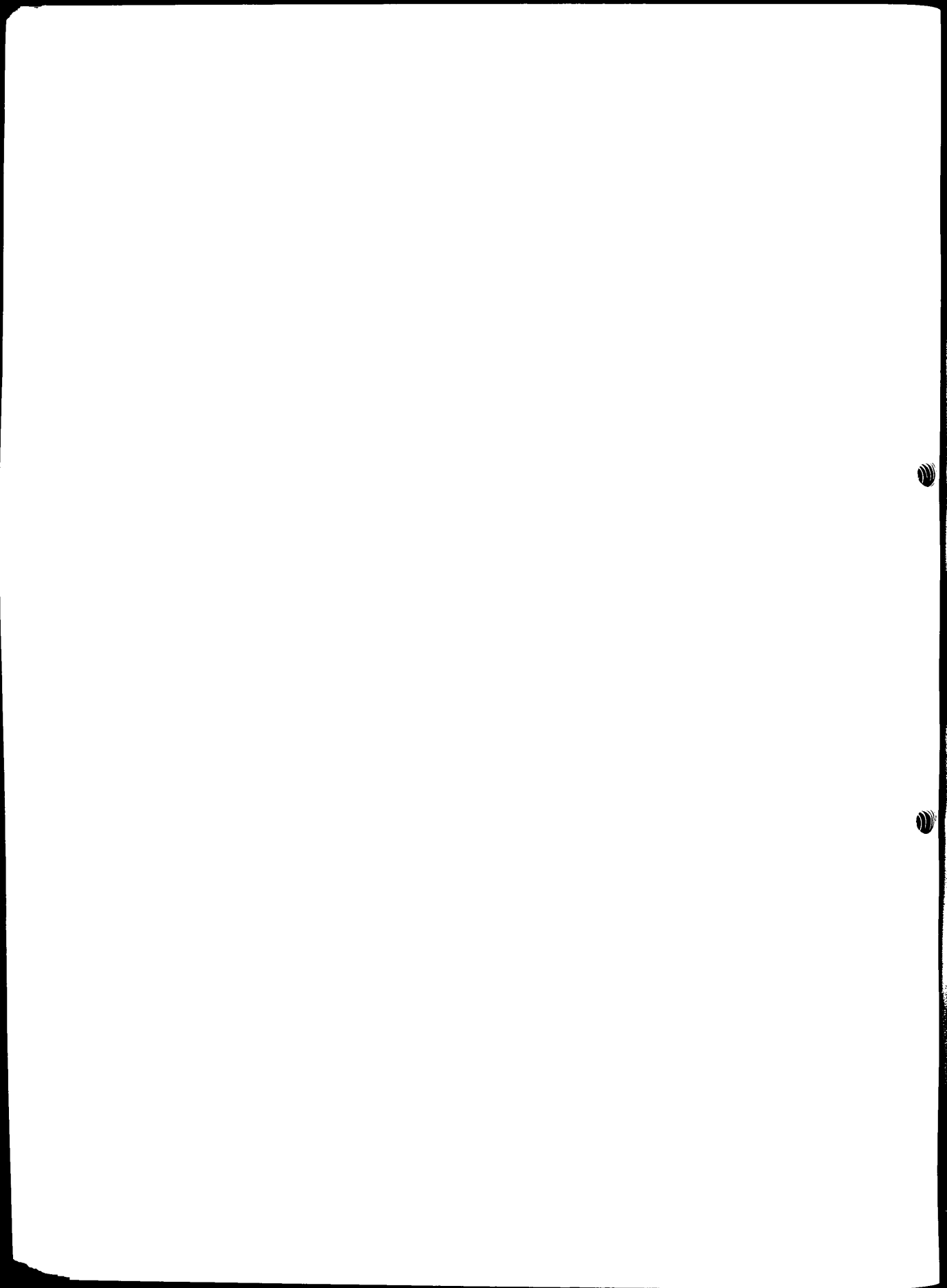
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

16.6 Data is:

16.6.1 accurate ☐☐ A

16.6.2 kept up to date. ☐☐ A

16.7 There is a system for acquiring and transferring health records. ☐☐ A

> GUIDANCE
> This system ensures that records are acquired and transferred within the
> time limits set in the Patient's Charter.

16.8 The practice has agreed policies and procedures for the management of health records. ☐☐ B

16.9 Patients are encouraged to inform the practice if their personal details change. ☐☐ B

> GUIDANCE
> The practice leaflet may be used to ask patients to update their
> personal details.

Access

16.10 There are agreed policies regarding:

16.10.1 who has access to health records ☐☐ B

16.10.2 transfer of information between professionals. ☐☐ B

16.11 Security measures are in place to:

16.11.1 prevent unauthorised access to personal data ☐☐ A

16.11.2 prevent unauthorised alteration to personal data ☐☐ A

16.11 3 prevent unauthorised disclosure of personal data ☐☐ A
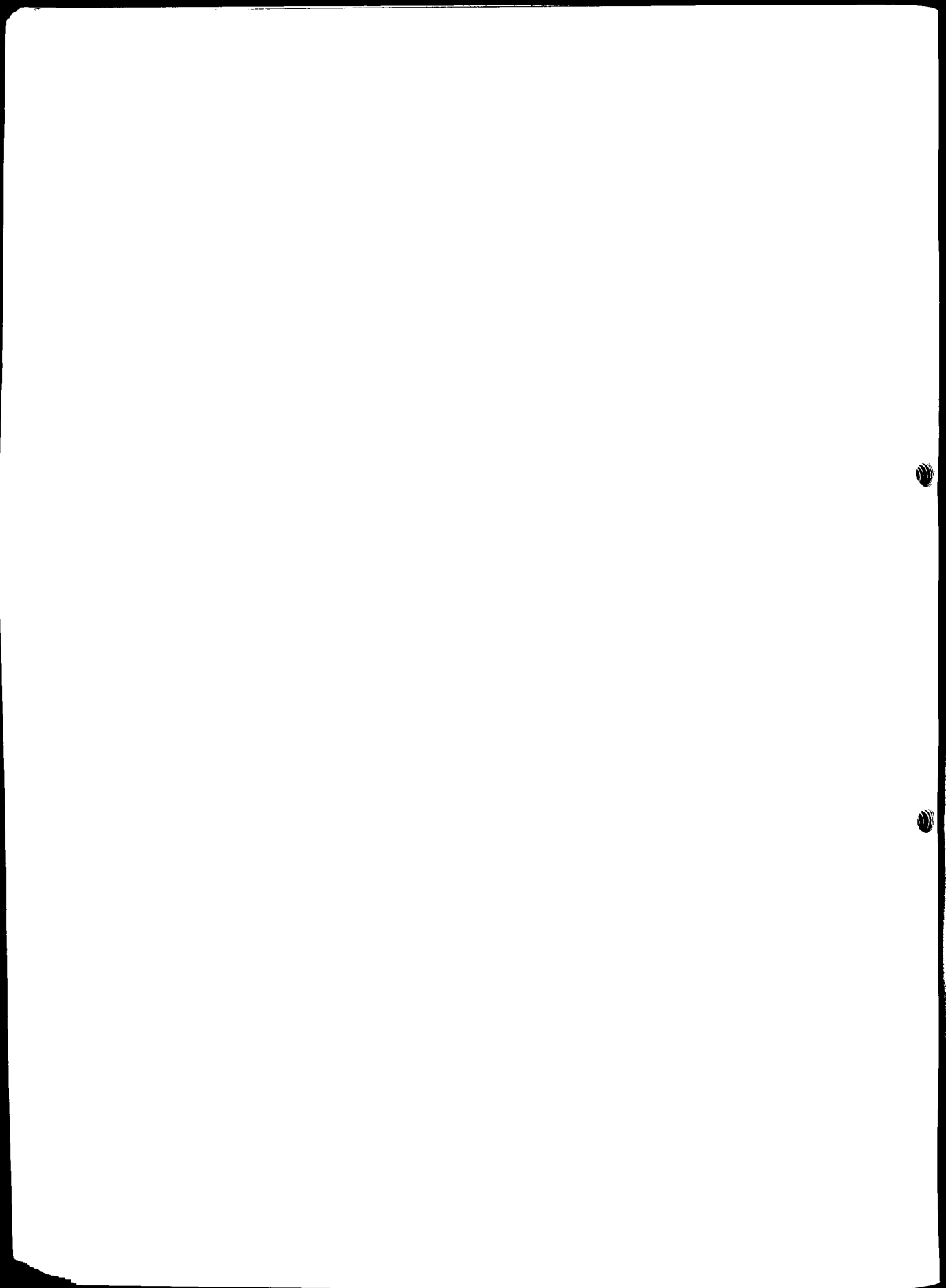
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

16.11.4 prevent destruction of personal data   ☐☐ A

16.11.5 protect against accidental loss of personal data.   ☐☐ A

GUIDANCE
This is to ensure that the health record is safeguarded from use by unauthorised persons.

16.12 Information on patient/client access to health records is available to patients/clients.   ☐☐ B

16.13 The patient's/client's health record is made available for all consultations.   ☐☐ B

GUIDANCE
This includes consultation with the GP and the practice nurse, for clinics and minor surgery procedures.

