

Trafford Council GP Locally Commissioned Services

Annual Post Payment Verification Audit and
Quality Visit



General Practitioner (GP) Locally Commissioned Service (LCS) Post Payment Verification Audit and Quality Visit

Part 1

Introduction

The purpose of the annual post payment verification audit and quality visit is to verify activity and assure the commissioner (Local Authority or Clinical Commissioning Group CCG) that the quality conditions and key performance indicators (KPIs) stated in the LCS contract are being adhered to. Greater Manchester Commissioning Support Unit (GMCSU), total provider management team (TPM) will undertake these inspections on behalf of the commissioner.

The provider will receive 4weeks' notice of the visit, a preferred day and time can be negotiated and mutually agreed.

Post Payment Verification (PPV) and Quality Review Methodology

The CSU team will retrospectively review the clinical records of all patients in relation to a randomly selected months claim.

In addition to the PPV process the CSU team will explore the provider's fitness to practice, the patient experience and specific quality elements from each LCS specification.

No patient documentation or named patient information will be removed from the site.

Specific questions that will be asked and evidence that will be required are illustrated in part 2.

CSU Team Requirements

A secure office base and where possible, a desk for up to 2 people to work from. The CSU review team will provide IT equipment except that required to access local systems.

The presence of a practice manager or senior receptionist to produce reports and patient lists to illustrate patients behind claims for verification purposes.

A member of the team to work through the visit framework, providing evidence and answering questions.

Where applicable 'read only' access to IT based clinical records.

Temporary identification if required. All CSU staff possess photographic ID issued from the GMCSU.

Visit Outcome Report

The CSU team will produce a report detailing the findings of the visit and any recommendations. Recommendations should there be any will be put forward in a manner which supports the provider to improve. The provider will be given a week's notice in order to check the report for accuracy prior to it being presented to the commissioner.

Part 2

1. Fitness to Practice

The lead GP must provide a declaration that the following fitness to practice requirements are up to date across the practice:

- 1.1 Registration with the General Medical Council (GMC) or General Nursing and Midwifery Council (GNMC) is up to date for all practitioners.
- 1.2 Professional indemnity arrangements are in place and sufficient.
- 1.3 Continuing professional development is up to date and recorded for all practitioners.
- 1.4 Public liability insurance is in place.

Evidence of the following must be available on the day:

2. Patient Experience

- 2.1 Complaints log and action record.
- 2.2 Complaints / compliments procedure is clearly displayed for patients.
- 2.3 Serious incidents are recorded and reported
- 2.4 Safeguarding training (children and vulnerable adults) is up to date for all practitioners.
- 2.5 DBS checks are in place for all practitioners.

3. Alcohol

- 3.1 Screening opportunities are maximized - patient cohorts are identified and all new patients are screened.
- 3.2 Staff providing this service have had training for audit C and Alcohol Brief Intervention Training.
- 3.3 GOP lead surgery is encouraged to complete the RCGP part 1 certificate in Alcohol Interventions in Primary Care.
- 3.4 Post verification audit to include: a number of patients

4. Drugs Shared Care Service

- 4.1 An accurate register of drugs misuse patients is kept.
- 4.2 The practitioner should provide appropriate advice and information to a patient and their family/carer including: effects and treatment options for common drugs of misuse, harm reduction, safer sex, and safer injecting (injection, site mapping, abscesses)
- 4.3 Test / referral for viruses including HIV and immunisation for Hep B

4.4 Where appropriate the primary care provider should refer patients promptly to other services and support agencies. And where required may refer to other specialist commissioned drug services for a second opinion about treatment options and ongoing clinical management of drug dependent patients under their care.

4.5 Facilitate more effective care by referring on, where appropriate, to other health and social care professionals and specialist drug and alcohol treatment services.

4.6 The practice must maintain appropriate records to ensure effective ongoing service delivery and audit; an annual record keeping audit in relation to this LCS is expected to ensure accurate and compliant records are produced.

4.7 For those problematic drug users who have complex needs e.g. poly drug users, injecting drug users, those with a severe and enduring mental health problem and pregnant drug users the primary care provider will undertake a comprehensive substance misuse assessment.

4.8 The primary care provider will formally review treatment programme and interventions every 6 months. Evidence of this will be submitted on a quarterly basis.

