

SCHEDULE 12

**Developing General Practice in Suffolk Primary Care
Trust in Partnership
The General Practice Development Framework**

DEVELOPING GENERAL PRACTICE IN SUFFOLK PCT IN PARTNERSHIP

1. INTRODUCTION

Suffolk Primary Care Trust (PCT) is proud to have high standards in the quality of services provided by general practice. A number of indicators already exist to measure standards and provide reassurance to patients and also to the PCT as commissioners. These indicators include the Health Care Commission 'Standards for Better Health', the Quality and Outcomes Framework (QOF), national access standards and national patient surveys. This Framework aims to bring these indicators together into one place, set out the minimum acceptable standards and outline the approach that the PCT will take in helping practices make improvements.

The Framework

The Framework was originally produced by the LMC and PCT in Liverpool and has been modified for use in Essex by practices, PCTs and the LMCs. Suffolk has made additional modifications to the Framework for use locally. The Framework has been developed taking full account of the statutory requirements of the new GMS Contract, the General Medical Council's (GMC) Good Medical Practice and the new national standards which are mandatory for all providers of health care including GP practices.

The Framework is intended not to be onerous for practices. The PCT is committed to working closely together with practices and the Local Medical Committee (LMC) to ensure that the Framework is a user-friendly and useful tool.

The indicators included within this document are separated into two sections, 'Core and Developmental Indicators'. All are mandatory and form part of the contract.

The indicators included in the Framework will be reviewed annually by the PMS Review Committee to be sure that the Framework remains relevant and reasonable. New indicators may replace ones that have become less relevant, and the Framework will be adapted accordingly.

Support to Practices

The Framework is intended to support practices to put in place systems which enable quality assurance of their services and promote quality improvement and enhanced patient safety.

The Quality and Outcomes Framework (QOF) is a quality system which provides practices with financial rewards for providing high quality care in a number of clinical, organisational and patient experience domains. The General Practice Development Framework is however much broader than this, incorporating the principles of clinical governance and encouraging practices to put in place systems and processes that enable the delivery of outcomes and at the same time ensure compliance with the contractual and statutory requirements of the new contract.

Key Benefits

This document provides a range of benefits for all parties:

For Practices:

- The Framework is developmental and allows practices and PCTs to performance manage the new contractual arrangements in a more supportive and structured environment. It is acknowledged that practices may not have all components in place immediately but this document identifies areas where more focused work is needed.
- Standards receive a straight yes or no answer on the basis of supporting evidence. Practices should aim to meet fully all core indicators set out in the blue section, and set out how they will progress to meet developmental indicators in the brown section.
- Practices will be asked to carry out an annual self assessment, and produce an individual Annual Development Plan which identifies where more focused work is needed. The plans will be individually agreed and unique to each practice, taking into account particular circumstances, and setting out clearly the support required from the PCT to help the practice. The plans need to be realistic, deliverable and achievable.
- Any serious concerns that arise about performance will be dealt with through performance management procedures that are in line with professional standards and new contractual regulations.
- PCTs will be able to identify and prioritise any additional resources, facilitation and educational support required in a consistent way to enable practices to implement Development Plans agreed as part of the document.
- The Framework should enable practices to demonstrate their high standards through a common approach which is applied consistently to all practices.

For PCTs:

- All practices will be encouraged to agree Development Plans that enable them to achieve and improve standards as outlined in the document.
- It provides the ability to evidence to the Healthcare Commission the progress being made towards achieving the developmental standards referred to in 'Standards for Better Health'.
- It enables general practice contracts to be performance managed in line with Department of Health requirements.

For Patients:

- Patients can be assured of consistently high quality of services regardless of where they are registered.

KEY

CF	=	Competency Framework for practice management (Annex C nGMS Contract)
C & SR	=	Contractual and statutory requirements (Annex B nGMS Contract)
QOF	=	Quality & Outcomes Framework indicators (nGMS Contract)
SPCT	=	Local agreement (Suffolk PCT)
HCC	=	HealthCare Commission Standards for PCTs
LDP	=	Local Delivery Plan
DH	=	Department of Health