16.14 Where deputising or cooperative arrangements exist for out-of-hours visits, there is a procedure for accessing the health record.   ☐☐ C

Filing systems

16.15 There is a written policy for the filing of records.   ☐☐ B

16.16 There is a filing system which enables health records to be retrieved rapidly.   ☐☐ B

16.17 There is a monitoring system for tracing records.   ☐☐ B

GUIDANCE
The whereabouts of records should be known at all times. A tracer card system may be used.
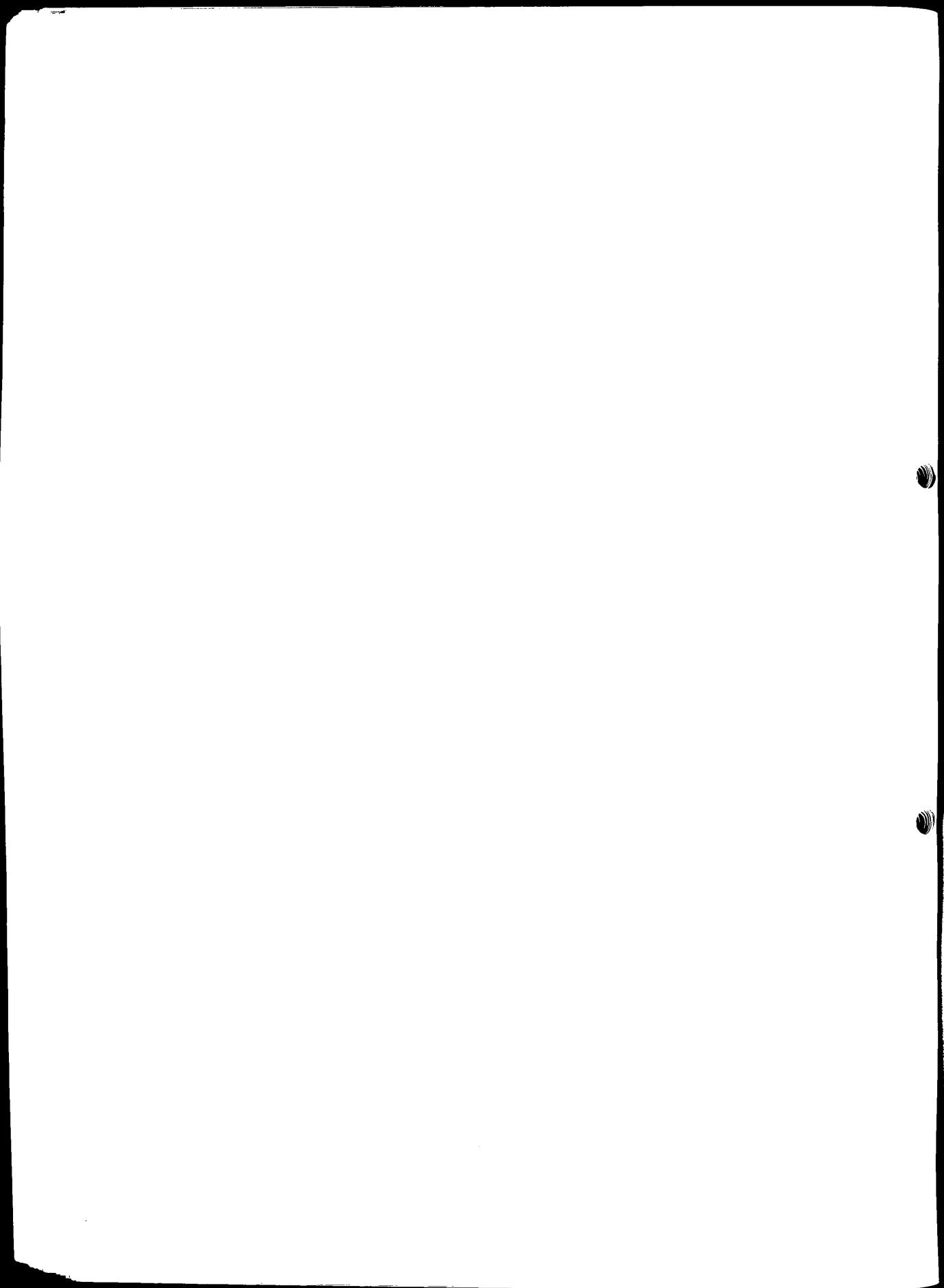
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES   NO

COMMENTS

Storage

16.18 Health records are stored securely.

☐ ☐ A

16.19 When records are computerised, back-up copies of the system and/or data files are:

16.19.1   made at regular intervals

☐ ☐ B

GUIDANCE
The practice should agree how often back-ups are to be made.

16.19.2   securely kept at another site or in a fireproof safe/cabinet.

☐ ☐ B
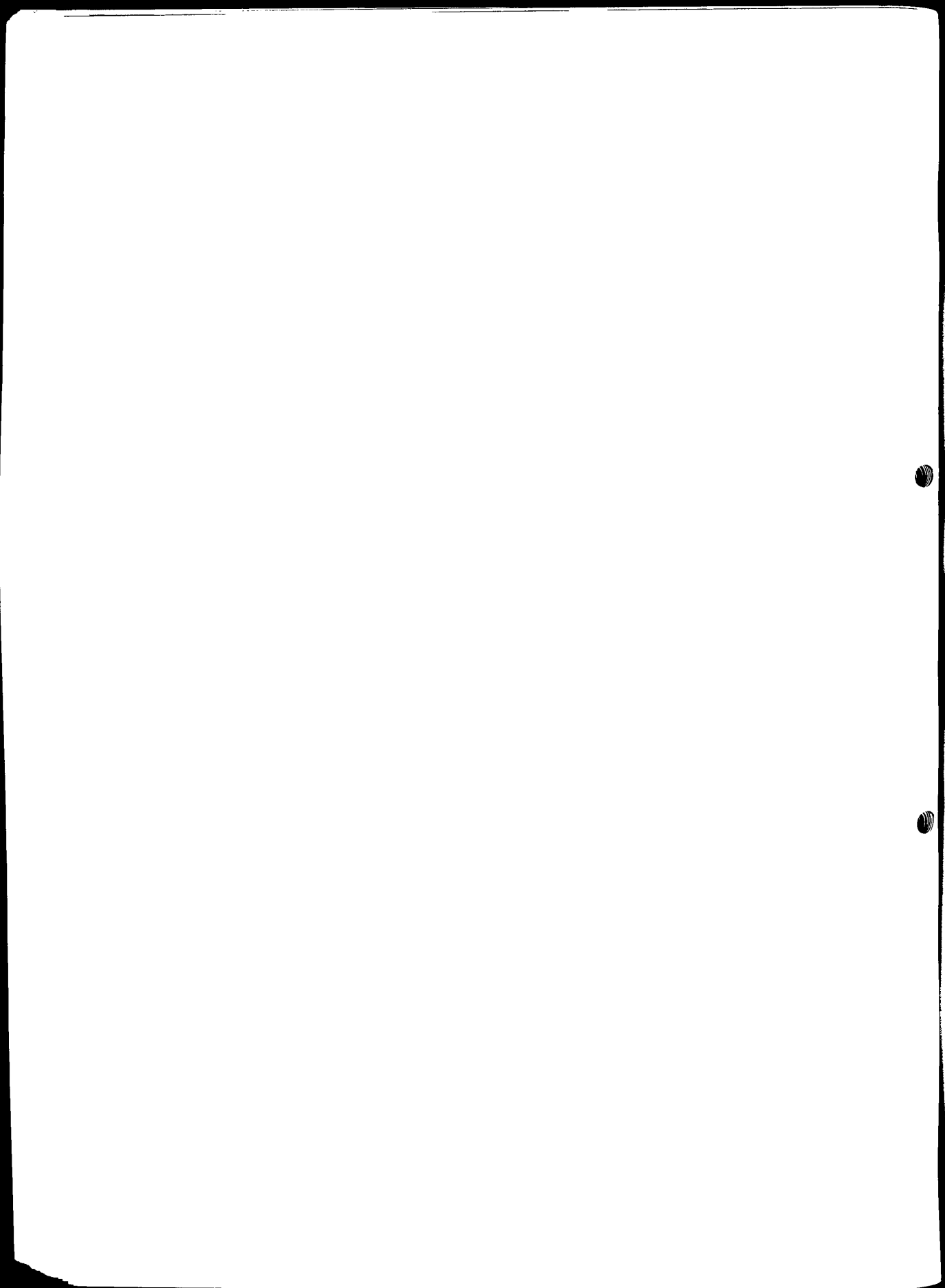
Buildings, facilities and equipment

The environment, facilities and equipment are maintained to a standard which ensures that the primary health care team achieves safe, accessible, efficient and effective care for all patients/clients.

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES NO   COMMENTS

General

17.1 The following are available and adequate for the intended purpose:

GUIDANCE
Paragraph 51.10 of the NHS Statement of Fees and Allowances should be referred to.

17.1.1   waiting areas for patients   ☐☐ A

17.1.2   consulting rooms   ☐☐ A

17.1.3   designated treatment areas   ☐☐ A

17.1.4   clean washroom/toilet facilities   ☐☐ B

GUIDANCE
These take account of the needs of patients with disabilities and parents with young children.

