

# Quality indicators - Summary of points

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## Secondary Prevention in Coronary Heart Disease

Indicator	2004-06		2006-07	
	Points	Threshold	Points	Threshold
<b>Medical records</b>				
CHD 1. The practice can produce a register of patients with coronary heart disease	6		4	
<b>Diagnosis and initial management</b>				
CHD 2. The percentage of patients with newly diagnosed angina (diagnosed after 01/04/03) who are referred for exercise testing and/or specialist assessment	7	25-90%	7	40-90%
<b>Ongoing Management</b>				
CHD 3. The percentage of patients with coronary heart disease, whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status need be recorded only once	7	25-90%	Moved to smoking points	
CHD 4. The percentage of patients with coronary heart disease who smoke, whose notes contain a record that smoking cessation advice has been offered within the last 15 months	4	25-90%	Moved to smoking points	
CHD 5. The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months	7	25-90%	7	40-90%
CHD 6. The percentage of patients with coronary heart disease, in whom the last blood pressure reading (measured in the last 15 months) is 150/90 or less	19	25-70%	19	40-70%
CHD 7. The percentage of patients with coronary heart disease whose notes have a record of total cholesterol in the previous 15 months	7	25-90%	7	40-90%
CHD 8. The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the last 15 months) is 5 mmol/l or less	16	25-60%	17	40-70%
CHD 9. The percentage of patients with coronary heart disease with a record in the last 15 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless a contraindication or side effects are recorded)	7	25-90%	7	40-90%
CHD 10. The percentage of patients with coronary heart disease who are currently treated with a beta blocker (unless a contraindication or side-effects are recorded)	7	25-50%	7	40-60%
CHD 11. The percentage of patients with a history of myocardial infarction (diagnosed after 1 April 2003) who are currently treated with an ACE inhibitor	7	25-70%	7	40-80%
CHD 12. The percentage of patients with coronary heart disease who have a record of influenza vaccination in the preceding 1 September to 31 March	7	25-85%	7	40-90%
<b>Subset – Left Ventricular Dysfunction</b>				
LVD 1. The practice can produce a register of patients with CHD and left ventricular dysfunction	4		Moved to 'Heart Failure'	
LVD 2. The percentage of patients with a diagnosis of CHD and left ventricular dysfunction (diagnosed after 1/4/03) which has been confirmed by an echocardiogram	6	25-90%		
LVD 3. The percentage of patients with a diagnosis of CHD and left ventricular dysfunction who are currently treated with ACE inhibitors (or A2 antagonists)	10	25-70%		

## Heart Failure

Indicator	Points	Threshold	Points	Threshold
<b>Medical records</b>				
HF1: The practice can produce a register of patients with heart failure.			4	
<b>Initial Diagnosis</b>				
HF2: The percentage of patients with a diagnosis of heart failure (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment.			6	40-90%
<b>Ongoing Management</b>				
HF3: The percentage of patients with a current diagnosis of heart failure due to LVD who are currently treated with an ACE inhibitor or Angiotensin Receptor Blocker, who can tolerate therapy and for whom there is no contra-indication.			10	40-80%

