NAME OF PRACTICE

This handbook is a guide to assist both new and existing primary care Practice Managers in running a GP Practice. It provides the basic information and procedures involved in running this GP Practice, including some useful checklists.

Practice Address

Practice Email Address

Practice Telephone Number

Partners

Practice List Size

Contract Type (GMS/PMS/APMS)

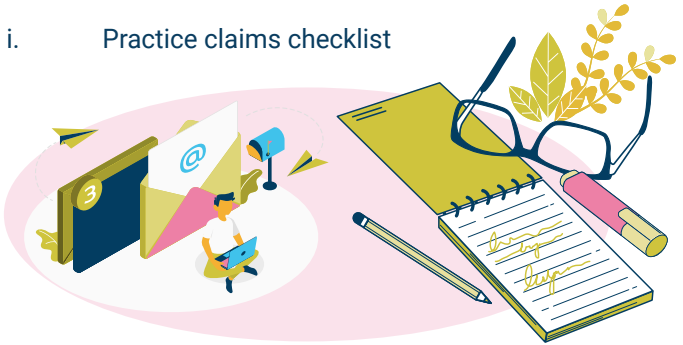
Dispensing Practice

Yes ☐ No ☐

Training Practice

Yes ☐ No ☐

16 Checklists



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Last QOF Target Achievement (maximum of 559)

Practice Accountant

Name:	
Email:	
Tel No:	

Clinical Commissioning Group (CCG)

CCG Name:	
Address:	
Email:	
Tel No:	

Primary Care Network (PCN)

Name:	
Clinical Director:	
Contact Details:	

NHS England Local Area Team (LAT)

Email:	
Tel No:	

15 Useful Links:

- CQC GP Mythbusters https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update
- BMA https://www.bma.org.uk/
- RCGP https://www.rcgp.org.uk/
- NMC https://www.nmc.org.uk/
- Healthwatch https://www.healthwatch.co.uk/
- Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19) https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/
- ACAS https://www.acas.org.uk/

Data Protection Officer (DPO)

Name:	
Email:	
Tel No:	

Local Medical Committee (LMC)

Name:	
Email:	
Tel No:	

Local CQC Inspector

Name:	
Email:	

Freedom to Speak Up Guardian

Adult Safeguarding Lead

Children Safeguarding Lead

Practice Caldicott Guardian

- Audits
  - Audit is a way to establish if healthcare is being provided in line with standards and lets the Practice and patients know where the service is doing well and where there could be improvements
  - Clinical audit and quality improvement forms part of a Practice's quality assurance and risk management
  - The clinical audit cycle has stages that follow the systematic process of establishing best practice such as measuring against criteria, taking action to improve care, and monitoring to sustain improvement
    - *See Audit Policy and Procedure*

Practice Infection Control Lead

Practice Staff / HR Lead

Practice Finance Lead

Deputy Practice Manager

Reception Manager

Nurse Manager / Lead

Dispensary Manager

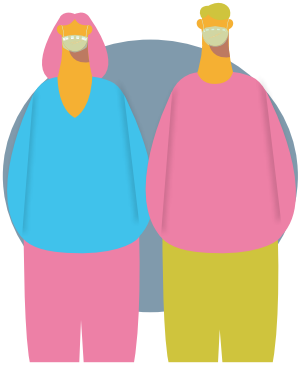
Finance Manager / Administrator

14 General

- **Business Continuity Plan**
  - Must be kept up to date and accessible in the event of an evacuation of the premises
    - *See Business Continuity Policy and Procedure*
- **Partnership Agreement**
  - A signed and up-to-date GP partnership agreement is vital to identify the obligations, responsibilities and restrictions of Partners at the Practice

- **Meetings**
  - Meetings are vitally important in helping staff feel included, trusted and that they are important team members, as well as giving them the opportunity to contribute to the success of the Practice
  - Meetings and individual one-on-one conversations are important to successfully manage the Practice
    - *See Management Meetings Policy and Procedure*
    - *See Quality Meetings Policy and Procedure*
    - *See Daily Communication Meetings Policy and Procedure*

