



General Practice Support Unit  
Cauldwell Medical Centre /  
Leighton Road Surgery  
1 Leighton Road  
Leighton Buzzard. LU7 1LB  
TEL: 01525 372 571 / 01234 673 710

## Welcome to Leighton Road Surgery (Grovebury Road) and Cauldwell Medical Centre

### Clinical Induction Pack

#### Brief Introduction to Leighton Road Surgery (LRS) and Cauldwell Medical Centre (CMC):

LRS serves a population of 20,000 patients and CMC just under 10,000 Patients and we both work in partnership with East London NHS Foundation Trust (ELFT).

LRS / CMC is part of the General Practice Support Unit (GPSU) that is based in Leighton Buzzard.

The General Practice Support Unit (GPSU) encompasses all the functions of primary care that support the interaction between patients and health care professionals and ensure we can deliver good quality care to our patients. It is an administrative function that will support our ELFT GP surgeries in Bedfordshire. We currently provide care at Leighton Road Surgery (Grovebury Road), Leighton Buzzard and Cauldwell Medical Centre, Bedford and in the future the GPSU will support other GP surgeries in Bedfordshire as the Primary Care Directorate expands. ***If you need to contact either practice urgently, please see page: 20***

<u>Who's Who at the Practices?</u>	<u>Leighton Road Surgery (Grovebury Road)</u>	<u>Cauldwell Medical Centre</u>
<b>Practice Manager</b>	Vacancy	Anita Green
<b>Clinical Lead GP</b>	Dr Santiago Dargallonieto	Dr Margaret Kalilani- Themuka
<b>Deputy Clinical Lead</b>	Alex Guevara	Gogo Abbey
<b>Lead Nurse</b>	Vacancy	Christina Guevara
<b>GPSU Manager</b>	Lizzy Burraway - based at LRS	

#### GPSU Team Leads:

Patient Co-ordinator Team Leads: Deborah Boddington and Jade Murray-Dunstan

Patient Records Team Leads: Janice Brazier and Kirsty West

Population Health Team Lead: Victoria Condon

Prescription Clerk Team Lead: *Vacancy*

[..\..\..\GPSU Structure & Role Descriptions for Induction Pack.docx](#)

GPSU Staff on each practice site are: Patient Co-ordinators and Patient Records.

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## Initial Check List

<u>ACTION</u>	<u>COMP</u>	<u>DATE</u>
1. Documents given. <ul style="list-style-type: none"><li>• Induction pack.</li><li>• Tips and hints</li></ul>		
2. Documents signed as required		
3. Covid-19 risk assessment		
4. Walk round/ orientation of the Practice: - <ul style="list-style-type: none"><li>• Key codes</li><li>• Stock room</li><li>• Emergency bag</li><li>• Toilets</li><li>• Fire exits.</li><li>• Coffee room</li><li>• Fridges</li><li>• Panic button</li><li>• Signing in / out book</li></ul>		
5. Introduction to Practice Manager		
6. Introduction to GPSU Staff – using structure sheet		
7. Introduction with Lead Nurse		
8. Introduction to any other staff on site		
9. Induction Time with Lead GP		

### Welcome to Cauldwell Medical Centre and Leighton Road Surgery

Welcome to CMC and LRS. We are very pleased to have you with us.

We have put together what we believe is a comprehensive induction pack.

Any comments that you have about this pack are gratefully received!

**PARKING at Grovebury Road Site:** Any space with a BLUE Plaque can be used.

#### **PARKING at Cauldwell Medical Practice:**

Parking is available all over the Hospital Site, however these are only PAY and DISPLAY Carpark's and not owned by Cauldwell Medical Centre. If you receive a Parking ticket, you are responsible to pay this and not CMC.

Staff parking is available just off Britannia Road within the Staff Car park. You will need to register to request the staff permit. You shouldn't have to pay for this permit, however the day rate for staff is £2.00. *Please see next sheet for further information.*

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## Bedford Hospital Staff Permit Request (for CMC only)

**Register at:** [www.apcoa.co.uk](http://www.apcoa.co.uk) (Must be NHS email address)

- Once registered it will not take long for the approval email to be sent to you and then you can apply for the permit.

**Permit Type:**

Daily Charge

**Location:**

Britannia Road Car Park

**Start Date:**

**Site:**

South Wing Hospital

**Permit Reference:**

Your number plate

**Hours of Work: (Please Copy)**

07.30-18.30

**Clinical or Non-Clinical:**

Clinical

**Payment Method:**

Other (If there is a box – just add 'Work for ELFT at CMC')

**Organization you work for:**

Cauldwell Medical Centre – ELFT

**Payroll Number:** Ignore

**Job Title:** GP

**Other Reason: (Please Copy)**

All staff at CMC are advised to apply for the staff permit as we are based on the Hospital Site at Cauldwell Medical Centre.