CORE INDICATORS

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 1: SAFETY

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
1.	CF QOF Ed 7 & Ed 10	SIGNIFICANT EVENT AUDIT /REPORTING	<p>a. There is an effective policy and pathway for identification and reporting of significant events.</p> <p>b. Staff are trained and regularly participate in Significant Event Audit systems.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Folder of reported events and agreed actions</p> <p>Notes of practice meetings</p>
2.	CF C & SR QOF Mgmt 1	<p>PATIENT PROTECTION</p> <p><i>(Individual healthcare professionals should be able to demonstrate that they comply with the national child protection guidance, and should provide at least one critical event analysis regarding concerns about a child's welfare if</i></p>	<p>a. Prompt action is taken on patient safety notices, alerts and communications.</p> <p>b. There is a system for reporting incidents and near misses.</p> <p>c. The practice has a written risk assessment procedure.</p> <p>d. Staff participate in Risk Management Training.</p> <p>e. There is an effective child and vulnerable adult protection procedure.</p> <p>f. The practice participates in the annual PCT Child Protection audit</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Policy attached</p> <p>Examples</p> <p>Procedure</p> <p>Who / when</p> <p>Procedure available in practice</p> <p>Submission</p>

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
		<i>appropriate).</i>	g. Staff are trained and updated in Child Protection and Patient Protection procedures. h. Contact details of PCT Child Protection Advisers and social services are accessible to all staff.	g, Yes <input type="checkbox"/> No <input type="checkbox"/> h, Yes <input type="checkbox"/> No <input type="checkbox"/>	Details Notice
3.	CF C & SR QOF Mgmt 4	INFECTION CONTROL <i>(The premises, equipment arrangements for infection control and decontamination meet the minimum national standards).</i>	a. There is an effective infection control policy and system in place which pays due regard to risk assessment and is environmentally friendly. b. Staff follow NICE Clinical Guidelines – Infection Control – prevention of healthcare associated infection in primary and community care. c. There are clear up to date procedures for the cleaning, disinfection, inspection, packaging, disposal, sterilisation, transporting and storing of reusable medical equipment and devices. d. Staff are trained on the use and decontamination of equipment.	a, Yes <input type="checkbox"/> No <input type="checkbox"/> b, Yes <input type="checkbox"/> No <input type="checkbox"/> c, Yes <input type="checkbox"/> No <input type="checkbox"/> d, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached Latest infection control audit Procedure When / where
4.	CF QOF Mgmt 7	EQUIPMENT	a. There are equipment monitoring and maintenance schedules according to manufacturers' instructions.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Schedules
5.	C & SR	MEDICINES	a. There is a Practice Medicines policy which consists of the following:	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
	C& SR	<i>The practices adhere to the requirements of the Medicines Management Act for storage, prescribing, dispensing, recording and disposal of drugs including controlled drugs.</i>	1, A written up to date controlled drugs policy for the management of controlled drugs in practices that keep controlled drugs.	1, Yes <input type="checkbox"/> No <input type="checkbox"/>	
	C & SR	<i>Batch numbers are recorded for all vaccines administered.</i>	2, A written guideline for the safe and secure handling of medicines in practice in line with the Medicines Management Act of 1968.	2, Yes <input type="checkbox"/> No <input type="checkbox"/>	
	C & SR	<i>Vaccines are stored in accordance with the manufacturers' instructions.</i>	3, A written procedure for managing the drugs kept in the Doctor's bag and the upkeep of the bag.	3, Yes <input type="checkbox"/> No <input type="checkbox"/>	
	C & SR	<i>For vaccines and immunisations, fridges in which vaccines are stored have a maximum thermometer daily readings take place on working days.</i>	4, A written policy on prescription security in the practice.	4, Yes <input type="checkbox"/> No <input type="checkbox"/>	
	QOF Meds 2		5, A written policy for the handling administration and storage of vaccines.	5, Yes <input type="checkbox"/> No <input type="checkbox"/>	
	C & SR	<i>For vaccines and immunisations, staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first-line treatment when it occurs.</i>	a, Vaccines – document following information: <ul style="list-style-type: none"> ▪ Vaccine name ▪ Dose given ▪ Site administered ▪ Batch number ▪ Expiry date 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached
	QOF Recs 8	<i>For vaccines and immunisations, consent to immunisation, or contraindications if they exist are recorded in the records.</i>	b. Appropriate practice staff attend CPR and anaphylaxis training.	b, Yes <input type="checkbox"/> No <input type="checkbox"/>	Training records
			c. There is an up to date practice anaphylaxis shock kit.	c, Yes <input type="checkbox"/> No <input type="checkbox"/>	Date last checked
			d. Written consent and contraindications are	d, Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
			recorded in the Personal Child Health Records and in practice patient records. 6, A comprehensive written practice policy on repeat prescribing	6, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached
6.	C & SR	MEDICAL PROTECTION <i>All professionals working in the practice are covered by appropriate indemnity insurance.</i>	a. Professional staff hold adequate insurance against liability arising from negligent performance of clinical services.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal dates