## Stroke or transient ischaemic attacks

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
STROKE 1. The practice can produce a register of patients with stroke and TIA	4		2	
STROKE 2. The percentage of new patients with presumptive stroke (presenting after 01/04/03) who have been referred for confirmation of the diagnosis by CT or MRI scan	2	25-80%	<b>Moved to STROKE11</b>	
STROKE 11. The percentage of new patients with a stroke who have been referred for further investigation.	<b>Moved from STROKE 2</b>		2	40-80%
<b>Ongoing Management</b>				
STROKE 3. The percentage of patients with TIA or stroke who have a record of smoking status in the last 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis	3	25-90%	<b>Moved to 'SMOKING'</b>	
STROKE 4. The percentage of patients with a history of TIA or stroke who smoke and whose notes contain a record that smoking cessation advice has been offered in the last 15 months	2	25-70%		
STROKE 5. The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months	2	25-90%	2	40-90%
STROKE 6. The percentage of patients with a history of TIA or stroke in whom the last blood pressure reading (measured in the last 15 months) is 150/90 or less	5	25-70%	5	40-70%
STROKE 7. The percentage of patients with TIA or stroke who have a record of total cholesterol in the last 15 months	2	25-90%	2	40-90%
STROKE 8. The percentage of patients with TIA or stroke whose last measured total cholesterol (measured in the last 15 months) is 5 mmol/l or less	5	25-60%	5	40-60%
STROKE 9. The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded)	4	25-90%	<b>Moved to STROKE 12</b>	
STROKE 12. The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that an anti-platelet agent (aspirin, clopidogrel, dipyridamole or a combination), or an anticoagulant is being taken (unless a contraindication or side-effects are recorded)	<b>Moved from STROKE 9</b>		4	40-90%
STROKE 10. The percentage of patients with TIA or stroke who have had influenza immunisation in the preceding 1 September to 31 March	2	25-85%	2	40-85%

## Hypertension

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
BP 1. The practice can produce a register of patients with established hypertension	9		6	
<b>Diagnosis and initial management</b>				
BP 2. The percentage of patients with hypertension whose notes record smoking status at least once	10	25-90%	<b>Moved to SMOKING</b>	
BP 3. The percentage of patients with hypertension who smoke, whose notes contain a record that smoking cessation advice has been offered at least once	10	25-90%		
<b>Ongoing Management</b>				
BP 4. The percentage of patients with hypertension in which there is a record of the blood pressure in the past 9 months	20	25-90%	20	40-90%
BP 5. The percentage of patients with hypertension in whom the last blood pressure (measured in last 9 months) is 150/90 or less	56	25-70%	57	40-70%

## Diabetes Mellitus (Diabetes)

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
DM 1. The practice can produce a register of all patients with diabetes mellitus	6		Moved to DM19	
DM 19. The practice can produce a register of all patients aged 17 years and over with diabetes mellitus, which specifies whether the patient has Type 1 or Type 2 diabetes.	Moved from DM1		6	
<b>Ongoing Management</b>				
DM 2. The percentage of patients with diabetes whose notes record BMI in the previous 15 months	3	25-90%	3	40-90%
DM 3. The percentage of patients with diabetes in whom there is a record of smoking status in the previous 15 months except those who have never smoked where smoking status should be recorded once	3	25-90%	Moved to SMOKING	
DM 4. The percentage of patients with diabetes who smoke and whose notes contain a record that smoking cessation advice has been offered in the last 15 months	5	25-90%		
DM 5. The percentage of diabetic patients who have a record of HbA1c or equivalent in the previous 15 months	3	25-90%	3	40-90%
DM 6. The percentage of patients with diabetes in whom the last HbA1C is 7.4 or less (or equivalent test / reference range depending on local laboratory) in last 15 months	16	25-50%	Moved to DM20	
DM 20. The percentage of patients with diabetes in whom the last HbA1c is 7.5 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months	Moved from DM6		17	40-50%
DM 7. The percentage of patients with diabetes in whom the last HbA1C is 10 or less (or equivalent test / reference range depending on local laboratory) in last 15 months	11	25-85%	11	40-90%
DM 8. The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months	5	25-90%	Moved to DM 21	
DM 21. The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months	Moved from DM 8		5	40-90%
DM 9. The percentage of patients with diabetes with a record of presence or absence of peripheral pulses in the previous 15 months	3	25-90%	3	40-90%
DM 10. The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months	3	25-90%	3	40-90%
DM 11. The percentage of patients with diabetes who have a record of the blood pressure in the past 15 months	3	25-90%	3	40-90%
DM 12. The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less	17	25-55%	18	40-60%
DM 13. The percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months (exception reporting for patients with proteinuria)	3	25-90%	3	40-90%
DM 14. The percentage of patients with diabetes who have a record of serum creatinine testing in the previous 15 months	3	25-90%	Moved to DM 22	
DM 22. The percentage of patients with diabetes who have a record of estimated glomerular filtration rate (eGFR) or serum creatinine testing in the previous 15 months	Moved from DM 14		3	40-90%
DM 15. The percentage of patients with diabetes with proteinuria or micro-albuminuria who are treated with ACE inhibitors (or A2 antagonists)	3	25-70%	3	40-80%
DM 16. The percentage of patients with diabetes who have a record of total cholesterol in the previous 15 months	3	25-90%	3	40-90%
DM 17. The percentage of patients with diabetes whose last measured total cholesterol within previous 15 months is 5 or less	6	25-60%	6	40-70%
DM 18. The percentage of patients with diabetes who have had influenza immunisation in the preceding 1 September to 31 March	3	25-85%	3	40-85%