17.1.5   office space   ☐☐ B

17.1.6   separate staff toilet   ☐☐ B

17.1.7   staff rest room/cloakroom   ☐☐ B

17.1.8   storage for employees' personal effects   ☐☐ B
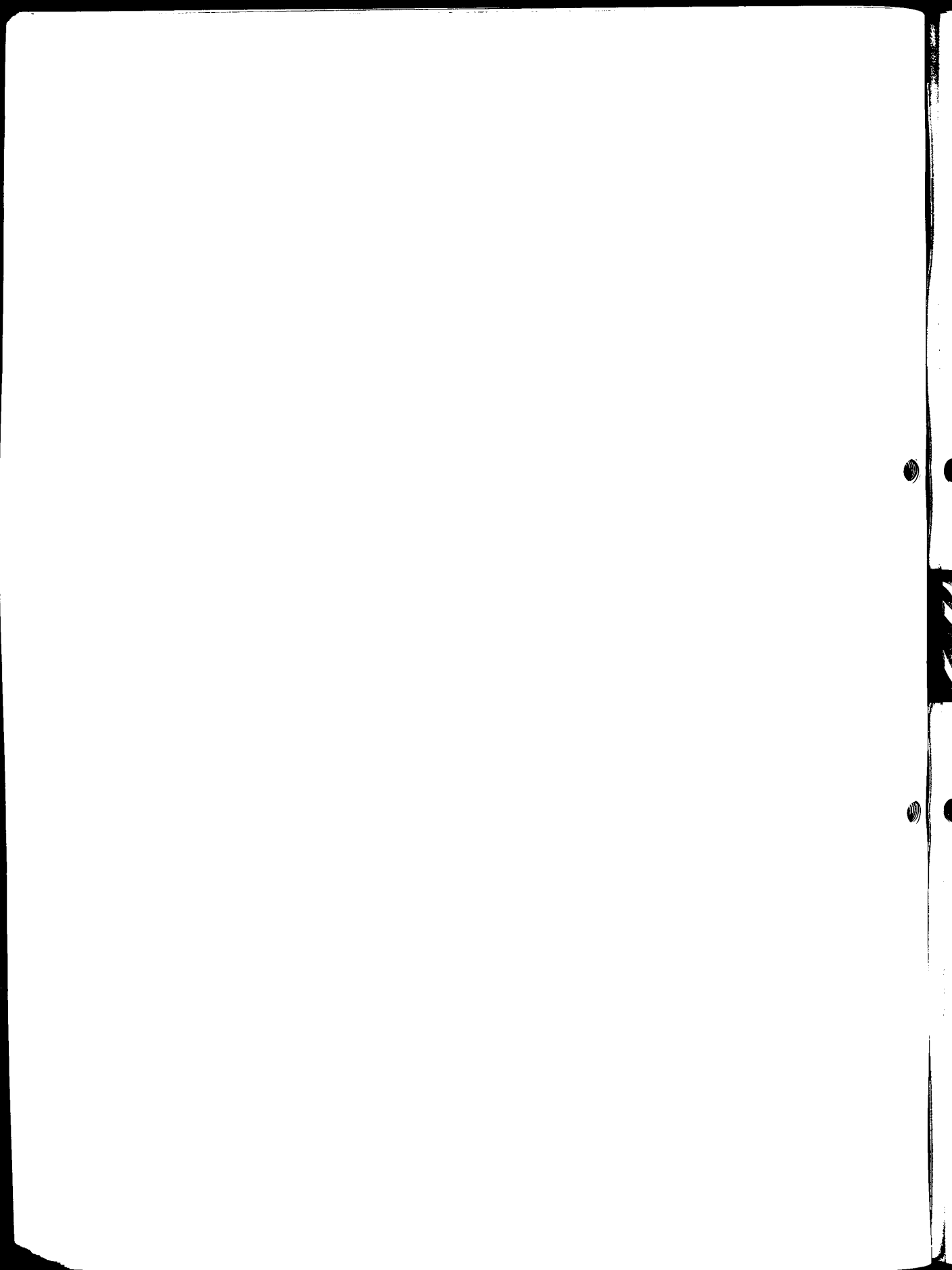
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

    17.1.9   general storage space   ☐☐ B

    17.1.10 kitchen facilities to make drinks and prepare snacks   ☐☐ B

    17.1.11 covered and secure storage space for prams.   ☐☐ C

17.2 Parking is available close to the practice for staff and patients.   ☐☐ B

17.3 The building is covered by insurance.   ☐☐ A

17.4 Glass doors are made of safety glass.   ☐☐ A

17.5 Drinking water is:

    17.5.1   available   ☐☐ A

    17.5.2   labelled accordingly.   ☐☐ A

17.6 Hazard notices are displayed where appropriate.   ☐☐ A

17.7 A no smoking policy is in operation throughout the building.   ☐☐ B

17.8 The telephone system meets the demands of staff and patients.   ☐☐ A

Security

17.9 External and internal walkways are:

    17.9.1   well lit   ☐☐ A

    17.9.2   even.   ☐☐ A
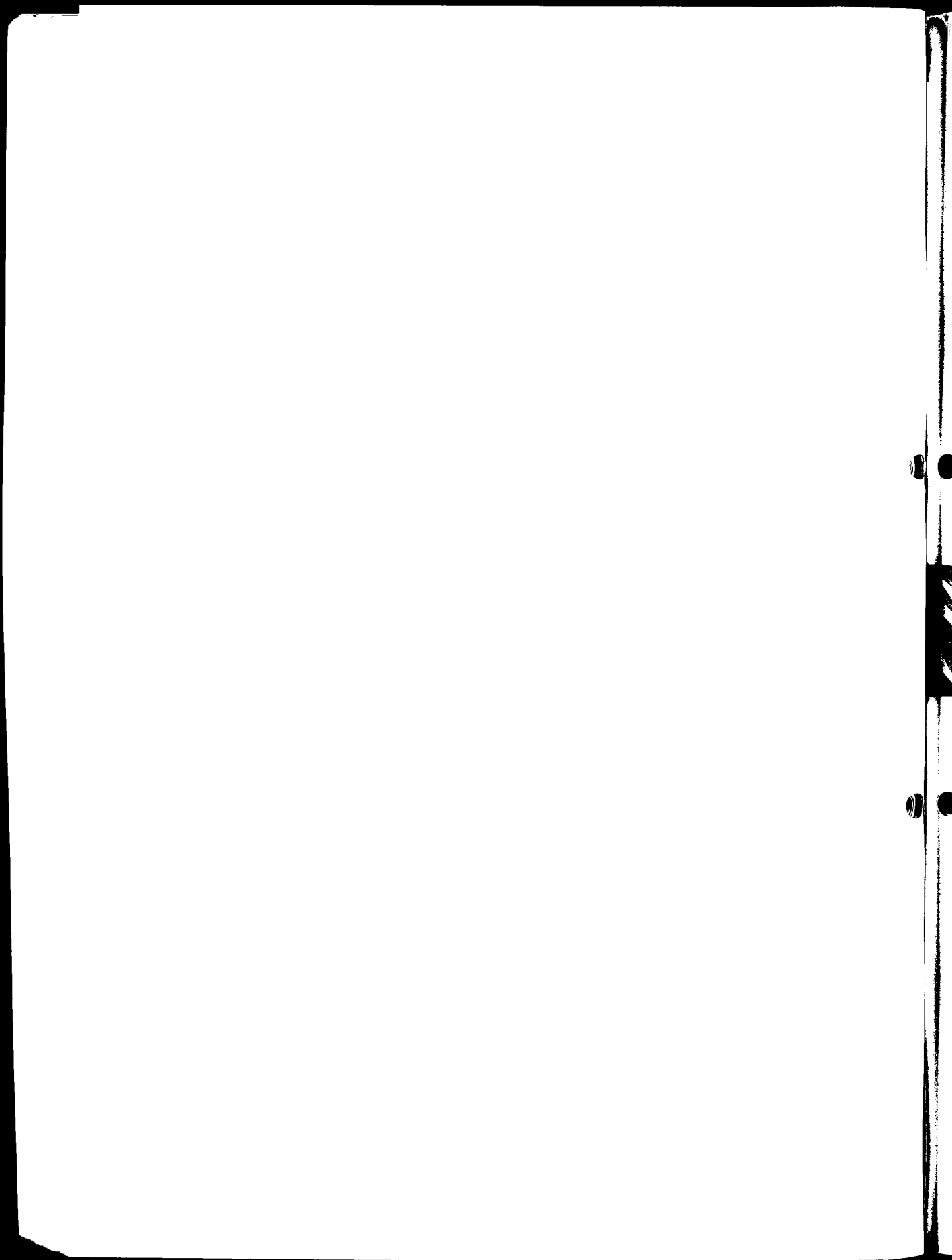
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

17.10 The building is fitted with:

    17.10.1   secure locks   ☐☐ B

    17.10.2   an intruder alarm system.   ☐☐ B

17.11 There is a facility for secure storage of:

    17.11.1   needles and syringes   ☐☐ A

    17.11.2   petty cash   ☐☐ B

    17.11.3   cleaning materials.   ☐☐ A

Access

17.12 The location and purpose of the practice is clearly indicated.   ☐☐ B

17.13 Different areas inside the practice are signposted.   ☐☐ B

    GUIDANCE
    This should include the location of consulting rooms and clinics, and should
    be visible from the waiting area where possible.

17.14 There is a name on the door of each consulting room.   ☐☐ B

17.15 There is safe access for the delivery of goods.   ☐☐ B

    GUIDANCE
    To ensure safety, access may be separate, delivery may be supervised, signs
    may be used or a system for advising patients/clients/staff may be in place.
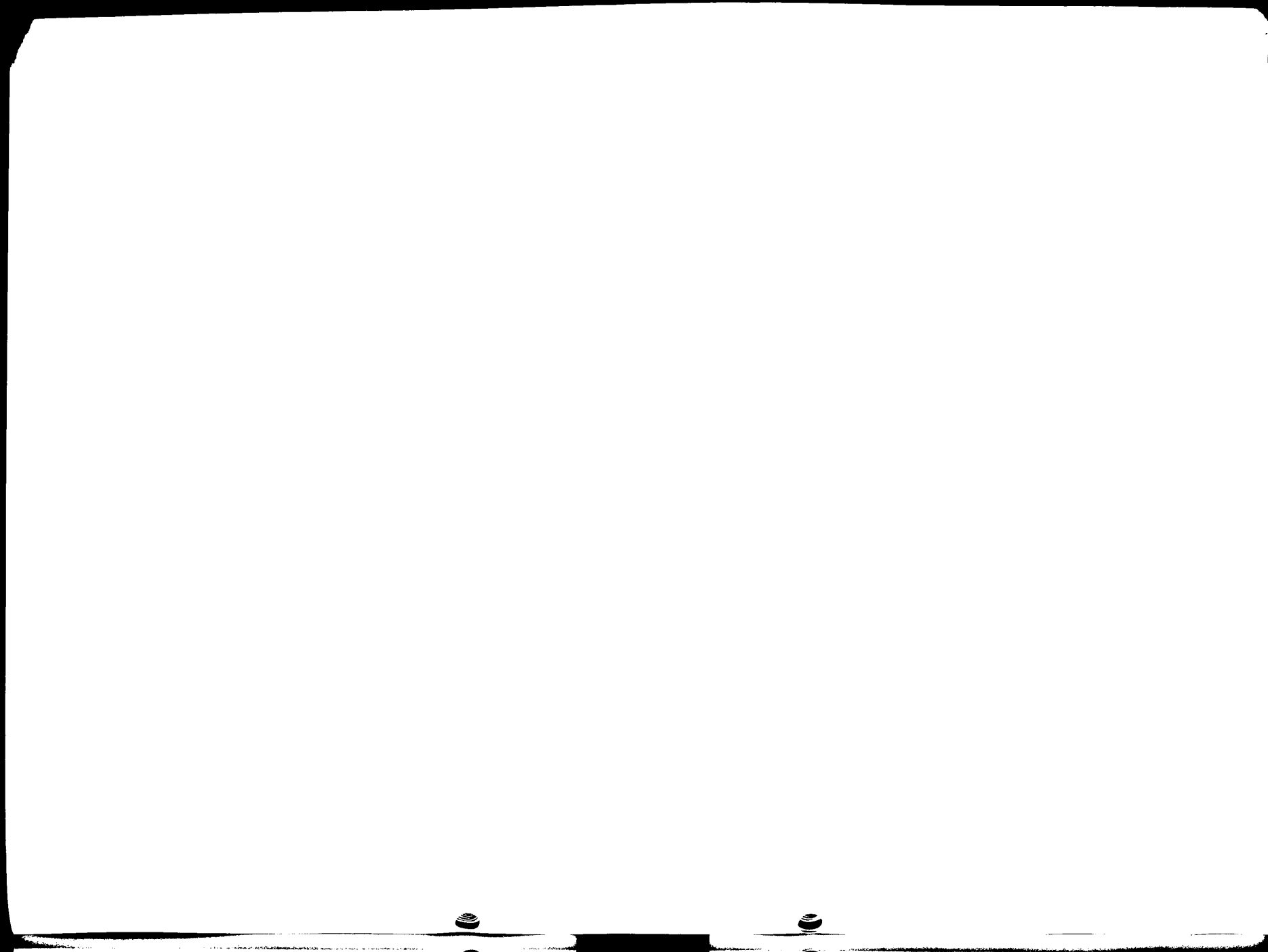
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