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 2: CLINICAL AND COST EFFECTIVENESS

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
7.	CF	CLINICAL EFFECTIVENESS / EVIDENCE BASED PRACTICE	<p>a. The practice collaborates with PCT plans around clinical effectiveness</p> <p>b. There is a process for identifying and acting upon nationally agreed best practice (NSF's and other national guidance e.g. NICE technology appraisals)</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Evidence of engagement</p> <p>Evidence of process</p>
8.	CF	CLINICAL AUDIT	<p>a. The practice collaborates with PCT Clinical Audit Plans</p> <p>b. There is a practice system for prioritising, conducting, reporting and acting on clinical audits.</p> <p>c. Audits undertaken address issues of local concern to patients and the practice team.</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> • GMC – Good Medical Practice • Maintaining Performance: Take part in regular audit 	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Evidence of engagement</p> <p>Audit folder</p> <p>Audit folder</p>

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 3: GOVERNANCE

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
9.	C & SR	<p>GOVERNANCE ARRANGEMENTS</p> <p><i>All practices have in place systems of clinical governance, which enable quality assurance of its services and promote quality improvement and enhanced patient safety.</i></p> <p><i>The underpinning structures within the practice, which will assure embedding of clinical governance through a nominated clinical governance lead.</i></p>	<p>a. The practice has a named Clinical Governance Lead who will coordinate clinical governance activities.</p> <p>b. Regular multidisciplinary meetings are held in the practice to discuss all clinical governance issues.</p> <p>c. The practice has identified at least one example of best practice to the PCT this year.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Who?</p> <p>Minutes</p> <p>Example</p>
10.	CF QOF Ed 4 C & SR QOF Mgmt 10 C &	<p>EMPLOYMENT, INDUCTION AND TRAINING</p> <p><i>The practice complies with current legislation on employment rights and discrimination.</i></p> <p><i>All staff have written terms and conditions of employment conforming to or exceeding the statutory minimum.</i></p>	<p>a. There is a practice induction and training programme for new staff.</p> <p>b. CRB checks are undertaken for all staff according to current regulations.</p> <p>c. Employees are provided with information, which conforms to Section 1 of the Employment Rights Act 1996.</p> <p>d. Staff have a written job description, contract</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Programme</p> <p>Summary</p> <p>Sample</p> <p>Sample</p>

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
	SR		<p>of employment including disciplinary procedure.</p> <p>e. The practice has a complaints procedure for cases of discrimination, harassment and victimisation.</p> <p>f. Staff supervision arrangements comply with relevant professional standards and guidelines.</p>	<p>e, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Procedure attached</p> <p>Explanation</p>
11.	C & SR	<p>PROFESSIONAL REGISTRATION</p> <p><i>The practice ensures that all healthcare professionals who are employed by the practice are currently registered with the relevant professional body on the appropriate part(s) of its Register(s) and that any employed general practitioner is a member of a recognised medical defence organisation and registered on a primary care performers list (or equivalent).</i></p>	<p>a. The practice ensures that the appropriate checks with statutory bodies are made before applicants take up post and during their appointment.</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> ▪ GMC ▪ RCGP ▪ BMA ▪ Nursing and Midwifery Council ▪ Health Professional Council 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Registration renewal dates
12.	C & SR QOF Ed 8 & 9	<p>CONTINUING PROFESSIONAL DEVELOPMENT (CDP)</p> <p><i>All doctors have an annual appraisal.</i></p>	<p>a. GPs participate in the national GP process (coordinated by PCT according to GMC guidance)</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> • GMC Revalidation Process • – Licence to practice and Revalidation Folder of Evidence 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates of latest appraisal
13.	CF QOF Ed 8	<p>PROFESSIONAL DEVELOPMENT (QOF – NURSES)</p>	a. CPD for all personnel in line with the local and national policy requirements.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning plan