## Chronic Obstructive Pulmonary Disease (COPD)

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
COPD 1.The practice can produce a register of patients with COPD	5		3	
<b>Initial diagnosis</b>				
COPD 2.The percentage of patients where diagnosis has been confirmed by spirometry including reversibility testing for newly diagnosed patients w.e.f. 01/04/03	5	25-90%	<b>Combined into COPD 9</b>	
COPD 3.The percentage of all patients with COPD where diagnosis has been confirmed by spirometry including reversibility testing	5	25-90%		
COPD 9. The percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing	<b>Merged from COPD2 and COPD3</b>		10	40-80%
<b>Ongoing management</b>				
COPD 4. The percentage of patients with COPD in whom there is a record of smoking status in the previous 15 months	6	25-90%	<b>Moved to SMOKING</b>	
COPD 5. The percentage of patients with COPD who smoke, whose notes contain a record that smoking cessation advice has been offered in the past 15 months	6	25-90%		
COPD 6. The percentage of patients with COPD with a record of FeV1 in the previous 27 months	6	25-70%	<b>Moved to COPD10</b>	
COPD 10. The percentage of patients with COPD with a record of FeV1 in the previous 15 months	<b>Moved from COPD 6</b>		7	40-70%
COPD 7. The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the preceding 2 years	6	25-90%	<b>Moved to COPD 11</b>	
COPD 11. The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the previous 15 months	<b>Moved from COPD 7</b>		7	40-90%
COPD 8. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March	6	25-85%	6	40-85%

## Epilepsy

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
EPILEPSY 1. The practice can produce a register of patients receiving drug treatment for epilepsy	2		<b>Moved to EPILEPSY5</b>	
EPILEPSY 5. The practice can produce a register of patients aged 18 and over receiving drug treatment for epilepsy	<b>Moved from EPILEPSY1</b>		1	
<b>Ongoing Management</b>				
EPILEPSY 2. The percentage of patients age 16 and over on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months	4	25-90%	<b>Moved to EPILEPSY6</b>	
EPILEPSY 6. The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months	<b>Moved from EPILEPSY2</b>		4	40-90%
EPILEPSY 3. The percentage of patients age 16 and over on drug treatment for epilepsy who have a record of medication review in the previous 15 months	4	25-90%	<b>Moved to EPILEPSY7</b>	
EPILEPSY 7. The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of medication review involving the patient and/or carer in the previous 15 months	<b>Moved from EPILEPSY3</b>		4	40-90%
EPILEPSY 4. The percentage of patients age 16 and over on drug treatment for epilepsy who have been convulsion-free for last 12 months recorded in last 15 months	6	25-70%	<b>Moved to EPILEPSY8</b>	
EPILEPSY 8. The percentage of patients age 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the previous 15 months	<b>Moved from EPILEPSY4</b>		6	40-70%

## Hypothyroidism

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
THYROID 1. The practice can produce a register of patients with hypothyroidism	2		1	
<b>Ongoing Management</b>				
THYROID 2. The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 months	6	25-90%	6	40-90%

## Cancer

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
CANCER 1. The practice can produce a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003'	6		5	
<b>Ongoing Management</b>				
CANCER 2. The percentage of patients with cancer diagnosed from 1 April 2003 with a review by the practice, recorded within six months of confirmed diagnosis. This should include an assessment of support needs, if any, and a review of co-ordination arrangements with secondary care	6	25-90%	<b>Moved to CANCER 3</b>	
CANCER 3. The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis	<b>Moved from CANCER 2</b>		6	40-90%