Waiting area and consulting rooms

YES   NO

COMMENTS

17.16 The waiting area and facilities are suitable for the population served.

☐ ☐ B

GUIDANCE
• Customer information leaflets, information on staff, services, appointment systems, health promotion material, public transport details including telephone numbers of local taxi services are available.
• Up-to-date reading material for adults and children is provided.
• There is a noticeboard which is regularly updated.
• There are safe play facilities or an area suitable for children.
• There is access to facilities for nursing mothers.
• Access points are child resistant, for example with high level door handles.

17.17 The waiting area is free of hazards.

☐ ☐ A

GUIDANCE
When looking at safety, the following should be taken into consideration:
• floors
• sharp surfaces
• access to chemicals
• safety plugs
• safety of electrical equipment
• wires secured
• radiator guards.

17.18 Each consulting room provides:

17.18.1   visual privacy

☐ ☐ A

17.18.2   auditory privacy.

☐ ☐ A

17.19 Each consulting room is:

17.19.1   warm

☐ ☐ A
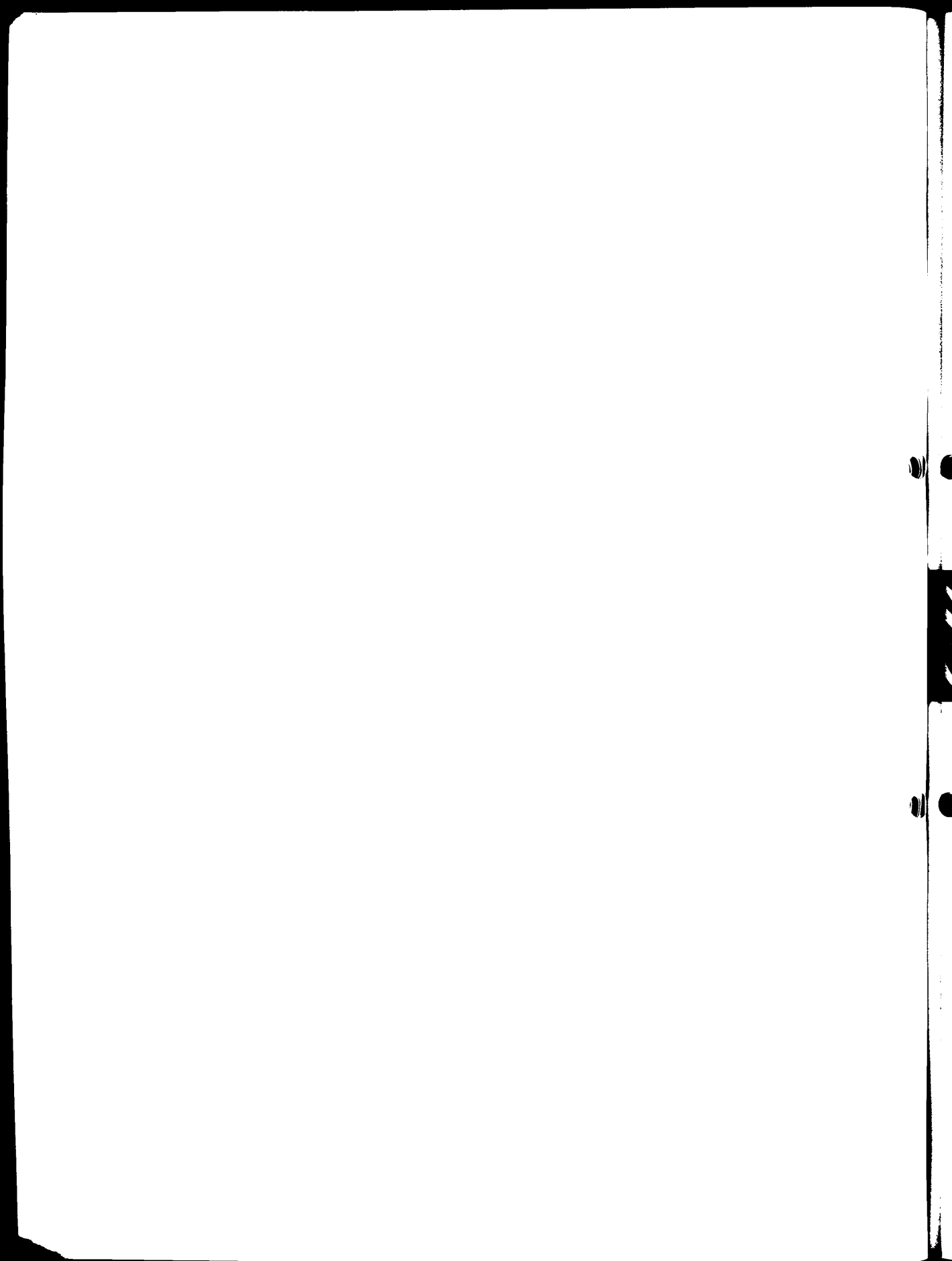
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA	YES	NO		COMMENTS

17.19.2 well lit ☐ ☐ A

17.19.3 ventilated ☐ ☐ A

17.19.4 clean. ☐ ☐ A

17.20 Each consulting room is free of hazards. ☐ ☐ A

> GUIDANCE
> When looking at safety, the following should be taken into consideration:
> • sharps boxes kept out of reach of children
> • no chemicals on surfaces
> • safety of electrical equipment
> • wires secured
> • safety plugs
> • radiator guards.

Equipment and maintenance

17.21 Each consulting room is equipped to support patient care. ☐ ☐ B

> GUIDANCE
> This equipment includes:
> • screens/curtains
> • chairs for the patient/client and their carers
> • toys/books
> • handwashing facilities with hot and cold water
> • soap and paper towels.

17.22 There is a written policy for purchasing equipment. ☐ ☐ B

> GUIDANCE
> All equipment purchased should conform to existing health and safety
> regulations and any relevant ISO standards.
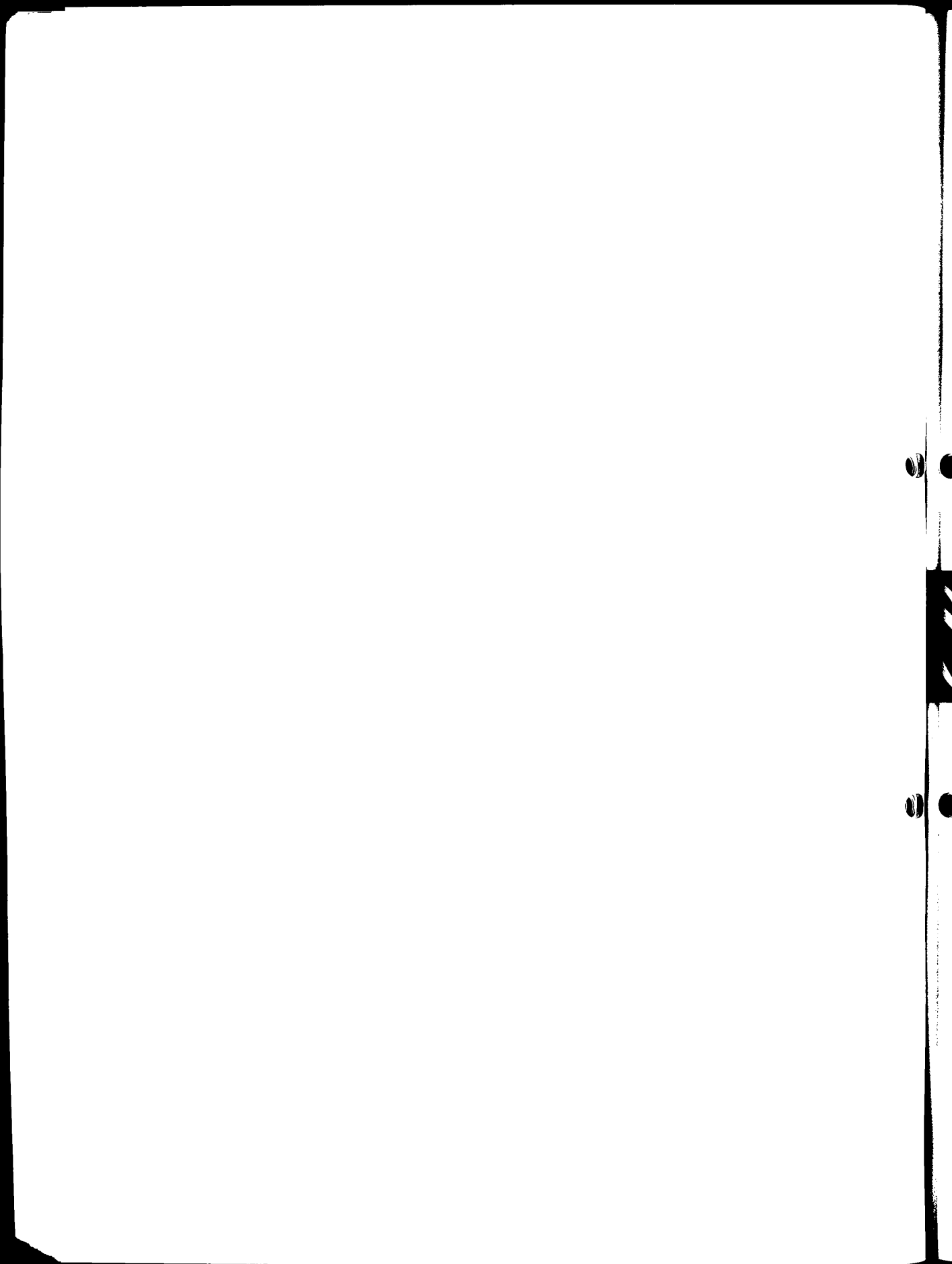
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

17.23 Supplies are received from a recognised supplier. ☐ ☐ B

17.24 A stock control system is in place. ☐ ☐ B

17.25 Designated individuals are responsible for ordering and controlling stock. ☐ ☐ B

GUIDANCE
Stock to be controlled may include equipment, forms, stationery, drugs, vaccines.
A record of stock items for minor surgery should be maintained and should include:
• the names of the items
• the batch number of drugs
• the supplier.
Records for drugs and vaccines should be annotated to show the dates between which a particular batch is being used.