Contents



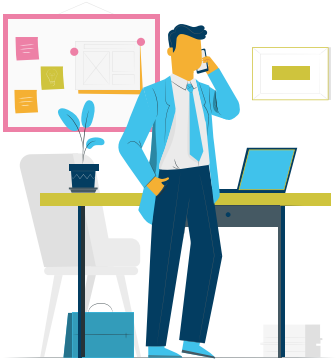
- CQC Ratings
  - Following an inspection, the Practice will be rated as Inadequate, Requires Improvement, Good or Outstanding. The CQC rating must be displayed.
    - *See CQC Ratings Display Policy and Procedure*
  - https://www.cqc.org.uk/guidance-providers/gps

13 Prescribing

- Clinicians are responsible for the prescriptions that they issue and sign. They should not prescribe for themselves or those close to them
- The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP Practice to the pharmacy and then on to the Pricing Authority for payment https://digital.nhs.uk/services/electronic-prescription-service
  - *See Prescription Security and Management Policy and Procedure*

1 Human Resources (HR)

- **Recruitment**
  - **DBS Checks** – the Practice must undertake criminal record checks at the appropriate level for staff who require them, based on the level of contact staff have with patients, particularly children and vulnerable adults
    - *See DBS/Disclosure Policy and Procedure*
  - **References** – all new staff need to give details of their employment history and at least two referees (which should include the last employer)
    - *See References Policy and Procedure*
  - **Contracts** – From 6 April 2020, both workers and employees are entitled to receive written particulars from day one of their contract
    - *https://www.cipd.co.uk/knowledge/fundamentals/emp-law/terms-conditions/contracts-fact-sheet*



- **Statement of Purpose**
  - Describes what the Practice does, where it is done and who it is done for
  - The Practice must keep the Statement of Purpose up to date and notify the CQC if there are any changes to it
- **Registered Manager**
  - To apply to be a registered manager, application is via the online CQC Provider Portal
    - *See CQC Registered Manager Application and Interview Policy and Procedure*
  - https://www.cqc.org.uk/guidance-providers/registration/registered-manager-application/apply-new-registered-manager
- **Notifications**
  - Practices need to notify the CQC about certain changes, events and incidents that affect a service or the people who use it
    - *See Care Quality Commission Notification Policy and Procedure*

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- Staff Handbook
  - The Staff Handbook is a written collection and summary of the Practice's policies and practices and is designed to answer employees' questions on the employer's procedures
    - *See Staff Handbook Policy and Procedure*
- Induction
  - All newly recruited employees are welcomed and supported to adjust to their new roles and working environments
    - *See Induction Policy and Procedure*
- Training
  - All staff must undertake training relevant to their role
    - *See Training Policy and Procedure*
- Appraisals
  - Staff should have an appraisal at least once every 12 months
    - *See Development Appraisal Policy*

- Subject Access Requests (SARs)
  - If a patient wants to see a copy of their medical records or have access to them, they must make an application to do so and proof of identity will be required before personal data can be disclosed
    - *See Access to Information Policy and Procedure*

12 Care Quality Commission (CQC)

- Registration
  - The Practice must register with the CQC to carry out any regulated activities. The CQC will also need to know if registration details change
    - *See CQC New Provider Registration Guidance Policy and Procedure*

- Indemnity
  - GPs, nurses and other professionals must have the correct medical indemnity for the work they are doing, both for NHS and non-NHS work
  - https://www.bma.org.uk/advice-and-support/medical-indemnity
- Registration
  - A nurse or nursing associate's registration must be checked regularly. This can be done on the NMC website https://www.nmc.org.uk/

- Annual Leave
  - Must be monitored to ensure that staff take their allowance and do not go over their entitlement, with a system in place to ensure there is still adequate staffing
    - *See Annual Holiday Policy and Procedure*

- Medical Records
  - Medical records are historically held in paper form in a Lloyd George envelope. Now, once a document or record is scanned into the patient's electronic medical record, the paperwork can be disposed of securely
  - Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care
  - When a patient registers elsewhere, GP2GP enables patients' electronic health records to be transferred directly and securely between GP Practices
    - *See Confidentiality Policy and Procedure*