## Palliative Care

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
PC1: The practice has a complete register available of all patients in need of palliative care/support.			3	
<b>Ongoing Management</b>				
PC2: The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.			3	

## Mental Health

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
MH 1. The practice can produce a register of people with severe long term-mental health problems who require and have agreed to regular follow-up	7		Moved to MH8	
MH 8. The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses	Moved from MH1		4	
<b>Ongoing Management</b>				
MH 2. The percentage of patients with severe long-term mental health problems with a review recorded in the preceding 15 months. This review includes a check on the accuracy of prescribed medication, a review of physical health and a review of co-ordination arrangements with secondary care	23	25-90%	Moved to MH9	
MH 9. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a review recorded in the preceding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status	Moved from MH2		23	40-90%
MH 3. The percentage of patients on lithium therapy with a record of lithium levels checked within the previous 6 months	3	25-90%	Removed	
MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months	3	25-90%	1	40-90%
MH 5. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months	5	25-70%	2	40-90%
MH6: The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate			6	25-50%
MH7: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance			3	40-90%

## Asthma

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
ASTHMA 1. The practice can produce a register of patients with asthma excluding patients with asthma who have been prescribed no asthma-related drugs in the last twelve months	7		4	
<b>Initial Management</b>				
ASTHMA 2. The percentage of patients age eight and over diagnosed as having asthma from 1 April 2003 where the diagnosis has been confirmed by spirometry or peak flow measurement	15	25-70%	<b>Moved to ASTHMA 8</b>	
ASTHMA 8. The percentage of patients aged eight and over diagnosed as having asthma from 1 April 2006 with measures of variability or reversibility	<b>Moved from ASTHMA 2</b>		15	40-80%
<b>Ongoing Management</b>				
ASTHMA 3. The percentage of patients with asthma between the ages of 14 and 19 in whom there is a record of smoking status in the previous 15 months	6	25-70%	6	4-80%
ASTHMA 4. The percentage of patients age 20 and over with asthma whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once	6	25-70%	<b>Moved to SMOKING</b>	
ASTHMA 5. The percentage of patients with asthma who smoke, and whose notes contain a record that smoking cessation advice has been offered within last 15 months	6	25-70%		
ASTHMA 6. The percentage of patients with asthma who have had an asthma review in the last 15 months	20	25-70%	20	40-70%
ASTHMA 7. The percentage of patients age 16 years and over with asthma who have had influenza immunisation in the preceding 1 September to 31 March	12	25-70%	<b>Removed</b>	

## Dementia

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
DEM1: The practice can produce a register of patients diagnosed with dementia			5	
<b>Ongoing Management</b>				
DEM2: The percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months			15	15-60%

## Depression

Indicator	Points	Threshold	Points	Threshold
<b>Diagnosis and Initial Management</b>				
DEP1: The percentage of patients on the diabetes register and /or the CHD register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions			8	40-90%
DEP2: In those patients with a new diagnosis of depression, recorded between the preceeding 1 April to 31 March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care			25	40-90%

## Chronic Kidney Disease

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
CKD1: The practice can produce a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)			6	
<b>Initial Management</b>				
CKD2: The percentage of patients on the CKD register whose notes have a record of blood pressure in the previous 15 months			6	40-90%
<b>Ongoing Management</b>				
CKD3: The percentage of patients on the CKD register in whom the last blood pressure reading, measured in the previous 15 months, is 140/85 or less			11	40-70%
CKD4: The percentage of patients on the CKD register with hypertension who are treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded)			4	40-80%

## Atrial Fibrillation

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
AF1: The practice can produce a register of patients with atrial fibrillation.			5	
<b>Initial diagnosis</b>				
AF2: The percentage of patients with atrial fibrillation diagnosed after 1 April 2006 with ECG or specialist confirmed diagnosis.			10	40-90%
<b>Ongoing Management</b>				
AF3: The percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.			15	40-90%

## Obesity

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
OB1: The practice can produce a register of patients aged 16 and over with a BMI greater than or equal to 30 in the previous 15 months.			8	