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
			<p>b. The practice ensures staff attend appropriate training courses as part of Personal Development Plans.</p> <p>c. Staff have access to skills update training courses.</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> • GMC – Good Medical Practice • Maintaining good medical practice – knowledge and skills up to date • Royal College of General Practitioners – Portfolio of Evidence of Professional Standards for GPs 	<p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Example</p> <p>Example</p>
14.	CF	CLINICAL PERFORMANCE	<p>a. There is a system for the identification and remedy of poor performance and monitoring effectiveness.</p> <ul style="list-style-type: none"> ▪ Appraisal ▪ Confidential reporting systems ▪ Performance Monitoring <p>Professional Standards:</p> <ul style="list-style-type: none"> • GMC - Good Medical Practice - Conduct or performance of colleagues • GMC - fitness to practice procedures 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Description
15.	CF	ETHICS	<p>a. The practice has a system to identify staff who are not abiding by their published codes of professional practice.</p> <p>Professional Standards:</p>	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence of system and/or evidence of engagement with PCT

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
			<ul style="list-style-type: none"> GMC – Good Medical Practice - Observance of professional ethical obligations 		
16.	CF	DISCIPLINARY & GRIEVANCE	<p>a. There is a practice disciplinary procedure and appeal system.</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> GPs – National Clinical Assessment Authority (NCAA) 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached
17.	CF QOF & Ed 9	PERFORMANCE REVIEW	<p>a. Staff participate in formal annual appraisals which result in an individual Personal Development Plan (PDP) when appropriate.</p> <p>Professional Standard:</p> <ul style="list-style-type: none"> GPs – GMC Revalidation 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Example

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 4: PATIENT FOCUS

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
18.	C & SR	<p>CONSENT TO TREATMENT</p> <p><i>The practice has a policy for consent to the treatment of children that conform to the current Children's Act or equivalent legislation.</i></p>	a. The practice has a policy on obtaining consent.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy attached
19.	C & SR	<p>CONSENT TO TREATMENT</p> <p><i>For minor surgery, patients' consent to any surgical procedure including wart cautery and joint injections is recorded.</i></p>	a. Consent is recorded in patients' records.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Audit of recent minor surgery procedures
20.	C & SR	<p>PRACTICE LIST</p> <p><i>Where patients are requesting to join the practice list, the practice does not discriminate on the ground of: race; gender; social class; age; religion; sexual orientation or appearance; disability or medical condition.</i></p>	<p>a. The practice adheres to equalities legislation.</p> <p>Professional Standards:</p> <ul style="list-style-type: none"> GMC – Good Medical Practice – Decisions about access to medical care 	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Practice statement

Ref	Key	Statutory Obligations	Evidence in practice	Yes/No	Evidence/PCT support
21.	C & SR	<p>PATIENT INFORMATION</p> <p><i>The practice provides patients with a leaflet which is available to patients (about the practice and its services).</i></p>	<p>a. There is a practice leaflet in line with regulations.</p> <p>b. This is reviewed annually to ensure accuracy.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Current leaflet
22.	C & SR QOF Ed 6	<p>COMPLAINTS</p> <p><i>The practice has an agreed procedure for handling patients' complaints, which complies with the NHS complaints procedure and is advertised to the patients.</i></p>	<p>a. There is a practice complaint notice / leaflet</p> <p>b. Staff are trained on the complaints procedure</p> <p>c. The procedure is in accordance with NHS complaints procedure</p> <p>d. The PCT is provided with relevant information</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Example</p> <p>Dates of training</p> <p>Procedure attached</p> <p>PCT to agree required Information</p>
23.	C & SR	<p>HEALTH RECORDS</p> <p><i>The practice has a system to allow patients access to their records on request in accordance with current legislation.</i></p> <p>CONFIDENTIALITY</p>	<p>a. The practice has a policy on access to medical records</p> <p>b. There is an effective policy and procedure to safeguard confidentiality and ensure compliance with statute and other guidelines</p> <p>c. Confidentiality requirements are included in all staff contracts</p> <p>d. There is a practice Caldicott Guardian</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Policy attached</p> <p>Policy attached</p> <p>Example</p> <p>Who?</p>

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 5: ACCESSIBLE AND RESPONSIVE CARE

Ref	Key	Statutory/Contractual Obligations	Evidence in practice	Yes/No	Evidence/PCT support
24.	CF	CLINICS AND HEALTH PROMOTION	<p>a. Systems and services are reviewed and updated as needed</p> <p>b. The views of patients and carers are considered when making changes to treatments and services</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Recent examples</p> <p>Patient survey findings and action plan</p>
25.	CF	COMMUNITY LIAISON	<p>a. Relationships with community groups and patient participation are promoted and encouraged.</p> <p>b. There is a feedback system for users/carers e.g. suggestion box</p> <p>c. The practice has a robust patient survey action plan, and has a mechanism, either in writing or through a group, for communicating improvements to patients and has other methods for actively seeking the views of patients and responding to those views.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Patient forum notes</p> <p>Plan</p> <p>Action plan System</p>