17.26 Essential equipment is covered by a 24 hour service contract. ☐ ☐ A

GUIDANCE
Essential equipment includes:
• telephones
• computer systems
• autoclaves.

17.27 Emergency resuscitation equipment (including drugs) is checked regularly. ☐ ☐ A

17.28 Emergency resuscitation equipment checks are recorded. ☐ ☐ A
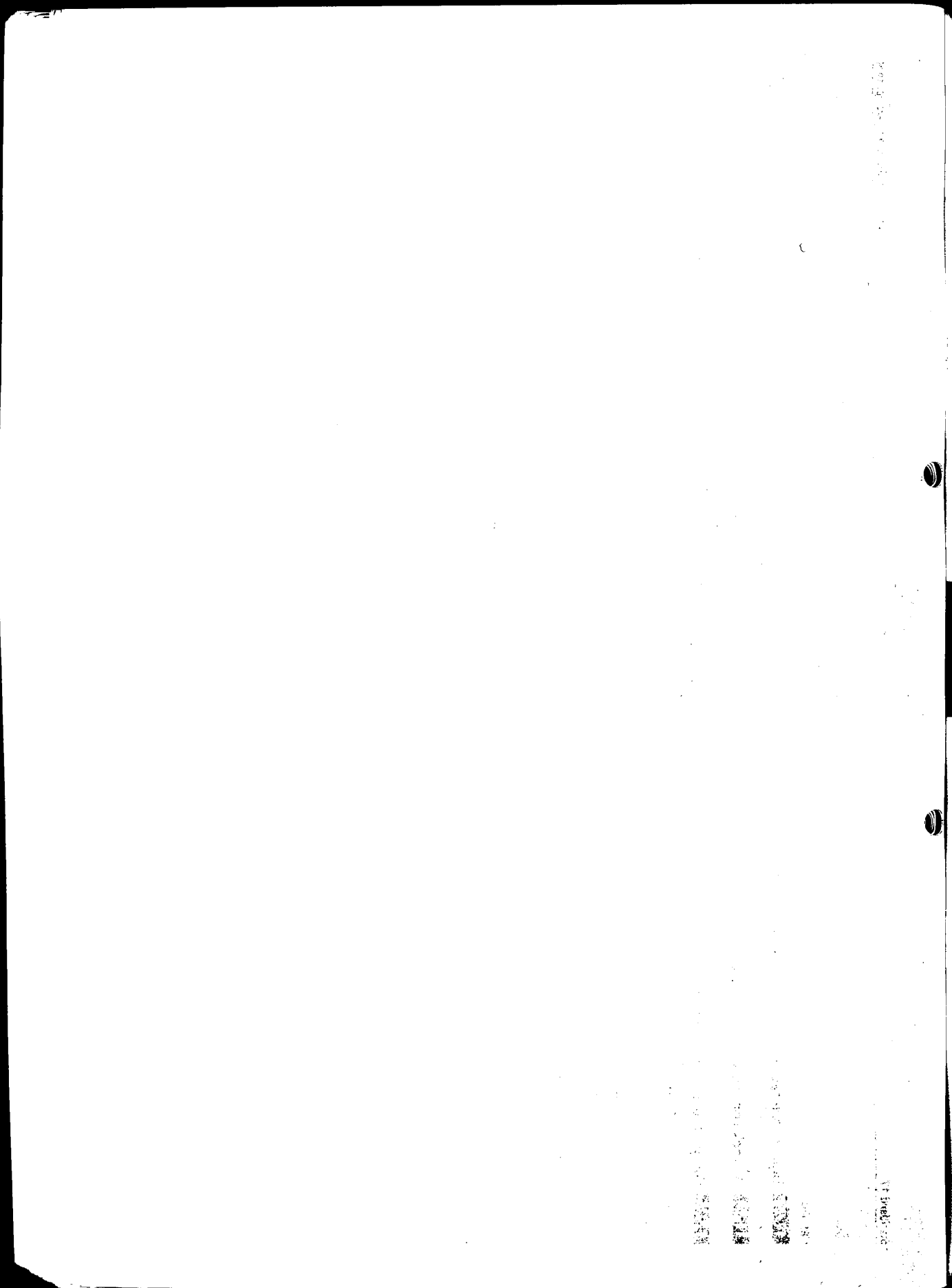
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA

YES NO

COMMENTS

17.29 There is a written policy for the calibration of equipment. ☐☐ A

> *GUIDANCE*
> *This includes:*
> * *glucometers*
> * *ECG machines*
> * *sphygmomanometers*
> * *weighing scales*
> * *blood cholesterol testing equipment.*

17.30 Staff are trained and updated in the use of equipment. ☐☐ A

17.31 There is a planned programme for:

17.31.1 maintenance of equipment ☐☐ A

17.31.2 upgrading and replacing equipment ☐☐ B

17.31.3 redecoration and repairs. ☐☐ B

17.32 Waste, dirt and refuse are removed regularly. ☐☐ B

17.33 There is a procedure for dealing with faulty equipment. ☐☐ A

17.34 Records of equipment maintenance are kept. ☐☐ A

Emergency provision

17.35 There is a designated keyholder. ☐☐ B

> *GUIDANCE*
> *The keyholder should be available for the police to contact should the alarm go off.*

Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

17.36 There are written procedures for dealing with the following emergency
situations:

17.36.1 interruption to power and water supplies   ☐ ☐ A

17.36.2 breakdown in heating systems   ☐ ☐ B

17.36.3 interruption to telephone facilities   ☐ ☐ A

17.36.4 computer failure   ☐ ☐ A

17.36.5 civil disturbance.   ☐ ☐ C

Minor surgery

17.37 There is a designated area for minor surgery.   ☐ ☐ A

> *GUIDANCE*
> *The designated area should be separate from the main thoroughfare of*
> *activity and should not be used for other purposes while minor surgery*
> *is in progress.*

17.38 The designated area:

17.38.1 ensures patient privacy   ☐ ☐ A

17.38.2 is ventilated   ☐ ☐ A

17.38.3 is well lit   ☐ ☐ A

17.38.4 is clean   ☐ ☐ A

17.38.5 is maintained at a suitable temperature   ☐ ☐ A

17.38.6 has handwashing facilities.   ☐ ☐ A
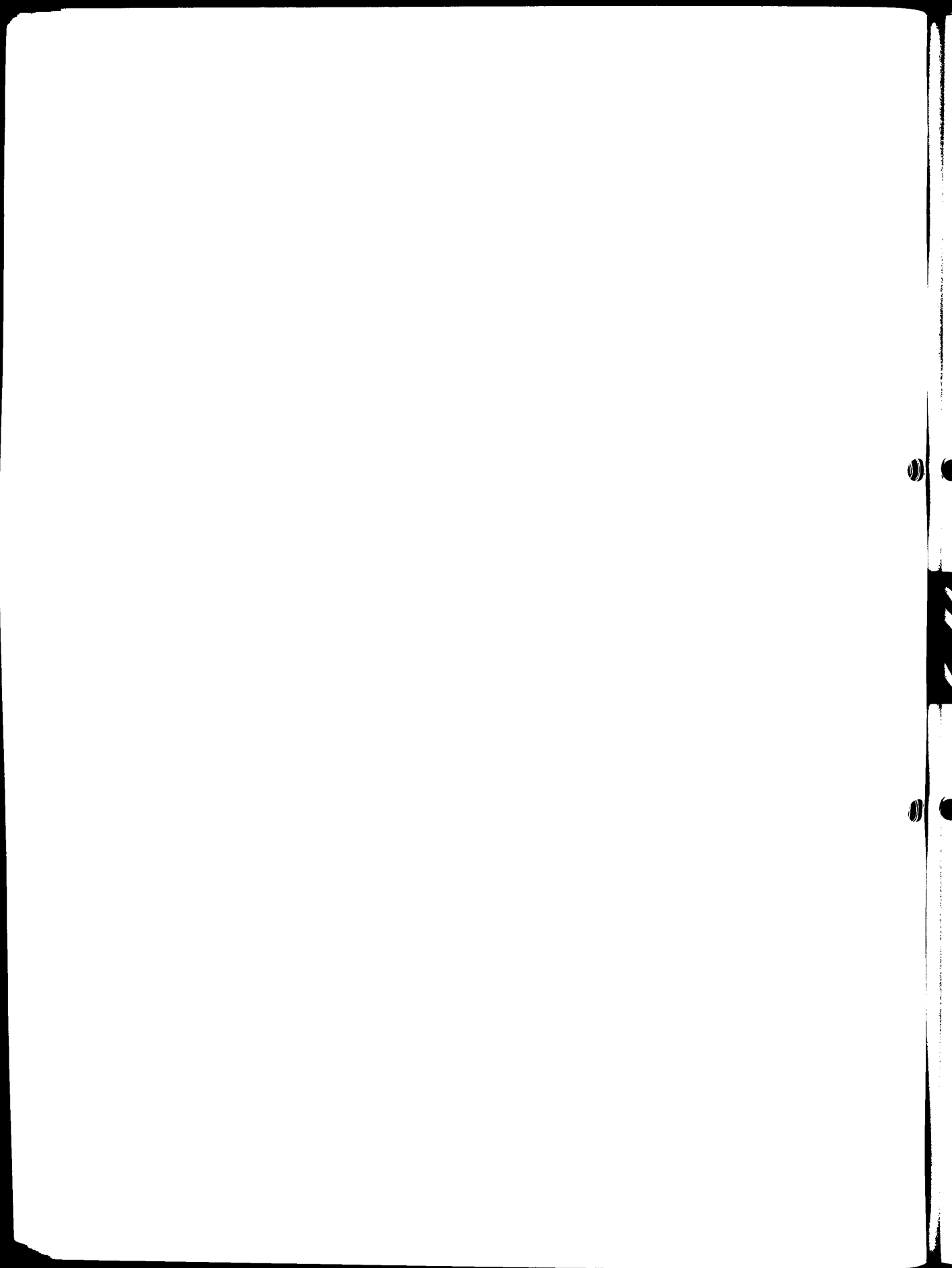
Weighting: Essential practice A, Good practice B, Desirable practice C