4.9 For those primary care providers with extensive experience of working with and treating problematic drug users, they can act as a resource for other primary care staff. This would take the form of

- Accepting referrals for treatment in their drug clinic from other GPs, maintain links with the registered GP and return stabilized individuals as appropriate.
- Providing advice and support for other GPs
- Facilitate training for GPs and allied health providers
- Undertake clinical assessments for other GPs

4.10 Practitioner must have undertaken RCGP and provide a certificate

4.11 Post verification audit to include: a number of patients.

5. LARCs – Long Acting Reversible Methods of Contraception

5.1 Ensure that patients receive information and advice about the full range of contraceptive methods and are supported to determine the most appropriate method to meet their individual needs.

5.2 The clinician undertakes a sexual history in order to assess the appropriateness of fitting an implant or an IUCD.

5.3 The clinician provides information, advice and guidance about sexually transmitted infections and assesses the need for screening for sexually transmitted infections.

5.4 The clinician provides information, advice and guidance about the use of condoms and offers the patient a number of condoms as agreed by the commissioner.

5.5 The clinician provides [written information](#) for the patient at the time of counselling and reinforced after fitting with information about symptoms that require urgent assessment, non-contraceptive benefits, procedures for initiation and discontinuation.

5.6 The practice is required to ensure that a trained nurse is present to support the patient and to assist the clinician performing the procedure if needed.

5.7 Clinicians should undertake continuing professional development in order to achieve or maintain accreditation.

5.8 The clinician is required to produce an appropriate clinical record.

5.9 The clinician is required to produce and maintain an up-to-date register of patients fitted with a contraceptive implant, IUCD insertion, or removal. Where an IUCD is fitted, the type of device should be recorded.

5.10 Provide and maintain all of the necessary equipment for fitting / removing contraceptive implants or IUCDs and ensure that procedures are performed in a suitable treatment room.

5.11 A follow-up appointment should be provided between 3 and 6 weeks following an IUCD insertion. IUCDs should be removed or replaced within five to eight years in line with medical recommendations. Contraceptive implants should be removed or replaced within 3 years in line with medical recommendations.

5.12 Must undertake a minimum of 12 fittings per annum to maintain competence.

5.13 Have a up-to-date letter of competence (LoC)

5.14 Post verification audit to include: a number of patients.

6. Health Checks

6.1 A risk assessment needs to be carried out for each patient and include the following information: age, gender, smoking status, family history, ethnicity, BMI, waist circumference, dietary intake, cholesterol, blood glucose, physical activity, CVD risk score, AUDIT score, pulse (if 65+).

6.2 Patients aged 65-74 years should be made aware of the signs and symptoms of dementia and sign posted to memory clinics.

6.3. All clinicians should be sufficiently competent and trained

6.5 The practice premises are fit for purpose. This must include adequate space to carry out a health check, store and maintain equipment and store consumables

6.6 Evidence that the risk engine Qrisk2 is used to calculate the patient's risk score.

6.7 A clear communication of CVD risk and advice regarding how that individual could reduce their modifiable risk factors. This will include advice on physical activity, weight reduction, a healthy diet and limiting alcohol and salt intake.

6.8 A brief smoking intervention for current smokers.

6.9 Appropriate referral for lifestyle support.

6.10 Post verification audit to include: a number of patients.

7. RUClear Chlamydia & Gonorrhoea Screening

7.1 The practice is required to offer on an opportunistic basis an Ruclear chlamydia and gonorrhoea screen to asymptomatic young people aged 15-24 attending the practice.

7.2 Provided with an information leaflet.

7.3 The practice should have a named member of staff to liaise with Ruclear regarding provision of the screening, promotional materials, training and support.

7.4 The practice is required to ensure that all clinicians involved in the provision of treatment and partner notification are trained and competent to offer this provision in line with BSHH clinical guidelines.

7.5 Take the patient's sexual history and provide information, advice and guidance to include STIs, contraception, abstinence from sex whilst being treated, and partner notification (PN) in relation to preventing repeat infection for the individual.

7.6 Offer patients a number of condoms as agreed by the commissioner.

7.7 Signpost / refer patients to contraception and sexual health services if appropriate.

7.8 The practitioner should give the medication within the appointment. Patients requiring treatment for sexually transmitted infections should receive this free of any prescription charge.

7.9 Possible referrals to safeguarding following concerns for welfare

7.10 Post verification audit to include: a number of patients.