Ref	Key	Statutory/Contractual Obligations	Evidence in practice	Yes/No	Evidence/PCT support
26.	C&SR	REGISTRATION	<p>a. The practice has a clear policy on patient registration (for example in relation to age, sex, and ethnicity) in line with contractual requirements.</p> <p>b. Practice list is open or closed in line with contractual requirements.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Patient notice/policy</p> <p>Patient notice/policy</p>
27.	SPCT	OPENING HOURS	<p>a. Opening times are clear to patients in line with contractual requirements.</p> <p>b. Cover arrangements are clearly in place for when the surgery is closed.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Patient notice</p> <p>Patient notice/policy</p>

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 6: CARE ENVIRONMENT AND AMENITIES

Ref	Key	Statutory Obligations	Evidence in Practice	Yes/No	Evidence/PCT Support
30.	C & SR	<p>PREMISES</p> <p><i>Premises must be suitable for the delivery of services and sufficient to meet the reasonable needs of patients and comply with the Disability Discrimination Act</i></p>	<p>a. The practice premises have passed the quality check under the nGMS contract.</p> <p>b. The practice complies with DDA</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>PCT Premises audit</p> <p>PCT Premises audit</p>
31.	CF C & SR	<p>HEALTH AND SAFETY</p> <p><i>The practice meets the statutory requirement of the Health & Safety at Work Act and complies with the current approved code of practice in management of Health and Safety at work regulations.</i></p>	<p>a. There is a Health and Safety Policy which satisfies statutory requirements.</p> <p>b. Staff participate in Health and Safety training.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Policy attached</p> <p>Dates and names</p>
32.	CF	<p>FIRE SAFETY</p>	<p>a. There is an effective fire safety policy and procedures in place.</p> <p>b. The practice complies with statutory requirements and maintenance of detection/fire fighting equipment.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Fire Officer identified</p> <p>Date of latest equipment</p>

Ref	Key	Statutory Obligations	Evidence in Practice	Yes/No	Evidence/PCT Support
					checks and fire drills
33.	CF	FACILITIES MANAGEMENT AND MAINTENANCE	<p>a. Cleaning and maintenance systems are in place, which meet the national standards.</p> <p>b. There are systems for the proper management of the prevention, segregation, handling, transport and disposal of waste.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Agreement with External Contractors</p> <p>Agreement with External Contractors</p>
34.	CF	SECURITY	<p>a. The practice has security systems and policies in place.</p> <p>b. There is a zero tolerance policy regarding violence to staff.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Policy</p> <p>Policy/notice displayed</p>
35.	CF	DISASTER PLANNING	<p>a. There is a comprehensive plan in place for business recovery and the continuity of service in the event of an emergency.</p> <p>b. The practice has received advice/training from the PCT on planning for emergency situations.</p> <p>c. The practice has been made aware of the resources available for managing responses to emergency situations and how to access these by the PCT.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Business Continuity Plan</p> <p>PCT training</p> <p>PCT training</p>

HEALTH CARE COMMISSION 'STANDARDS FOR BETTER HEALTH'

DOMAIN 7: PUBLIC HEALTH

Ref	Key	Statutory Obligations	Evidence in Practice	Yes/No	Evidence/PCT Support
36.	CF	CLINICS AND HEALTH PROMOTION	a. Practice plans include programmes to improve and reduce health inequalities in response to NSF's and national plans.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence of plans and/ or evidence of engagement with PCT
37.	CF	COMMUNITY	a. Relationships with community groups are encouraged and promoted.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Description of local links
38.	CF	SOCIAL SERVICES	a. The practice communicates with and has an effective relationship with social care agencies.	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Examples

DEVELOPMENTAL INDICATORS

DEVELOPMENTAL INDICATORS

CONTRIBUTION TOWARDS THE DELIVERY OF PCT LOCAL DELIVERY PLAN

Ref	Key	Indicator	Evidence in Practice	Yes/No	Evidence/PCT Support
1.	LDP	<p><i>The PCT is required to ensure that services for patients in Suffolk are appropriately identified, commissioned and performance managed. Within this context, the PCT must ensure that all its commissioned services contribute towards the relevant Local Delivery Plan (LDP) targets.</i></p> <p>CHOOSE AND BOOK</p> <p><i>Practices should 'book' all eligible referrals in support of the 18 week target. This can be done either directly or indirectly.</i></p>	<p>a, The practice is working to increase the number of referrals made through Choose and Book where possible</p> <p>b, Practices have systems in place for reporting problems with the Choose and Book software</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Sign up to Choose and Book DES</p> <p>DH weekly C&B data report</p> <p>Example</p>

