

# CQC – Learning from recent inspections

16<sup>th</sup> October





# Recent inspections in Surrey

- 2 announced 1 unannounced
- CQC have risk assessed all 99 practices in Surrey to prioritise inspections: those that have not been inspected since 2016/17 & those that have had issues raised previously & 'Requires Improvement' Practices will be prioritised
- Using new Quality Statements (34 in total)
- 15 of these are used on average in an inspection – you will be told which ones when the email drops!
- **Ardens CQC searches** and reviewing clinical records part of all CQC inspections.





## What is their focus in inspections at the moment – as told by our local inspector

- **Access** – can all patients book an appointment by coming into the practice in person, phoning the practice and online.
  - Practices vary on this so its making it clear how you do this i.e. yes you can phone the practice so that there is assistance with online form – if you operate an online system only, for example.
- **Equity in outcomes** – disadvantaged groups – how you are working towards that – would be good to capture some good practice examples and / or audits on this
  - Assessing the needs of disadvantaged groups / groups that do not normally engage
- ARS staff, PA's paramedics, non-medical prescribers **clinical supervision / monitoring scope of practice.**
  - They are interested in the supervision process with these groups of staff how are GP Leads assuring themselves that these groups are working within their scope of competence / scope of practice





## Non Medical Prescribing audit tool

New audit tool for all non-medical prescriber's to use to support you to meet this CQC requirement:

*Prescribing competence of non-medical prescribers (NMPs): Please provide 1 or 2 examples of audits or reviews of prescribing by NMPs.*

You don't have to use the audit tool but thought it might save you having to do your own template to meet the requirement as above?

- A Multi-Professional Prescribing tool for Primary Care has been developed to support **Best Practice for Safe Prescribing**. This has been a joint collaboration between Surrey Heartlands ICS and Hampshire & IOW ICS and has been approved for use through the Surrey Heartlands Medicines Optimisation Board. It has been developed in an Excel spreadsheet format for wide accessibility and ease of use.

To protect both patients and professionals, prescribers should adopt the following best practices:

- Document your scope of practice: Update and document your scope of practice annually or whenever it changes.
  - Annual appraisal: Include your prescribing practice in your annual appraisal and address any concerns or challenges through a Personal Development Plan.
  - Audit: Conduct annual audits of your prescribing, ideally through peer audits, but self-audits are also acceptable.
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- The audit tool for Primary Care can be found on the Prescribing Advisory Database (PAD): [MPP audit tool for Primary Care 14.08.24.xlsx \(live.com\)](#)
  - It sits alongside the Multi-professional Prescribing Guidance Document for Primary Care: [Surrey\\_Heartlands MPP Guidance final 17.04.24.pdf \(res-systems.net\)](#)





## PSD's: Patient Specific Directions

**Administering and Recording Vaccinations Given Under a Patient Specific Direction (PSD)** [The Human Medicines Regulations 2012](#) do not permit non-qualified prescribers to administer or supply prescription only medicines unless one of three types of instruction is in place:

- a signed prescription
  - a patient specific direction (PSD)
  - a patient group direction (PGD).
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- If non-prescribing healthcare professionals administer a medicine on the instruction of a GP, the GP must be able to show that the healthcare professional has authority for that administration via one of the above methods. A Patient Specific Direction (PSD) can be a way of prescribing for a lot of people, for example a list of individuals to receive a seasonal influenza vaccine during a pre-booked vaccination clinic.
  - A PSD is a written and authorised instruction to administer a medicine to a list of individually named persons where each person on the list has been individually assessed by that prescriber. The prescriber must have adequate knowledge of each individual's health and be satisfied that the medicine to be administered serves the individual needs of each person on that list.
  - A PSD must be written and signed by the prescriber as required for all prescriptions. Therefore, this should be done prior to the clinic and is normally a list of people printed out and then signed by the Prescriber.





A PSD legally must include the following information -

- Name of the individual and/or other individual identifiers including age if a child
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose
- Frequency
- Date of treatment/number of doses/frequency/date treatment ends as applicable.
- Signature of prescriber and date PSD written.

The SPS website contains full information [Patient Specific Directions \(PSD\) – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

[GP mythbuster 19: Patient Group Directions \(PGDs\)/Patient Specific Directions \(PSDs\) - Care Quality Commission \(cqc.org.uk\)](#)

- For Patient Group Directions – CQC check the date of the nurse's signature and date of GP signature – GP must sign AFTER or SAME as the nurse's signature date – GP verifying the nurse's signature.





- Where a PSD is completed for one individual, this needs to be included in their electronic clinical record as this is the legal authorisation for administration (and the administration also recorded). In practice this is most likely to mean that the paper copy needs to be scanned into each individual's clinical record - [Records Management Code of Practice 2021](#) has further advice on scanning documents into clinical records. An example of this would be a PSD for a Covid vaccine that isn't covered within the National Protocol or PGD.
- Alternatively, a clinic list of patients could be securely retained and each individual's record refer to it as the authority to administer but there would need to be a clear, auditable trail to be able to locate the original authorisation. This may be helpful for those on EMIS:
- [Ardens EMIS Process for PSDs \(Patient Specific Directives\) : Ardens EMIS Web](#)[Ardens EMIS Process for PSDs \(Patient Specific Directives\) : Ardens EMIS Web](#)
- The entry in both cases should be coded as "Administration of vaccine under patient specific direction".
- Records must be retained in line with the [Records Management Code of Practice 2021](#)





- CQC have confirmed (personal communication) that as a regulator they cannot give specific advice for the exact wording for use with PSDs but have provided a link to national guidance [patient-specific-directions.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/patient-specific-directions.pdf) which reiterates that found on SPS.
- Additionally, where a vaccination clinic is being held, they have advised that a risk assessment process is carried out if administration of a vaccine cannot be added to patients' clinical records contemporaneously.
- A separate policy / SOP (Standard Operating Procedure) will be required for:
  - One off drugs being administered via a PSD
  - Vaccines administered via a PSD's on a large scale e.g. flu clinics
- In either case, the patient record should clearly state that the vaccination was given though the authorisation of the PSD and should be a clear audit trail to go back to the original documentation. There is a SNOMED code for this

Parents

> Administration of vaccine (procedure)

Administration of vaccine under patient specific direction (procedure) ☆

SCTID: 823371000000105

823371000000105 | Administration of vaccine under patient specific direction (procedure)

Administration of vaccine under patient specific direction (procedure)

Administration of vaccine under patient specific direction

Method → Administration - action

Direct substance → Vaccine product







## Medicines recent focus: Storage temperature & Emergency drugs list

- CQC ask a practice to have a room thermometer near where drugs are stored to make sure drugs stored at correct temperature [Storing medicines at ambient temperatures – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- Document your temperature recordings and know what to do if it goes out of range i.e. move drugs etc.
- The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a document system was in place to monitor stock levels and expiry dates. Do not need controlled drugs on that list.
- [GP mythbuster 9: Emergency medicines for GP practices - Care Quality Commission \(cqc.org.uk\)](#)
- [GP mythbuster 1: Resuscitation in GP surgeries - Care Quality Commission \(cqc.org.uk\)](#)