CRITERIA   YES   NO   COMMENTS

17.39 The couch or chair:

17.39.1   has protective covering   ☐ ☐ A

17.39.2   is suitable for the procedure being undertaken.   ☐ ☐ B

17.40 There is a designated area for patients/clients recovering from minor surgery.   ☐ ☐ B

GUIDANCE
If a separate area is not possible, then appointments should be far enough apart to ensure that the patient/client is not hurried.
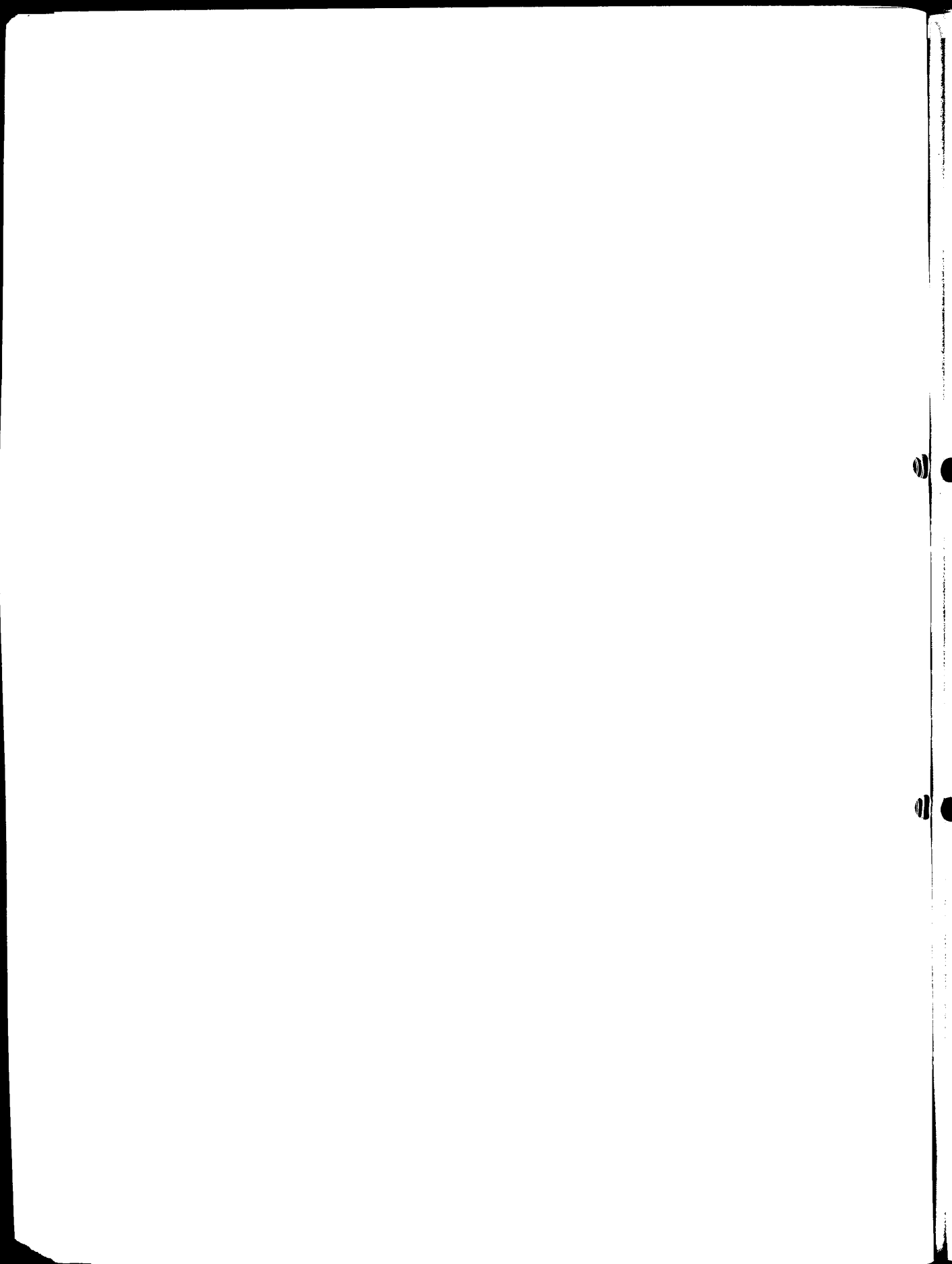
Appendix 1

Relevant legislation and regulations

Access to Health Records Act 1990 (or Access to Health Records [Northern Ireland] Order 1993)

Gives people right of access to their own health records, and provides for the correction of inaccurate information in manually held records (subject to certain exemptions).

Accountability Framework for GP Fundholding

Deals primarily with the management accountability (and accountability to patients and the public) of GP fundholders. It is part of the wider strategy for the development of a primary care-led NHS. A central feature of this strategy is stronger partnership between these GP fundholders and other agencies, both within and outside the NHS.

Children Act 1989

Provides the foundation for law on children in Britain. The Act requires collaboration between agencies in the provision of services to, and the protection of, children deemed to be in need. The act emphasises the rights of the child to make informed decisions in relation to her or his own medical care.

Children's (Northern Ireland) Order 1995

Replaces the provisions of the Children and Young Persons Act (Northern Ireland) 1968 and amends the law relating to illegitimacy and guardianship.

Cochrane Collaboration and the UKCC

The Cochrane Collaboration, launched in 1993, is an international network of individuals committed to preparing, maintaining and disseminating systematic reviews of health care research. The role of the UKCC within the collaboration is to assemble and manage the database from which the Cochrane Database of Systematic Reviews is derived.

Control of Substances Hazardous to Health Regulations 1988 (COSHH)

Data Protection Act 1984

Brings Britain into line with other western countries in terms of the rights, duties and obligations of all persons and organisations concerned with computers and computerised data. The Act recognises the specific importance of personal data and the individual citizen's rights. The Act allows individuals right of access to information about themselves, held on computer.
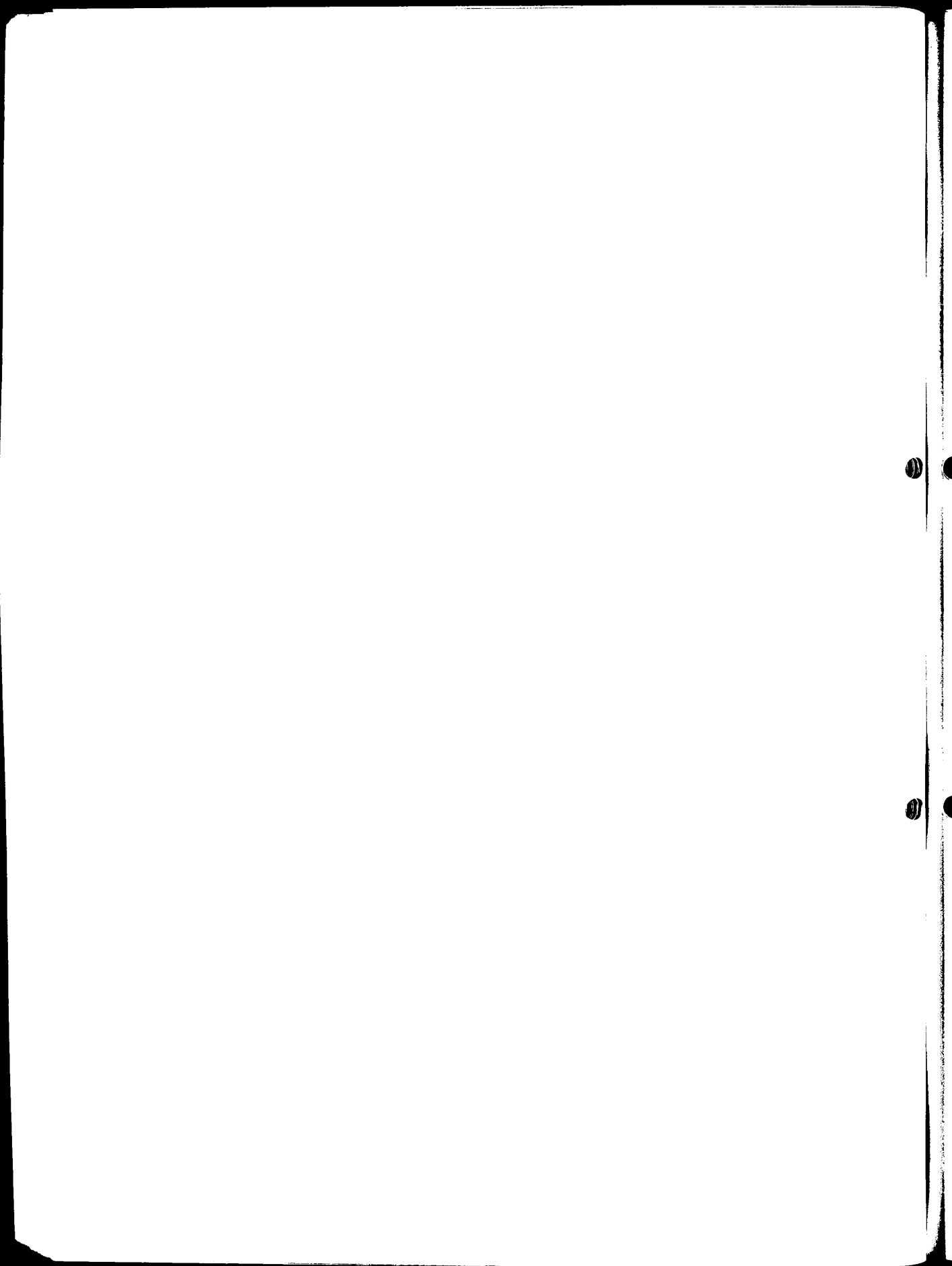
Disabled Persons (Employment) Act 1944 and 1958

Under these acts, disabled persons are registered by the Secretary of State for Employment and certain employers are obliged to have a quota of disabled persons in their employment. Certain work is designated as being especially suitable for disabled persons and only registered disabled persons may be engaged in this work. These acts are superseded by the 1995 Disabled Persons (Employment) Act.