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2.	LDP	<p>REFERRAL LETTERS</p> <p><i>As an indicator of good practice, referral letters should be generated within five working days of the decision to refer a patient where ever possible.</i></p>	<p>a. Letters are produced quickly and efficiently</p> <p>b. Arrangements are in place to ensure that referral letters are not delayed by flexible working arrangements or planned leave.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Practice plan
3.	LDP	<p>PROVISION OF INFORMATION</p> <p><i>The Local Delivery Plan (LDP) is a key document that sets out the PCT's health and service priorities over a three yearly cycle. The plans are agreed with the Strategic Health Authority and the Department of Health, who then monitor their delivery on a quarterly basis.</i></p> <p><i>The accuracy of the plans and their actual delivery are critical in ensuring that resources are in the right places, to ensure that health improves as set out in the plan.</i></p>	<p>a. The practice is aware of the PCT information requirements and timelines for LDP collections</p> <p>b. The practice has systems in place to support LDP data collection process.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>PCT sends timescales/requirements to practices</p> <p>PCT LDP data</p>

DEVELOPMENTAL PUBLIC HEALTH

Ref	Key	Indicator	Evidence in Practices	Yes/No	Evidence/PCT Support
4.	QOF LDP	<p>SMOKING CESSATION</p> <p><i>This indicator is designed to encourage all practices to achieve high QOF scores to ensure consistent achievement across Suffolk PCT and to contribute towards this very important area of the PCT's LDP.</i></p>	<p>a. The practice has a system in place for ensuring patients over 15 years have their smoking status recorded in their notes.</p> <p>b. The practice provides level 1 smoking cessation services in line with contractual requirements.</p> <p>c. The practice has a system in place to ensure it refers appropriately to level 3 smoking cessation services.</p> <p>d. The practice regularly reports data on quitters to the smoking team.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>QOF Records 22</p> <p>Development Plan</p> <p>Stop Smoking Services records</p> <p>Monthly data reports as set out in Smoking cessation SLA</p>
5.	SPCT	<p>PRESCRIBING INCENTIVE SCHEME</p> <p><i>Practices are expected to demonstrate their active involvement in the prescribing incentive scheme, and are working towards the targets set out in the scheme. It is acknowledged that there may be exceptional circumstances for practices which impede achievement,</i></p>	<p>Level 1: % of statin prescribed as generic simvastatin or pravastatin ≥80% % of PPIs prescribed as lansoprazole or omeprazole capsules ≥90%</p>		<p>This assessment will be undertaken by the PCT's pharmacy team with support from the PCT prescribing and medicines committee.</p>

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		<p><i>and the PCT Medicine Management Team will take these factors into account where appropriate.</i></p> <p><i>This indicator is currently based on the PCT prescribing incentive scheme for 2007/08. It is likely that the scheme will change annually, and any changes will be reflected in this document. All changes in this document are subject to agreement by the PMS Review Committee.</i></p>	<p>Level 2: Prescribing Incentive Scheme: practices to choose four from the following: % of all ACE inhibitors prescribed as ramipril capsules and lisinopril $\geq 80\%$ (or an increase of 25% in usage from base line) % of all ACE inhibitors/ARBs prescribed as ARBs $\leq 20\%$ (or a reduction of 25% in usage from base line) % of ARBs prescribed as irbesartan, olmesartan, telmisartan, candesartan and eprosartan $\geq 80\%$ % of all escitalopram and citalopram prescribed as escitalopram $\leq 10\%$ (or no increase in baseline for those already below 10%) To reduce the cost of antibiotic prescribing to the England average cost. Average NIC/STAR-PU for antibiotic prescribing from 1/4/07 to 31/3/08 to be $\leq \text{£}0.71$ % of all PPI prescribing as the preferred maintenance doses $\geq 60\%$ % of total NSAID prescribing (including coxibs) as ibuprofen, diclofenac and naproxen $\geq 80\%$ % of all NSAID and coxib</p>		