2 Finance

- **Practice Accounts**
  - The Practice is responsible for the accounts including bank accounts (e.g. Sage) and Payroll (e.g. Iris). The accounts are usually reconciled at least monthly, quarterly and annually. NHS Income is received via BACS into the Practice current account. The NHS Income is supported by statements from Open Exeter

- **Private Income**
  - The Practice can charge fees for certain requests such as a medical report, letter or certificate
    - *See Fees Policy and Procedure*

11 IT

- **NHSmail**
  - NHSmail is the national secure email service and is approved by the Department of Health and Social Care for sharing patient identifiable and sensitive information
- **Smartcards**
  - Smartcards and access controls are secure measures so that clinical and personal information is accessed only by those who have a valid reason to do so

- **GDPR**
  - The General Data Protection Regulation (GDPR) contains provisions and requirements related to the processing of personal data of individuals (formally called data subjects in the GDPR)
    - *See GDPR in the QCS Resource Centre for all policies and procedures*
- **Data Security and Protection (DSP) Toolkit**
  - The Data Security and Protection Toolkit is an online self-assessment tool that must be completed annually by 31 March
  - https://www.dsptoolkit.nhs.uk/

- Staff Salaries
  - Staff salaries are usually paid on the last working day of the month (depending on employee contracts of employment), and year end process must be completed before the start of the new tax year after 5 April each year. It is important to liaise with the Practice Accountants when necessary, to understand Inland Revenue payments such as student loans, statutory sick pay and statutory maternity pay, VAT returns and income such as private fees

- NHS Prescription Services
  - NHS Prescription Services calculates the remuneration and reimbursement due to dispensing contractors across England https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors

  - They should be reflected on and included as quality improvement activities, where the Practice is demonstrating learning from events
    - *See Significant Event Policy and Procedure*

- Safety Alerts
  - Alerts must urgently be disseminated and acted upon in case they affect patient safety such as:
    - Drug alerts, medical device alerts, drug safety updates, field safety notices
    - Patient safety alerts, important public health messages, other safety critical information and guidance
  - Each Practice must be registered to receive these alerts via email and provide a back-up telephone number. You can register here:
    - https://www.cas.mhra.gov.uk/Home.aspx
    - *See Distribution of Safety Alert Broadcasts, Rapid Response Reporting and Safety Notices Policy and Procedure*
  - The Yellow Card Scheme is a website for reporting adverse drug reactions, medical device adverse incidents, defective medicines and counterfeit or fake medicines https://yellowcard.mhra.gov.uk/

3 Contracts and Reporting

- Enhanced Services
  - Enhanced services are defined as primary medical services apart from essential services, additional services or out-of-hours services
  - Direct enhanced services (DESs)
    - Are nationally agreed and must be offered to all GP Practices in England
  - Local enhanced services (LESs)
    - Are offered to local Practices to supplement services already offered in the core Practice contract and vary across the country in scope and funding
  - https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-seek-funding-for
- CQRS
  - The Calculating Quality Reporting Service (CQRS) is an approvals, reporting and payments calculation system for GP Practices. It helps Practices to track, monitor and declare achievement for the Quality and Outcomes Framework (QOF), Direct Enhanced Services (DES) and Vaccination and Immunisation (V&I) programmes https://digital.nhs.uk/services/calculating-quality-reporting-service

- The Practice has a duty to patients for maintaining the quality and safety of care
- Clinical Governance includes audit, risk management, education and training, patient and public involvement, information and IT, and staff management
  - *See Clinical Governance Policy and Procedure*

10 Incidents

- Significant Events
  - A significant event (also known as an untoward or critical incident) is any unintended or unexpected event, that could or did lead to harm of one or more patients. This includes incidents that did not cause harm but could have done, or where the event was preventable
  - It can be any event, positive or negative, that has triggered a learning process for the Practice

- QOF
  - The Quality and Outcomes Framework is a component of the GP contract, introduced in 2004, and runs from 1 April to 31 March. Achievement is measured for indicators in four areas, known as 'domains':
    - Clinical: consists of 56 indicators across 19 clinical areas (e.g. chronic kidney disease, heart failure, hypertension) worth up to a maximum of 379 points
    - Public health: consists of six indicators (worth up to 95 points) across four clinical areas – blood pressure, cardiovascular disease – primary prevention, obesity 18+ and smoking 15+
    - Public health – additional services: consists of two indicators (worth up to 11 points) across one service area – cervical screening