## Learning Disabilities

Indicator	Points	Threshold	Points	Threshold
<b>Records</b>				
LD1: The practice can produce a register of patients with learning disabilities			4	

## Smoking Indicators

Indicator	Points	Threshold	Points	Threshold
<b>Ongoing management</b>				
Smoking 1: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma whose notes record smoking status in the previous 15 months. Except those who have never smoked where smoking status need only be recorded once since diagnosis			<b>33</b>	<b>40-90%</b>
Smoking 2: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months			<b>35</b>	<b>40-90%</b>

	<b>A. Records and information about patients</b>	<b>2004-06</b>	<b>2006-07</b>
Records 1	Each patient contact with a clinician is recorded in the patient's record, including consultations, visits and telephone advice	1	Removed
Records 2	Entries in the records are legible	1	Removed
Records 3	The practice has a system for transferring and acting on information about patients seen by other doctors out of hours	1	1
Records 4	There is a reliable system to ensure that messages and requests for visits are recorded and that the appropriate doctor or team member receives and acts upon them	1	Removed
Records 5	The practice has a system for dealing with any hospital report or investigation results which identifies a responsible health professional and ensures that any necessary action is taken	1	Removed
Records 6	There is a system for ensuring that the relevant team members are informed about patients who have died	1	Removed
Records 7	The medicines that a patient is receiving are clearly listed in their record	1	Removed
Records 8	There is a designated place for the recording of drug allergies and adverse reactions in the notes and these are clearly recorded	1	1
Records 9	For repeat medicines, an indication for the drug can be identified in the records (for drugs added to repeat prescription with effect from 1st April 2004). Minimum standard 80 per cent	4	4
Records 10	The smoking status of patients age 15 – 75 is recorded for at least 55 per cent of patients	6	Removed
Records 11	The blood pressure of patients age 45 and over is recorded in the preceding five years for at least 55 per cent of patients	10	10
Records 12	When a member of the team prescribes a medicine other than a non-medicated dressing, topical treatment or OTC medicine there is a mechanism for that prescription to be entered into the patient's general practice record	2	Removed
Records 13	There is a system to alert the out-of-hours service or duty doctor to patients dying at home	2	2
Records 14	The records, hospital letters and investigation reports are filed in date order or available electronically in date order	3	Removed
Records 15	The practice has up-to-date clinical summaries in at least 60 per cent of patient records	25	25
Records 16	The smoking status of patients age 15 – 75 is recorded for at least 75 per cent of patients	5	Removed
Records 17	The blood pressure of patients age 45 and over is recorded in the preceding five years for at least 75 per cent of patients	5	5
Records 18	The practice has up-to-date clinical summaries in at least 80 per cent of patient records	8	8
Records 19	80 per cent of newly registered patients have had their notes summarised within eight weeks of receipt by the practice	7	7
Records 20	The practice has up-to-date clinical summaries in at least 70% of patient records		12

Records 21	Ethnic origin is recorded for 100% of new registrations		1
Records 22	The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months, except those who have never smoked where smoking status need be recorded only once (payment stages 40 – 90%)		11

	<b>B. Patient communication</b>	<b>2004-06</b>	<b>2006-07</b>
Information 1	The practice has a system to allow patients to contact the out-of-hours service by making no more than two telephone calls	0.5	Removed
Information 2	If an answering system is used out of hours, the message is clear and the contact number is given at least twice	0.5	Removed
Information 3	The practice has arrangements for patients to speak to GPs and nurses on the telephone during the working day	1	1
Information 4	If a patient is removed from a practice's list, the practice provides an explanation of the reasons in writing to the patient and information on how to find a new practice, unless it is perceived such an action would result in a violent response by the patient	1	1
Information 5	The practice supports smokers in stopping by a strategy, which includes providing literature and offering appropriate therapy	2	2
Information 6	Information is available to patients on the roles of the GP, community midwife, health visitor and hospital clinics in the provision of ante-natal and post-natal care	0.5	Removed
Information 7	Patients are able to access a receptionist via telephone and face to face in the practice, for at least 45 hours over 5 days, Monday to Friday except where agreed with the PCO	1.5	1.5
Information 8	The practice has a system to allow patients to contact the out-of-hours service by making no more than one telephone call	1	Removed