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			<p>prescribing as modified release products ≤20%</p> <p>% of all respiratory corticosteroids prescribed as any form of beclometasone MDI ≥50%</p> <p>Level 3: Prescribe clopidogrel and dipyridamole MR for appropriate indications 100%</p> <p>Prescribe clopidogrel and dipyridamole MR with aspirin for appropriate durations 100%</p> <p>Review the prescribing of clopidogrel and dipyridamole MR in combination with other drugs which cause GI irritation or increase the risk of bleeding 100%</p> <p>a. Practice achieves level 1 indicators</p> <p>b. Practice achieves level 2 indicators</p> <p>c. Practices achieves level 3 indicators</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Support available to practices from PCT prescribing advisors</p> <p>ePACT data</p> <p>ePACT data</p> <p>practice audit to PCT</p>
6.	DH QOF	INFLUENZA VACCINATION	a. The practice participates fully in the annual influenza vaccination	a, Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign up to DES

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		<i>Government policy is to recommend immunisation for peoples aged 65 years and over. An overall national target of 70% uptake of immunisation for people aged 65 years and over has been set and the PCT is monitored on this via the Health Protection Agency (HPA).</i>	<p>programme.</p> <p>b. The practice has a system in place to encourage at risk groups and people aged over 65 to have an annual influenza vaccination.</p> <p>c. The practice aspires to achieve 70% uptake of patients over 65.</p> <p>d. The practice reports monthly (November to January) on vaccination uptake via Health Protection Agency website.</p>	<p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Development Plan</p> <p>Development Plan</p> <p>HPA data</p>
7.	DH	<p>CERVICAL SCREENING RATES</p> <p><i>The PCT is fully expected to participate in the cervical screening programme and PCT-wide uptake is monitored through the HPA.</i></p>	<p>a. The practice participates fully in the cervical screening programme.</p> <p>b. Smear takers are properly trained and participate in 3-yearly training updates.</p> <p>c. The practice aspires to achieve 85% smear uptake in line with the national average.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Development Plan</p> <p>Training records</p> <p>HPA data</p>
8.	DH	<p>CHILDHOOD IMMUNISATION RATES</p> <p><i>The PCT is fully expected to participate in the childhood immunisation programme and PCT-wide uptake is monitored through the HPA.</i></p>	<p>a. The practice participates fully in the childhood immunisation programme.</p> <p>b. Practice staff encourage uptake of</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Development Plan</p> <p>Development Plan</p>

Ref	Key	Indicator	Evidence in Practices	Yes/No	Evidence/PCT Support
			<p>all childhood immunisations unless contraindicated.</p> <p>c. Practice staff adhere to immunisation guidance in the Green Book – <i>Immunisation against Infectious Diseases</i>.</p> <p>d. The practice aspires to achieve 90% uptake for all childhood immunisations.</p>	<p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Training</p> <p>Development Plan/ HPA data</p>
9.	DH LDP	<p>CHLAMYDIA SCREENING</p> <p><i>A plan to begin implementing a national screening programme for Chlamydia was included in the DH's National Strategy for Sexual Health and HIV. The overall programme aim is to implement and monitor opportunistic screening for genital chlamydia trachomatis infection in young men and women. The PCT is monitored on the uptake through the LDP.</i></p>	<p>a. Practice staff encourage uptake of chlamydia screening when promoting sexual health and giving contraceptive advice to patients aged under 25 years.</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Support is available to practices from the chlamydia screening team</p>

DEVELOPMENTAL CLINICAL AND COST EFFECTIVENESS

Ref	Key	Indicator	Evidence in practice	Yes/No	Evidence/PCT Support
10.	SPCT	<p>PRACTICES TO USE NHS RESOURCES RELATING TO THEIR PATIENTS' NEEDS IN AN EFFICIENT AND CLINICALLY APPROPRIATE MANNER</p> <p><i>This target sets out ways in which GPs, (alongside other clinicians and NHS staff) may be actively engaged in the efficient use of NHS resources</i></p>	<p>a, Practices are actively involved in a practice based commissioning consortium and are contributing to delivery of the consortium's commissioning plans</p> <p>b, A minimum 30% sample of emergency admissions of registered patients are clinically reviewed jointly by practice clinicians on a bi-monthly basis with particular focus on admission avoidance.</p> <p>c, Practices review levels of emergency admissions for registered patients relative to other Suffolk practices and other benchmarking supplied by the PCT.</p> <p>d, Practices contribute to PCT processes for data validation by</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Approved commissioning plans with clear milestones Participation in PBC meetings</p> <p>Emergency admission review meeting minutes and action plan in place.</p> <p>PCT Benchmarking supplied to practice on an annual basis</p> <p>Emergency admission review meeting minutes and action plan in place.</p> <p>Validation areas provided by PCT</p>