- Cervical Cytology
  - Female patients will be sent an invitation letter from NHSE when it is time to book their cervical screening appointment
  - A transgender patient registered with a GP as female will receive invitations for cervical screening:
    - Every 3 years at ages 25 to 49
    - Every 5 years at ages 50 to 64
  - A transgender patient registered with a GP as male will not receive automatic invitations, but can still have cervical screening
  - Open Exeter notifies the Practice of patients who are due for a smear test. Screening targets must be monitored to check uptake figures
- Clinical Governance
  - Clinical Governance is an umbrella term covering activities that help sustain and improve high standards of patient care

4 Premises

- Lease Agreement
  - If the Partners do not own the surgery premises, Practices may have a lease on a building or a specific part of a larger building, such as a floor or unit
- Service Contracts
  - Telephone
    - The main telephone system and mobile phones are paid for by the Practice
    - SMS text messages are available and currently paid for by the NHS

- The Practice must ensure that staff receive immunisations that are appropriate for their role. The Practice should be able to evidence that an effective employee immunisation programme is in place and the process for this
- All staff must be up to date with their routine immunisations, e.g. tetanus, diphtheria, polio, and MMR. The MMR vaccine is especially important in the context of staff transmitting measles or rubella infections to vulnerable groups
- Some staff may need further vaccinations, e.g. Hepatitis B, especially if they have direct contact with patients' blood or blood-stained body fluids, such as from sharps
  - *See Staff Immunisations Policy and Procedure*
- PGDs and PSDs
  - Staff who administer and/or supply prescription only medicines must have appropriate authorisation under a Patient Group Direction (PGD), e.g. nurse, or a Patient Specific Direction (PSD), e.g. healthcare assistant

- Building alarm system, panic alarms and CCTV
  - These must be maintained, ideally by local reliable companies, and contract renewals reviewed to ensure cost effectiveness
- Fire Alarms, fire extinguishers and emergency lighting
  - These must be checked by a professional company and records kept of servicing, defaults and actions

- Cleaning
  - If this is not provided by staff employed by the Practice, it will be with a cleaning company and checks must be in place to ensure safe recruitment and infection control standards

- **Insurance**
  - Specialist business insurance policies are designed for the medical profession such as GP surgeries. These can cover employer's liability, business interruption, absence cover and specialist cover for medical-specific contents such as vaccinations and medical equipment

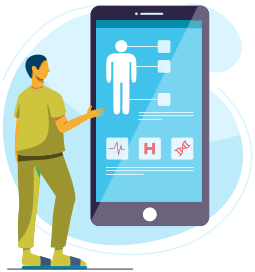
- All medical equipment must be disposed of safely and in accordance with legislative requirements

- **Consumables**
  - The Practice is responsible for purchasing consumables such as stationery
  - NHSE supplies, including NHS stationery, pre-printed forms, needles and syringes, should be ordered through PCSE Online https://secure.pcse.england.nhs.uk/_forms/pcsssignin.aspx

9 Clinical

- **Immunisations and Vaccinations**
  - It is important that vaccinations are given on time for the best protection from infectious diseases
  - Not all vaccines are free on the NHS as some vaccines are given for travel to other countries
    - *See Immunisations and Vaccinations Policy and Procedure*

- Maintenance
  - All aspects of the Practice premises must be maintained such as heating and lighting, air conditioning, cleaning, repairs (internal and external), decorating and suitable maintenance contracts must be in place
    - *See Maintenance Policy and Procedure*
    - *See Premises Safety Policy and Procedure*



5 Health and Safety (H&S)

- Health and Safety
  - The Health and Safety Policy sets out the Practice's general approach to health and safety and explains how the Practice, as an employer, will manage health and safety
  - The Health and Safety Law poster must also be kept up to date and displayed where staff can easily read it
    - *See Health and Safety Policy and Procedure*