	<b>C. Education and training</b>	<b>2004-06</b>	<b>2006-07</b>
Education 1	There is a record of all practice-employed clinical staff having attended training/ updating in basic life-support skills in the preceding 18 months	4	4
Education 2	The practice has undertaken a minimum of six significant even reviews in the past three years	4	Removed
Education 3	All practice-employed nurses have an annual appraisal	2	
Education 4	All new staff receive induction training	3	3
Education 5	There is a record of all practice-employed staff having attended training/ updating in basic life support skills in the preceding 36 months	3	3
Education 6	The practice conducts an annual review of patient complaints and suggestions to ascertain general learning points which are shared with the team	3	3
Education 7	<p><b>2004-06</b></p> <p>The practice has undertaken a minimum of 12 significant event reviews in the past three years which include (if these have occurred):</p> <ul style="list-style-type: none"> <li>• any death occurring in the practice premises</li> <li>• two new cancer diagnoses</li> <li>• two deaths where terminal care has taken place at home</li> <li>• one patient complaint</li> <li>• one suicide</li> <li>• one section under the Mental Health Act</li> </ul> <p><b>2006-07</b></p> <p>The practice has undertaken a minimum of twelve significant event reviews in the past 3 years which could include:</p> <ul style="list-style-type: none"> <li>• Any death occurring in the practice premises</li> <li>• New cancer diagnoses</li> <li>• Deaths where terminal care has taken place at home</li> <li>• Any suicides</li> <li>• Admissions under the Mental Health Act</li> <li>• Child protection cases</li> <li>• Medication errors</li> <li>• A significant event occurring when a patient may have been subjected to harm, had the circumstance/outcome been different (near miss)</li> </ul>	4	4
Education 8	All practice-employed nurses have personal learning plans which have been reviewed at annual appraisal	3	5
Education 9	All practice-employed non-clinical team members have an annual appraisal	3	3
Education 10	The practice has undertaken a minimum of three significant event reviews within the last year		6

	<b>D. Practice Management</b>	<b>2004-06</b>	<b>2006-07</b>
Management 1	Individual healthcare professionals have access to information on local procedures relating to child protection	1	1
Management 2	There are clearly defined arrangements for backing up computer data, back-up verification, safe storage of back-up tapes and authorisation for loading programmes where a computer is used	1.5	1
Management 3	The Hepatitis B status of all doctors and relevant practice employed staff is recorded and immunisation recommended if required in accordance with national guidance	0.5	0.5
Management 4	The arrangements for instrument sterilisation comply with national guidelines as applicable to primary care	1	1
Management 5	The practice offers a range of appointment times to patients which as a minimum should include morning and afternoon appointments five mornings and four afternoons per week except where agreed with the PCO	3	3
Management 6	Person specifications and job descriptions are produced for all advertised vacancies	2	2
Management 7	The practice has systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment including: <ul style="list-style-type: none"> <li>• a defined responsible person</li> <li>• clear recording</li> <li>• systematic pre-planned schedules</li> <li>• reporting of faults</li> </ul>	3	3
Management 8	The practice has a policy to ensure the prevention of fraud and has defined levels of financial responsibility and accountability for staff undertaking financial transactions (accounts, payroll, drawings, payment of invoices, signing cheques, petty cash, pensions, superannuation etc)	1	1
Management 9	The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment	3	3
Management 10	There is a written procedure manual that includes staff employment policies including equal opportunities, bullying and harassment and sickness absence (including illegal drugs, alcohol and stress) to which staff have access	4	2

