

Morecambe Bay



Primary Care Collaborative

Clinical Audit Policy

Document Reference	POL022
Purpose	The purpose of the document is to advise all staff delivering clinical service of the approach to Clinical Audit. The policy aims to set out the process relating to all aspects of Clinical Audit.
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Application/Scope	Organisation-wide
Approval Date	17/05/2022
Review Date (N.B: Review dates may alter if any significant changes are made)	17/05/2024
Version	V2.0
Status	APPROVED



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1. INTRODUCTION

This policy outlines the approach to clinical audit that is being implemented throughout the Morecambe Bay Primary Care Collaborative Clinical Services.

Morecambe Bay Primary Care Collaborative (MBPCC) is an organisation set up as a GP Federation for the Morecambe Bay area. MBPCC is leading on the planning and delivery of clinical services and the Medical Director is accountable for the clinical audit process, reporting and providing feedback.

1.1 Reason for and scope of the Clinical Audit

Quality Assurance and continuous improvement are fundamental requirements of any healthcare system and clinical audit will assist us in evaluating current practice and delivering better care for patients in clinical services.

Specifically, the audit will routinely assess the quality of individual consultations from written patient records. It will also provide a comparison of the standard of care provided by extended GP services across all of our providers in order to drive a consistent model of care, addressing any weaknesses and promote clinical excellence.

2. Potential outcomes of Clinical Audit

By undertaking clinical audit we aim to:

- Improve the quality of consultations;
- Develop strategies for continuous quality improvement;
- Provide information to support doctors' appraisal and revalidation competencies.

3. Clinical Audit Toolkit

The process is centred on the utilisation of the audit toolkit that has been devised by the Royal College of General Practitioners and The College of Emergency Medicine. The toolkit is designed to be simple and intuitive to use in capturing the main components of patient contact while providing a framework to examine and develop the quality of consultations using established educational approaches for good practice.



4. Governance and accountability

The Medical Director acts as the accountable lead for clinical audit and educational support. The Primary Auditor is responsible for audit, feedback, mentorship and to address outliers in performance. The assessment will be conducted on a rolling basis of every prescribing clinician working in Clinical Services.

The Primary Auditor will provide feedback to each of the clinicians following the audit. Clinicians will be able to benchmark their performance against the criteria in relation to the organisation's mean score for any individual criterion. This is both to aid reflection and to enable an individual to monitor their progress.

5. The Criteria

The audit criteria are as follows:

1	Elicits REASON for the appointment
	a. Clearly identifies main reason for contact
	b. Identifies patients concerns (health beliefs)
	c. Documented patient expectation where appropriate
2	Identifies EMERGENCY or SERIOUS situations
	a. Asks appropriate questions to exclude (or suggest) such situations
3	Appropriate HISTORY taking
	a. Identifies relevant PMH
	b. Elicits significant contextual information (e.g. social history)
4	Carries out appropriate ASSESSMENT
	a. Appropriate examination carried out
	b. Document appropriate level of consent for intimate examinations
	c. Document use/none use of chaperones where appropriate
5	Draws appropriate CONCLUSIONS
	a. Makes appropriate diagnosis or differential
	b. Give patient appropriate advice
6	Displays EMPOWERING behaviour
	a. Acts on cues/beliefs
	b. Involves patient in decision making



	c. Use of self-help advice (inc. PILs)
7	Makes appropriate MANAGEMENT decisions
	a. Decisions safe
	b. Decisions appropriate
	c. Are further investigation documented correctly e.g. blood tests
8	Appropriate PRESCRIBING behaviour
	a. Generics used (unless inappropriate)
	b. Formulary-based (where available)
	c. Follows evidence base or recognised good practice
9	Displays adequate SAFETY-NETTING
	a. Gives clear and specific advice about when to call back
	b. Records advice fully (worsening instructions)
10	Appropriate REFERRAL behaviour
	a. Are standard referrals completed correctly
	b. Are urgent/HSC205 referrals documented and correctly followed up
11	Were SAFEGUARDING issues addressed
	a. Do the notes demonstrate an awareness of safeguarding issues where appropriate
	b. Where issues are identified was the patient correctly referred
	c. In the case of a child injury wise the possibility of NAI explored

6. Scoring

The criteria will be scored on the basis of:

Criterion fully met or not applicable = 2

Criterion partially met = 1

Criterion not met = 0

Where a criterion is not relevant (eg no referral was indicated) then a score of 2 will be awarded.

The Primary Auditor will also have the ability to record feedback about the consultation that was audited.

Where a consultation is randomly selected that may not be appropriate for an audit, the auditor will request an alternative example be drawn into the tool by the IT Lead.

7. Clinical Audit Process

Stage 1	The IT Lead will collate patient lists for the preceding period. This list will include: Date of consultation Location of consultation Prescribing clinician performing consultation Patient's EMIS number Two consultations per prescribing clinician will be selected at random for audit every six months.
Stage 2	The Primary Auditor will be provided with the list of randomly selected consultations and will audit them against the criteria described above.
Stage 3	Clinicians will be notified once the audit results have been finalised for a given period.

A web based system has been implemented to log the audit results and to provide clinicians with access to their results and comments, along with benchmarking data at service level.

Each clinician will be provided with a unique account to log into the system in order to view their results and feedback. Should they wish to discuss any aspect of their results in more detail then they can contact the Clinical Lead.

8. Benchmarking

In order to mitigate any bias on the part of the Primary Auditor, a random sample of completed audits will be re-audited each period independently by the Secondary Auditor. The two results will be used to benchmark and discuss how to ensure consistency in the audit approach.

9. Key Personnel

Role	Name	Organisation	Email
Medical Director	Steve McQuillan	Morecambe Bay Primary Care Collaborative	steve.mcquillan@nhs.net
Primary Auditor	Steve McQuillan	Morecambe Bay Primary Care Collaborative	steve.mcquillan@nhs.net
Secondary Auditor			
IT Lead	Mikey Maxwell	Morecambe Bay Primary Care Collaborative	mikeym@nhs.net



10. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date
V1.0	01/11/2020	N/A	New policy approved	22/01/2022
V1.1		Not specified		
V2.0	17/05/22	Version control	Reviewed and approved	17/05/2024