  - A PPG is a 'critical friend to the Practice' to advise on the patient perspective and provide insight into the responsiveness and quality of services
    - *See Patient and Public Involvement Policy and Procedure*

8 Supplies

- Equipment
  - All equipment must be purchased from reputable companies providing value for money
    - *See Purchasing Policy and Procedure*
  - All equipment must be serviced and maintained to ensure it is safe to be used
    - *See Service Equipment Maintenance Policy and Procedure*

- **Fire Safety**
  - The Practice must carry out a fire safety risk assessment and keep it up to date
  - Fire extinguishers, fire alarm call points and emergency lighting must be regularly checked and serviced
    - *See Fire Safety Policy and Procedure*
    - *See Fire Equipment Policy and Procedure*
- **Electrical Safety**
  - The Practice must carry out an assessment of any electrical hazard in the building
    - *See Electrical Safety Policy and Procedure*
- **Legionella**
  - Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. Such droplets can be created, for example, by hot and cold water outlets (e.g. taps and wet air conditioning)
  - Practices must understand the health risks associated with legionella and must carry out a risk assessment
    - *See Legionella Policy and Procedure*
    - https://www.hse.gov.uk/legionnaires/

- The NHS Friends and Family Test (FFT) is a quick and anonymous way for patients to give their views after receiving NHS care or treatment
- The Practice must conduct patient satisfaction surveys to gain learning, establish if they are meeting the expectations of their patients and highlight areas for improvement
  - *See Stakeholder Surveys Policy and Procedure*
  - *See QCS Patients and Their Families Surveys*

- **NHS Blood and Organ Donations**
  - Patient organ donation in England has changed to an 'opt out' system, also referred to as 'Max and Keira's Law' where it will be considered that a person agrees to donate their organs when they die, unless they opt out
- **Patient Participation Group (PPG)**
  - It is a requirement in the GP contract for all Practices to have a PPG

- DSE
  - The Practice must protect staff from the health risks of working with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones
    - *See Display Screen Equipment Policy and Procedure*
- Risk Assessments
  - A risk assessment is a systematic examination of a task, job or process that is carried out at work for the purpose of identifying the significant hazards, the risk of someone being harmed and deciding what further control measures must be taken to reduce the risk to an acceptable level
  - The HSE suggests that risk assessments should follow five simple steps:
    - Step 1: Identify the hazards
    - Step 2: Decide who might be harmed and how
    - Step 3: Evaluate the risks and decide on precautions
    - Step 4: Record the findings and implement them
    - Step 5: Review the assessment and update if necessary
    - See Risk Assessment Policy and Procedure

- Accessible Information
  - The Practice must meet the Accessible Information Standard (AIS)
  - It covers the needs of people who are deaf/Deaf, blind, or deafblind, or who have a learning disability
  - This includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages
    - *See Accessible Information Standards Policy and Procedure*

- Practice Leaflet and Website
  - The Practice must have an up-to-date Practice leaflet with information for patients about making appointments, ordering prescriptions and making a complaint
  - The Practice website should mirror the Practice leaflet
- Surveys
  - The GP Patient Survey is an annual, independent survey run by Ipsos MORI on behalf of NHS England and the results show how people feel about their GP Practice https://www.gp-patient.co.uk/

- COSHH
  - The law requires the Practice to control substances that are hazardous to health and prevent or reduce staff exposure to hazardous substances by finding out what the health hazards are and deciding how to prevent harm to health (risk assessment)
    - *See COSHH Policy and Procedure*
    - *See Needlestick Injury and Sharps Policy and Procedure*
- Accidents, Injuries and First Aid
  - All accidents must be documented in the Accident Book
  - The Practice has a first aid box available with the emergency drugs and equipment
    - *See Accident and Incident Reporting Policy and Procedure*

- Consent
  - Consent to treatment means a person must give permission before they receive any type of medical treatment, test, or examination. This must be done based on an explanation by a clinician
  - For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision
    - *See Consent Policy and Procedure*
- Chaperones
  - Some staff may act as an impartial observer present during an intimate examination of a patient
  - They must be trained (every 3 years) and will usually be familiar with the procedures involved in the examination
    - *See Chaperone Policy and Procedure*
  - Bookings can be made online, using the telephone, or directly in the Practice at the time of referral