Environmental Protection Act 1990

Although not legally binding, this Act is used as the benchmark of good practice, along with Waste Management – the Duty of Care: A Code of Practice (HMSO, 1991).

Essentials of Health and Safety at Work

Provides guidance on complying with health and safety legislation in the workplace (Health and Safety Executive, 1990).

Fire Precautions Act 1971

Includes the requirements for certification by the local authority fire brigade.

GP Practice Charters

The Patient's Charter and Primary Health Care (EI [92]88) set out the requirement for FHSAs to set specific charter standards and targets. They also clarify how primary health care teams and/or individual practices can facilitate the development of charters.

Health and Safety (Display Screen Equipment) Regulations 1992

States the minimum requirements for workstations with display screen equipment (in line with EEC directive 90/770/EEC).

Health and Safety (First Aid) Regulations 1981

Identifies the necessary requirement to ensure first aid can be provided in the workplace.

Health and Safety at Work etc. Act 1974

Sets out the relevant responsibilities of employers and people at work. The legal obligations ensure, as far as is reasonably possible, that employees and members of the public are not exposed to unacceptable risk as a result of their organisation's activities.

Health Authorities Act 1995

Abolishes RHAs, DHAs and FHSAs and requires the establishment of health authorities and the transfer of relevant activities to them.
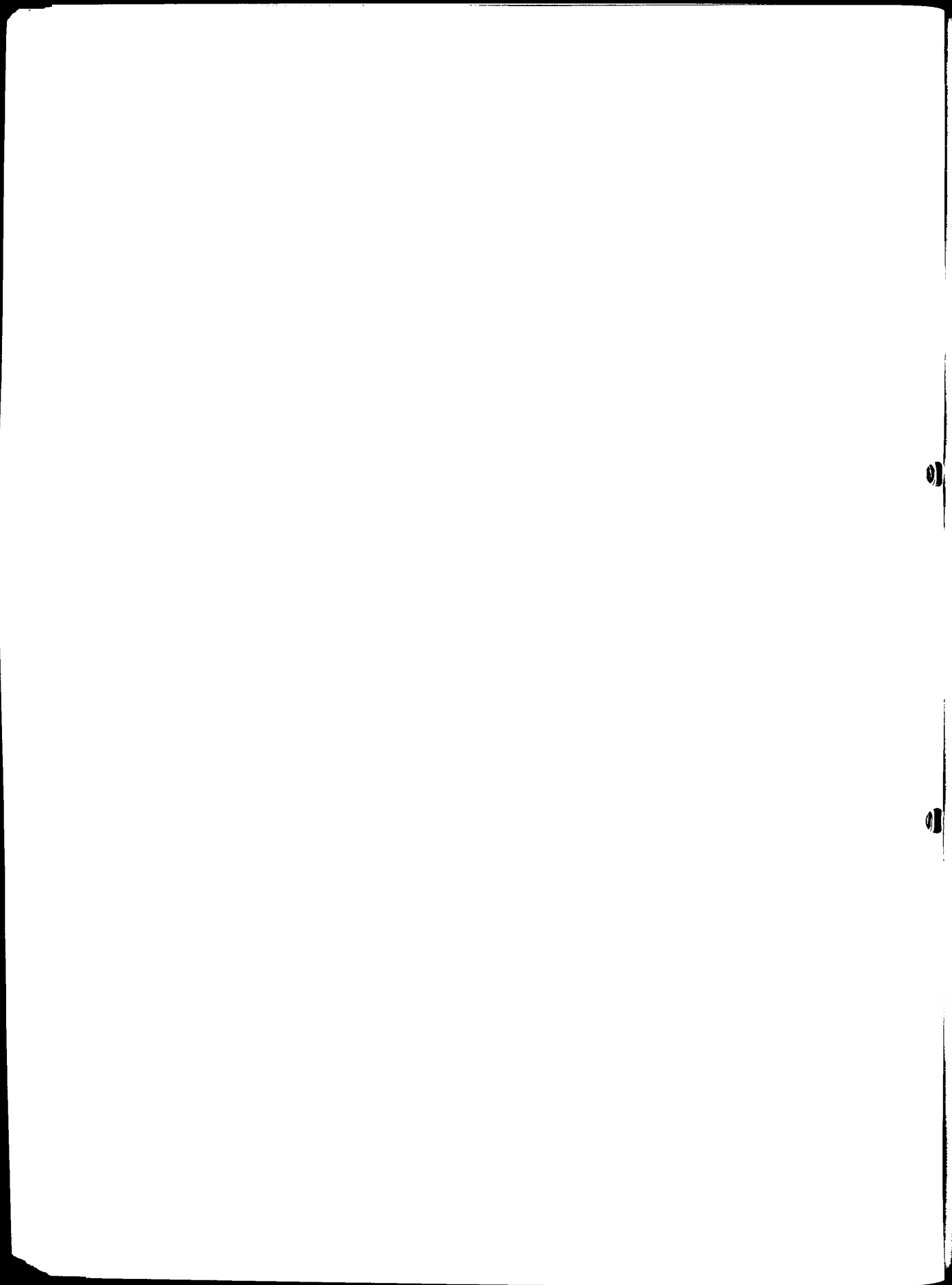
Health of the Nation: a strategy for health in England

Sets 15 targets for the reduction of deaths caused by coronary heart disease, stroke, cancer and accidents, and the improvement of mental and sexual health (HMSO, 1992).

Health Service and Public Health Act 1968

Lays down the regulations for informing about notifiable diseases. The Public Health (Control of Diseases) Act 1984 extended the 1968 Act. It does not apply to Scotland or Northern Ireland.

Medicines Act 1968

This Act (and subsequent amendments) governs medicinal products for human use, including the sale of medicines over the counter.

Misuse of Drugs Act 1971

Legislation about dangerous or otherwise harmful drugs and related matters.

NHS (Fundholding Practices) Functions of FHSA Regulations 1995

These regulations amend the NHS (Fundholding Practices) Regulations to confer on FHSAs certain functions in relation to general health practices, including some that were previously the responsibility of RHAs.

NHS (Fundholding Practices) Regulations 1993

These regulations relate to the recognition and operation of fundholding practices. The 1995 Amendment broadened the definition of fundholding by creating 'standard' and 'community' fundholding.

NHS (General Medical Services Regulations) 1992

These regulations consolidate and amend the NHS (General Medical and Pharmaceutical Services) Regulations 1974, which relate to general medical services. They regulate the terms on which general medical services are provided under the NHS Act 1977.

The 1993 Amendment Regulations (No 540) outline information to be contained in annual reports and the manner in which the information is to be presented.

NHS (Pharmaceutical Services) Regulations 1992

Consolidate and amend the NHS (General Medical and Pharmaceutical Services) Regulations 1974. They regulate the terms on which general pharmaceutical services are provided under the NHS Act 1977.

NHS and Community Care Act 1990

Legislation providing for the establishment of NHS Trusts; the financing of the practices of medical practitioners; the provision of accommodation and other welfare services by local authorities; and the establishment of the Clinical Standards Advisory Group.

NHS Complaints Procedure

The new complaints procedure arising out of the recommendations of the Wilson Report, *Being Heard*, came into force on 1 April 1996. The new procedure will operate across the NHS.

NHS Statement of Fees and Allowances payable to General Practitioners in England and Wales (April 1990)

Commonly called 'the Red Book'.

Notification of Births and Deaths Regulations 1974

States that a doctor or midwife present at a birth must inform the DHA of that birth (or stillbirth) within 36 hours. A medical practitioner treating a patient with a terminal illness must provide the registrar of deaths with the certificate of death stating *inter alia* the cause of death.

Patient's Charter

Launched in April 1995, this expanded charter sets out new rights and standards and aims to reduce waiting times. It also aims to promote the respect of dignity, privacy and patient choice.

Poisons Act 1972

Legislation relating to non-medical poisons. Poisons included in the poison list are subject to detailed controls covering sale, labelling, transport, storage and the containers in which they are sold. The 1985 Amendment Order makes a number of changes to these provisions.

Post Registration Education and Practice for Nurses (PREP)

Introduces new requirements for the renewal of registration for nurses, midwives and health visitors and restructures all specialist post registration education.

Promoting Clinical Effectiveness (1996)

NHSE framework which describes sources of information on clinical effectiveness, suggests ways in which changes to services can be encouraged (based on well-founded information about effectiveness) and describes how changes can be assessed to discover whether improvements have resulted.

Protection and Use of Patient Information (1996)

Department of Health guidance which sets out the basic principles governing the use of patient information. These include: informing patients why information is needed, how it is to be used and their own right of access to it; safeguarding information required for NHS and related purposes; and the circumstances in which information may be passed on for other purposes, or as a legal requirement.

Race Relations Act 1976

Aims to eliminate racial discrimination and to remedy individual grievances. It makes unlawful direct or indirect discrimination on the grounds of race, ethnicity or nationality in the fields of, for example, employment, education or housing.

Rehabilitation of Offenders Act 1974

States that an ex-offender (after a period of rehabilitation of up to ten years) has no need to disclose a previous conviction unless his or her sentence exceeded two years' imprisonment. Once a conviction becomes 'spent' an employer cannot refuse to employ, and cannot discuss or otherwise discriminate against an ex-offender on the grounds of a previous conviction. Medical practitioners (e.g. doctors, nurses, midwives, opticians, pharmacists) are exempt.