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			<p>investigating a minimum monthly sample of 5% of all activity of registered patients, as provided by PCT</p> <p>e, Practices report data discrepancies to the PCT in line with monthly SLA monitoring timescales.</p> <p>f, Practice referrers meet at least quarterly to review referrals, and document and circulate any learning within the practice for a minimum of 3 of the following 5 specialities:</p> <ul style="list-style-type: none"> • rheumatology • urology • neurology • pain • gynaecology 	<p>e, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Support and training from the PCT to use the PCT's secondary care data system</p> <p>Practice validation returns</p> <p>Practice validation returns</p> <p>Referral meeting minutes and action points</p>
11.	HCC	<p>MEASURING DIRECT ACCESS TO PRIMARY CARE</p> <p><i>Every year, the PCT participates in the Healthcare Commission's (HCC) Annual Health Check. The PCT receives a score from the HCC on many aspects of their performance including the quality of services provided and commissioned. The scores are based on</i></p>	<p>a. The practice participates in the monthly PCAS</p> <p>b. The practice reception staff have been trained and are aware of the access standards</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Monthly PCAS data</p> <p>Training plans/records</p>

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		<i>information provided throughout the year to the DH, and results in an overall rating for the PCT. The information from General Practice that contributes towards the PCT's rating is around access, and is gathered via the Primary Care Access Survey (PCAS) and the national patient questionnaire:</i>	<p>c. The practice contacts the PCT where there may be difficulties in achieving the standards in advance of the PCAS survey</p> <p>d. The practice has contingency plans for sustaining access standards</p> <p>e. The practice ensures that patients are aware of the access standards</p> <p>f. The practice has plans in place to act upon results of GP Patient Survey for Access to make improvements for the five key indicators:</p> <ul style="list-style-type: none"> • 48 hour access • Advanced booking • Specific GP • Telephone access • Satisfaction with opening hours 	<p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Practice protocol</p> <p>Development Plan</p> <p>Notice</p> <p>DES Contract Plans</p>
12.		<p>MEASURING ACCESS TO PRIMARY CARE BY PROXY</p> <p><i>Access is the area that the PCT receives the most complaints from patients, so consequently is an important focus for improving patient experience. It is useful to look at a number of different pathways to gauge</i></p>	<p>a, Practices advertise to patients that their minor injury services are provided at the practice during core hours</p> <p>b, Practices to review and investigate the level of attendances of registered</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Notice/leaflet in practice</p> <p>PCT benchmarking supplied to practice</p>

Ref	Key	Indicator	Evidence in practice	Yes/No	Evidence/PCT Support
		<i>access to primary care, such as attendance outside of surgery hours and at alternative providers of care (A&E and minor injury units).</i>	<p>patients at out of hours providers relative to other Suffolk practices and other benchmarking data provided by the PCT. .</p> <p>c. Practices to review and investigate the level of combined attendances of registered patients at minor injury units and A&E departments relative to other Suffolk practices and other benchmarking data provided by the PCT.</p>	c, Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>Record of investigation and any action points identified in practice Development Plan</p> <p>PCT Benchmarking supplied to practice</p> <p>Record of investigation and any action points identified in Development Plan</p>
13.	SPCT	<p>IMPROVING ACCESS AND RESPONSIVENESS IN PRIMARY CARE</p> <p><i>Improving primary care access and responsiveness has been highlighted as one of the key agendas going forward for the NHS both nationally and locally. Patient feedback is an important part of the commissioning process, and practices are encouraged to use a variety of methods to seek patients' views, such as surveys, meetings and active engagement with community groups.</i></p>	<p>a, Practices can demonstrate that they have consulted and acted upon patients views on areas for improving access to general practice,.</p> <p>b, Practice ensures access is provided for routine GP consultations</p>	<p>a, Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Annual local PCT led consultation exercise or alternative methodology as agreed with PCT and Patient and Public Involvement Forum</p> <p>Development Plan</p> <p>Development Plan</p>

Ref	Key	Indicator	Evidence in practice	Yes/No	Evidence/PCT Support
			<p>for patients who are at work during the day.</p> <p>c, Practice has identified patient groups who may have difficulty accessing services and has plans in place to ensure a responsive service.</p>	<p>c, Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Development Plan</p>