	<b>E. Medicines Management</b>	<b>2004-06</b>	<b>2006-07</b>
Med 1	Details of prescribed medicines are available to the prescriber at each surgery consultation	2	Removed
Med 2	The practice possesses the equipment and up-to-date emergency drugs to treat anaphylaxis	2	2
Med 3	There is a system for checking expiry dates of emergency drugs at least on an annual basis	2	2
Med 4	The number of hours from requesting a prescription to availability for collection by the patient is 72 hours or less (excluding weekends and bank/local holidays)	3	3
Med 5	A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed four or more repeat medicines (excluding OTC and topical medications): Standard 80 per cent	7	Removed
Med 6	The practice meets with the PCO prescribing adviser at least annually and agrees up to three actions related to prescribing	4	4
Med 7	Where the practice has responsibility for administering regular injectable neuroleptic medication, there is a system to identify and follow up patients who do not attend	4	Removed
Med 8	The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays)	6	Removed
Med 9	A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed repeat medicines (excluding OTC and topical medications): Standard 80 per cent	8	Removed
Med 10	The practice meets with the PCO prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change	4	4
Med 11	A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed four or more repeat medicines. Standard 80%		7
Med 12	A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed repeat medicines. Standard 80%		8

## Patient experience

<b>PE 1 Length of Consultations</b>	<b>2004-06</b>	<b>2006-07</b>
The length of routine booked appointments with the doctors in the practice is not less than 10 minutes. [If the practice routinely sees extras during booked surgeries, then the average booked consultation length should allow for the average number of extras seen in a surgery session. If the extras are seen at the end, then it is not necessary to make this adjustment.] For practices with only an open surgery system, the average face to face time spent by the GP with the patient is at least 8 minutes. For practices that routinely operate a mixed economy of booked and open surgeries should report on both criteria.	30	33
<b>PE 2 Patient Surveys</b>		
The practice will have undertaken an approved patient survey each year	40	25
<b>PE 3 Patient Survey</b>		
2004-06: The practice will have undertaken a patient survey each year, have reflected on the results and have proposed changes if appropriate  2006-07 The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that: 1. Summarises the findings of the survey. 2. Summarises the findings of the previous year's survey. 3. Reports on the activities undertaken in the past year to address patient experience issues.	15	20
<b>PE 4 Patient Surveys</b>		
2004-06: The practice will have undertaken a patient survey each year and discussed the results as a team and with either a patient group or Non-Executive Director of the PCO. Appropriate changes will have been proposed with some evidence that the changes have been enacted  2006-07: The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that: 1. Sets priorities for the next 2 years 2. Describes how the practice will report the findings to patients (for example, posters in the practice, a meeting with a patient practice group or a PCO approved patient representative) 3. Describes the plans for achieving the priorities, including indicating the lead person in the practice. 4. Considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group.	15	30

## Additional Services

<b>CS</b>	<b>Additional - Cervical Screening</b>	<b>2004-06</b>	<b>2006-07</b>
CS1	The percentage of patients aged 25 to 64 years (in Scotland 25-60 years) whose notes record that a cervical smear has been performed in the last three to five years. (Standard: 25 to 80 per cent)	11	11
CS2	The practice has a system to ensure inadequate/abnormal smears are followed up	3	Removed
CS3	The Practice has a policy on how to identify and follow up cervical smear defaulters  Patients may opt for exclusion from the cervical cytology recall register by completing a written statement which is filed in the patient record (exception reporting)	2	Removed
CS4	Women who have opted for exclusion from the cervical cytology recall register must be offered the opportunity to change their decision at least every five years	2	Removed
CS5	The practice has a system for informing all women of the results of cervical smears	2	2
CS6	The practice has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical smears in relation to individual smear takers at least every two years	2	2
CS7	The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/ recall, exception reporting and the regular monitoring of inadequate smear rates		7
<b>CHS</b>	<b>Additional - Child Health Surveillance</b>		
CHS1	Child development checks are offered at the intervals agreed in local guidelines and problems are followed up	6	6
<b>MAT</b>	<b>Additional - Maternity Services</b>		
MAT1	Ante-natal care and screening are offered according to current local guidelines	6	6
<b>CON</b>	<b>Additional - Contraceptive Services</b>		
CON1	The team has a written policy for responding to requests for emergency contraception	1	1
CON2	The team has a policy for providing pre-conceptual advice	1	1