Reporting of Injuries, Diseases and Dangerous Substances Regulations (1995)

Identifies the injuries, diseases and dangerous substances that must be reported, and the relevant authorities to which they should be reported (HMSO, 1995).

Sex Discrimination Act 1975

Makes it illegal for employers, professional bodies and trade unions to discriminate either directly or indirectly on the grounds of sex or marital status, except where marital status or a particular sex can be shown to be bona fide requirements.

UKCC Project 2000

A comprehensive review of the training of nurses, midwives and health visitors – to prepare them for the health care needs of society in the 1990s and beyond.

Workplace (Health, Safety and Welfare) Regulations 1992

States the minimum health and safety requirements for the workplace (distinguishing between new and existing workplaces). Regulations 5-27 came into force in January 1996.

Appendix 2

Glossary

Accountability

The state of being answerable for one's decisions and actions. Accountability cannot be delegated.

Advocate

An individual acting on behalf of, and in the interests of, a patient/client who may feel unable to represent himself / herself when dealing with health care, or other, professionals.

Aim

Overall purpose or goal.

Annual report

A report, written annually, which details progress over the last year and plans for the following year, including financial and activity statements.

Appraisal system

A system aimed at improving an individual's performance (in relation to their job description and work objectives) by identifying strengths, areas for development and educational needs.

Assessment

The collection and interpretation of data and identification of problems.

Audit

The process of setting or adopting standards and measuring performance against those standards, with the aim of identifying both good and bad practice and implementing changes to achieve unmet standards.

Business plan

A plan which sets out how the strategic aims of an organisation, or service, are to be achieved.

Care plan

A document which details the care and treatment that a patient/client receives and identifies who delivers the care and treatment.

Carer

Someone who regularly helps, without pay, a relative or friend with the domestic, physical, emotional or personal care needed because of illness or disability.

Clinic

A defined health care session.

Commissioning

The strategic activity of assessing needs, resources and current services, and developing a strategy to make best use of available resources.

Competence

The ability to perform a designated role to defined standards.

Continuing education

Activities which provide education and training to staff. These may be used to prepare for specialisation or career development as well as facilitating personal development.

Contract currencies

Agreed units of measurement for contracting, for example finished consultant episodes (FCEs).

COSHH

Acronym for the Control of Substances Hazardous to Health Regulations 1988.

Criterion

A measurable component of performance. A number of criteria need to be met in order to achieve the desired standard.

Evaluation

The study of the performance of a service (or element of treatment or care) with the aim of identifying successful and problem areas of activity.

Hazards

The potential to cause harm including: ill health and injury; damage to property, products or the environment; production losses; or increased liabilities.

Health and safety policy

A plan of action for the health, safety and well-being of staff, patients/clients and visitors.

Health authority

A term used to refer to DHAs/FHSAs, health boards and health and social services boards, however they are named.

Health education

The enhancement of health (or prevention and reduction of ill health) by influencing beliefs, attitudes and behaviour.

Health professional

A person qualified in a health discipline.

Health promotion

Enabling individuals and communities to increase control over the determinants of health and thereby improve their health.

Health record

Information, including opinion, about the physical or mental health of someone, which has been made by, or on behalf of, a health professional in connection with the care of that person.

Incident

An event or occurrence, especially one which leads to problems. An example of this could be an attack on someone.

Induction programme

Learning activities designed to enable newly appointed staff to function effectively in a new position.

Informed consent

The legal principle by which a patient / client is informed about the nature, purpose and likely effects of any treatment proposed before being asked to consent to it.

Job description

Details of accountability, responsibility, formal lines of communication, principal duties, entitlements and performance appraisal. A guide for an individual in a specific position within an organisation.

Job specification

Details of the attributes and qualifications required for a specific position within an organisation.

Minimum data sets

A group of statistics or other information that together comprise the minimum amount of information required to inform any management process, for example for contract monitoring.

Monitoring

The systematic process of collecting information on clinical and non-clinical performance. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents or to check performance in key areas.

Morbidity

The incidence of a particular disease or group of diseases in a given population during a specified period of time.

Mortality

The number of deaths in a given population during a specified period of time.

Multidisciplinary

The combination of several disciplines working towards a common aim.

Near patient testing

Pathology tests undertaken outside a laboratory and performed by non-laboratory personnel.

Objective

A specific and measurable statement which sets out how overall aims are to be achieved.

Organisational chart

A graphic representation of the responsibility, relationships and formal lines of communication.

Patient's Charter

A list of required national standards and rights set by central government for the NHS.

Philosophy

The values of a service or department. A philosophy is characterised by statements such as: 'We believe...' and 'Our values are...'.

Planning

The process of determining how aims and objectives are to be achieved. This includes identifying the resources that will be needed to meet the aims and objectives.

Policy

An operational statement of intent in a given situation.

Practice

The partners, employed staff and their patients/clients.

Prevention

Activities which reduce the occurrence of a disease, illness, injury, disability or some other unwanted phenomenon or state.

Primary health care team

A multidisciplinary team working with patients/clients in community settings. The members of the team may vary according to local circumstances but usually include general practitioners, practice staff and other community based staff (e.g. district nurses, health visitors, chiropodists, community psychiatric nurses, social workers, midwives and physiotherapists).

Procedure

The steps taken to fulfil a policy.

Project 2000

The system of nurse education which places emphasis on student centred and research based learning.

Protocol

The adoption of national or local guidelines to meet local requirements in a specified way.

Purchasing

An operational activity, set within the context of commissioning, of applying resources to buy services in order to meet needs, either at a macro/population level or at a micro/individual level.

Responsibility

The obligation that an individual assumes when undertaking delegated functions.

Review

The examination of a particular aspect of a service so that problem areas requiring corrective action can be identified.

Service level agreement

This term is used generically to describe a document, agreed between organisations that will provide and receive a service, which sets out in detail how the service will be provided.

Staff

All individuals working from or within the practice premises – full time, part time, casual or contract.

Staff development

The formal and informal learning activities which contribute to personal and professional growth. This encompasses induction, in-service and continuing education.

Standard

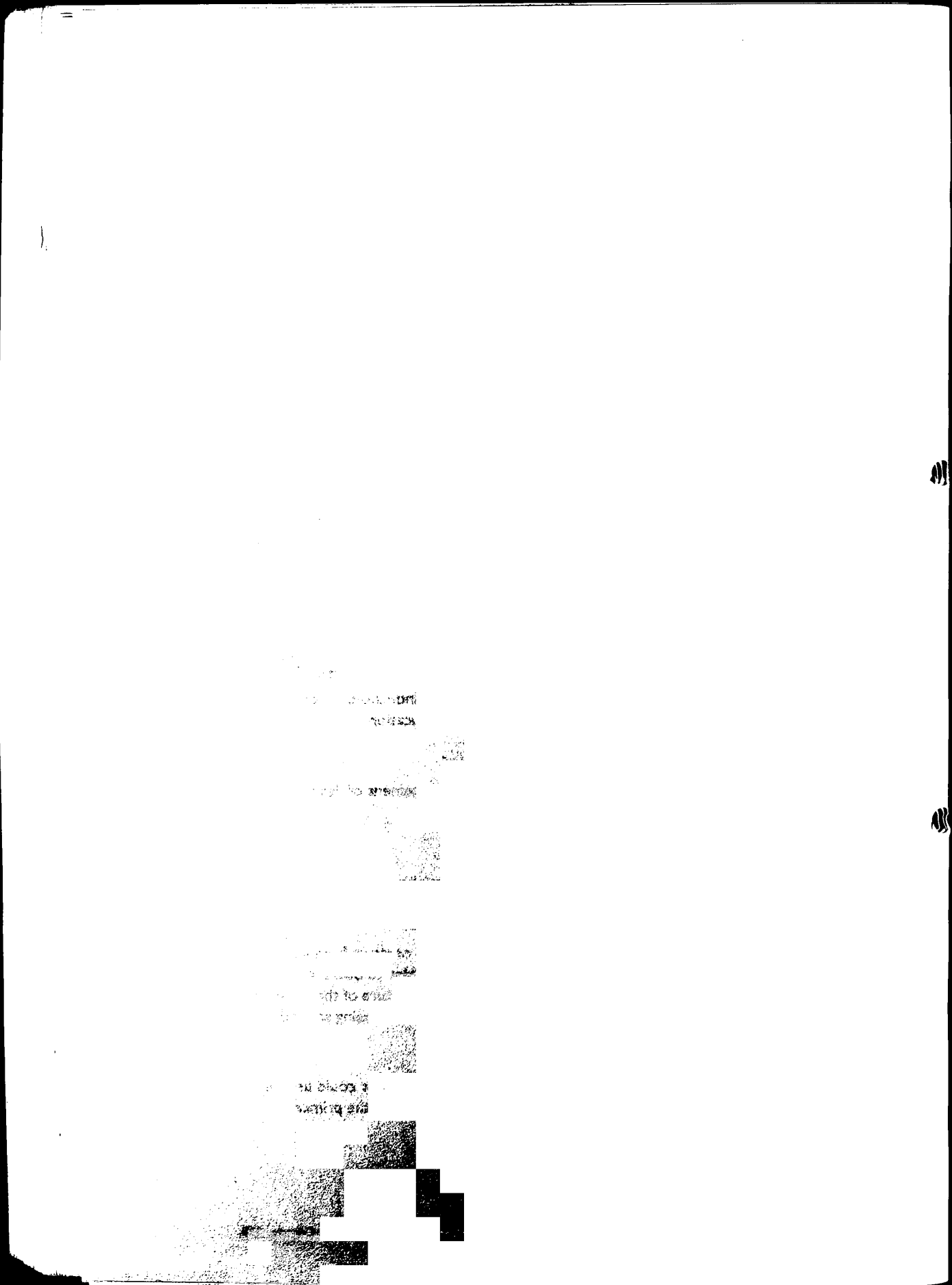An overall statement of desired performance.

Strategy

A long-term plan.

Survey

The collection of views from a sample of people in order to obtain a representative picture of the views of the total population being studied.

User

Someone who uses or could use the services provided by the primary health care team.