- RIDDOR
  - Some work-related accidents, injuries, diseases and dangerous occurrences must be reported to the HSE
    - https://www.hse.gov.uk/pubns/indg453.pdf

6 Infection Prevention and Control (IPC)

- IPC covers preventing and controlling infection in adults, young people and children receiving healthcare in primary care settings, and includes preventing healthcare-associated infections that develop because of treatment or from being in a healthcare setting
  - https://www.infection-preventioncontrol.co.uk/gp-practices/

- Safeguarding
  - Safeguarding protects vulnerable adults or children from abuse or neglect, making sure people are supported to get good access to health care and stay well
  - The Practice must work in a way that will help to prevent abuse, by providing good quality care, supporting, and putting the individual at the centre of everything, empowering them to have as much control over their lives as possible
    - *See Safeguarding Adults Policy and Procedure*
    - *See Safeguarding Children and Child Protection Policy*
- Home Visits
  - The Practice must have a system in place to triage and prioritise home visits to assess whether a home visit is clinically necessary and the urgency of need for medical attention
    - *See Home Visiting Policy and Procedure*
- Out of Hours
  - Information must be provided to patients to inform them of the arrangements for medical care when the surgery is closed (e.g. 6.30pm – 8am Monday to Friday and at weekends and Bank Holidays)

- Personal Protective Equipment (PPE)
  - Items include aprons, gloves, face masks, visors, etc. and are provided by the Practice for all staff
    - *See Personal Protective Equipment (PPE) Policy and Procedure*
- Clinical Waste
  - Waste produced from healthcare and similar activities that may pose a risk of infection (e.g. swabs, bandages, dressings etc.) or may prove hazardous (e.g. medicines)
    - *See Clinical Waste Disposal Policy and Procedure*

- Coronavirus (COVID-19)
  - Is an infectious disease caused by a newly discovered coronavirus which has had a significant effect on the way that primary care medical services are now delivered
    - *See QCS COVID-19 HUB section for policies and resources*
    - https://www.england.nhs.uk/coronavirus/primary-care/

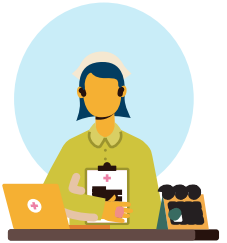
- Complaints must be acknowledged within 3 working days
- A response must be made in line with the Practice's complaints policy

- If the complainant has reached the end of the complaints process and is not happy with the Practice's final decision, they have the right to bring their complaint to the Parliamentary and Health Service Ombudsman who will decide if they can investigate it and what to expect if they do https://www.ombudsman.org.uk/making-complaint/how-we-deal-complaints
  - *See Complaints, Suggestions and Compliments Policy and Procedure*

7 Patients

- Patient Registration
  - Practices must know the rules regarding temporary residents, homeless patients, military veterans, overseas visitors, the duty to give treatment, and when they can decline to register a patient
  - Practices have a contractual duty to provide emergency treatment and immediately necessary treatment free of charge for up to 14 days
  - Practices must only decline to register a patient if there are reasonable grounds to do so
  - Both Practices and patients have the right to end a patient-doctor relationship that is not working, following agreed procedures if initiated by the Practice
  - There is no contractual duty to seek evidence of identity, immigration status or proof of address and refusal of registration must not be on the grounds that a patient is unable to produce evidence
    - *See Patient Registration and Identity Check Policy and Procedure*

- Appointments
  - Appointments can be booked, changed or cancelled online, by phone or in person (restrictions on access may be in place during a pandemic)
    - *See Appointments Handling Policy and Procedure*
  - Usual appointment length is 10 or 15 minutes, but sufficient time must be allowed for certain procedures (chronic disease management)
- Complaints
  - People have the right to make a complaint about any aspect of NHS care, treatment or service



  - Complaints should normally be made within 12 months of an incident or of the matter coming to the person's attention
  - Complaints can be made verbally, in writing or by email
  - If the complaint is on behalf of someone else, the patient's written consent is required, unless it is in the name of a deceased person, someone who lacks the capacity to make their own decisions, or a non-Gillick competent child