Date of Practice visit - / /



Pre- Practice Visit Questionnaire (to be completed by the practice)

NOTES FOR COMPLETION:

- Sections highlighted in yellow should be completed by all practices
- Sections highlighted in green should only be completed if the practice has not had a full CQC inspection in the past two years(from date of practice visit) or if a CQC inspection/Annual Regulatory Review(ARR) has identified that improvements are required(i.e. requires improvement rating or partial compliance)

PRACTICE DETAILS				
Practice Name		Practice code		
Practice Manager				
GPs	Number of GPs and roles; e.g. Partner, Salaried etc	Clinical sessions per week	Any other roles	
	GP 1 – Partner			
	GP 2 etc			

Practice	Grade/bands and Roles (e.g A	ANP)	Hours per week	Nurse prescriber Yes / No
Nursing Team				
Team				
	Number of HCAs (wte) and cu	rrent relec in practice	Training for roles, How	a cook UCA completed the core
Health Care	Number of HCAS (wite) and cu	rrent roles in practice	Training for roles. Have each HCA completed the care certificate?	
Assistants				
	Practice Manager	Number of WTE reception /admin		
Admin Staff	WTE	staff		
Other	Roles in	the practice	Hours	worked per week
professional staff				
Staff training	How do you ensure Practice stamandatory/statutory training?	ff are compliant with		
	Give details of what is included i training.	n your mandatory and statutory		

		Description
List size		
Demographics (CCG to add relevant web link for practice)	https://fingertips.phe.or g.uk/profile/general- practice	
Disease Prevalence data	Practice to review their disease prevalence and comment on any outlying areas.	
	Practice to note any work done to validate disease registers	
Access	Process for Telephone advice / consultations	
	What happens when all appointments on the day are booked	
Extended Access	How are you utilising extended access within your practice	
Online services	How does the practice manage access to online medical records, appointments and medication requests	
Local Primary Care schemes	Practice to confirm that	Note: The CCG will select a scheme(s) and will review the requirements at the practice visit.

	it is meeting the reporting and quality requirements of local primary schemes signed up to.	
Minor Surgery (as part of additional services, cautery, curettage and cryotherapy)	Do you provide this for other practices Who undertakes this?	
Equipment	Describe the process for checking/ calibrating equipment in the practice	

	Information Governance		
		Description	
Management of clinical information	Practice to describe how clinical information is received and managed.		
	Who codes data from mail/ results?		
	How is the quality of summarising and read coding quality assured in the practice?		
Results	How are results processed in the practice?		

of	low is a patient informed f an abnormal result?			
Chronic Disease Management				
			Description	
	łow do you ensure			
disease ho	ousebound patients			
management re	eceive appropriate			
re	eview/ monitoring?			
re	Describe the process for ecall of patients with hronic disease			
	Vhat is the minimum	condition	recall	
di	lisease recall in months	Asthma		
		Diabetes		
		Hypertension		
	55141	AF		
	low are DNA's nanaged?			
ex	are any patients excluded from recall if so why?			
ex	Oo you have an exception reporting olicy?			
Clinical He	low do you ensure new			
	linical guidance is			
	mplemented in practice?			
	Give an example of how			

	-	
	a recent NICE clinical	
	guideline [within the last	
	12 months] has been	
	adopted in practice	
	How is clinical	
	information disseminated	
	to the whole clinical	
	team?	
	How are templates	
	updated?	
	Describe the system of	
	clinical meetings in the	
	practice Please describe any	
	clinical audits that have	
	been undertaken within	
	the last year	
		CLINICAL GOVERNANCE ISSUES
		Description
1.Patient and	Public Involvement	Description
	Public Involvement ve patient group?	Description
Is there an acti	ve patient group?	Description
Is there an actir Describe the pr	ve patient group?	Description
Is there an actir Describe the pr	ve patient group?	Description
Is there an acti Describe the pr Does the practi	ve patient group? ractice complaints process. ce record compliments?	Description
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Is there an acti Describe the pr Does the practi 2. Risk Manag High risk Drug How are high ri practice? Medical Alerts How are CAS a practice? Safeguarding How do you en	ve patient group? ractice complaints process. ce record compliments? ement js sk drugs monitored in the	Description Compared to the

procedure in place for managing	
challenging behaviours against staff or	
other service users?	
Other service asers:	
Does the practice have a safeguarding	
policy and procedure in place? Does this	
policy include safeguarding training for	
children and adults and reference	
safeguarding supervision?	
CQC	
Evidence of work done to address any	
actions identified by CQC	
Staff and Staff management	
•	
Do all staff have PDP/ training plans?	
DBS	
Describe the process for DBS checks for	
staff	
D	
Do all clinical staff have a current DBS	
check on file?	
What risk assessment is undertaken for	
other staff?	
Other stair:	
Accessible Information Standard	
Assurance statement around compliance	
with DCB1605 Accessible Information	
(the Accessible Information Standard);	
this standard directs and defines a	
specific, consistent approach to	
identifying, recording, flagging, sharing	
and meeting the information and	
communication support needs of patients,	
service users, carers and parents, where	
those needs relate to a disability,	
impairment or sensory loss. The Standard	
applies to service providers across the	
NHS and adult social care system, and	

effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Does the Practice have effective systems and processes in place to comply with the Accessible Information Standard?	
Emergency Preparedness, Resilience and Response (EPRR)	
Assurance statement around emergency planning and business continuity including:	
Does the practice have an EPRR/ Business Continuity lead? – if Yes please provide name and contact details	
Does the practice have a Business Continuity Plan in place (including effective arrangements for responding to severe weather)?	
Does the practice have a Critical Function list (Fuel Disruption) available?	
Does the practice have effective arrangements for dealing with an outbreak (infectious disease/ pandemic influenza)	

	RECORD OF CLINICAL SUPPORT VISITS				
Visit	Date	Practice staff present	NHS England and NHS Improvement / CCG staff	Duration	
1					
2					
3					
4					
5					