- When you have completed the request for the Permit, you can then safely park within the **staff carpark** without worrying about receiving a Parking Ticket.

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### **GPs:**

All staff are asked to sign in at reception as they arrive and sign out as they leave – this is a Health, Safety & Fire requirement.

Salaried GPs at CMC – Dr Margaret Kalilani-Themuka / Dr Shivani Jaiswal / Dr Aisha Chaudhary

Salaried GPs at LRS – Dr Santiago Dargallo, Dr Adebowale Adigun / Dr Adebukola (Lillian) Sangobowale / Dr Laura Creasy

We both also have a good team of long-term Bank and Agency Clinicians.

Some Clinicians will either be working on site or remotely and this is detailed at the top of their list for that day.

Their location can be seen by hovering over their name on the appointments list.

We try to have a visiting GP on most days to deal with palliative care, complex patients etc that a paramedic cannot deal with.

### **Consultations:**

For consistency of record keeping and ease for other clinicians to follow, we would ask that you use the consultation template within Systmone.

By clicking on the circled icon, this template opens from which you can access all the things you may need such as requesting bloods or imaging, prescribing and formularies.

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This can be demonstrated more fully during your F2F induction with the clinical lead if there are any questions.

Ensure all patient consultations are recorded in line with the practice protocol including Seen in GP's Surgery, Home visits, Telephone consultations, E-Consults Consultations with Locums and all other Primary Care professionals.

A patient record should hold information that is relevant to the patient and their health – Needs to be accurate and is not clogged up with minor ailments.

Entries which should not be categorised as a Problem, i.e., promoted to an active problem heading, e.g. Had chat to patient, Medication review, Notes summarised, Minor ailments - Cough, headache, rash etc. Problems that already exist should not be added again, consultations/codes relating to the condition should be linked to the existing problem heading.

### **Duty Doctor:**

The role of Duty Doctor is to deal with urgent on the day patients.  
Duty is either 08.00-13:30 or 13:30-18:30hrs.

They provide cover for the nurses and HCAs.

We are trying to improve continuity of care for the patient so if you wish to follow up the patient, please book into one of your appointment slots set aside for this purpose.

Please do not use other slots as this limit's availability for the patient co-ordinators to use.

You will be allocated results, scans, tasks, and prescription queries in a set quantity – further discussion at induction.

### **Standard Process:**

Face to Face appointments 15 minutes

For Telephone appointments 10 minutes - try *TWICE* at least 15 mins apart. Send a SMS if there is a mobile number available. DNA- Mark the appointment as "DNA'd"- turning it green so the patient co-ordinators can easily identify the missed call.

### **LRS - Clinical Liaison Meetings:**

These are held twice weekly (Monday / Friday) at 11.00 via Teams.

We strongly encourage you to join if you can as this is an opportunity to meet colleagues, to discuss patients and for information dissemination.

If you have a patient you wish to discuss, please send details on a task to the clinical liaison group where this will be added to the agenda.

### **Other Meetings:**

CMC: Hold a weekly Huddle Meeting for all staff to attend on Wednesday at 12.30am within the large admin room.

LRS: Also hold huddle meetings, 3 times per week at 11.00am. These are held in the upstairs Kitchen at GRS.

Each Practice holds monthly Clinical Governance meetings, Safeguarding for both adults and children, MDT, Mental Health as well as Palliative care. Time is blocked within the rota for attendees.

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### Other Test Requests:

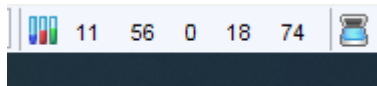
If you need bloods taken from a housebound patient, you need to refer to domiciliary phlebotomy (referral form can be found by typing phleb. into bottom left search bar on patient records) or send a task to Patient Co-ordinators to organise this referral for you.

We also ask that you **DON'T** print ICE Forms as these can be printed by the patient co-ordinators.

### Blood Results:

These appear at the bottom L of your screen.

1.



Click on the number nearest as this will be your allocation.

2.

Reports Ready to File | Reports with No Patient | Reports with No Recipient | All Unfiled Reports | Search

Only show reports assigned or directed to me

sy	Arrived	Patient	Recipient	Battery Headers
it	25 Sep 2021 11:17	[REDACTED]	Dr Deborah Neville	CALPROTECTIN
it	25 Sep 2021 11:17	[REDACTED]	Dr Deborah Neville	Haemoglobin A1c level - IFCC standardised
it	25 Sep 2021 05:27	[REDACTED]	Dr Deborah Neville	NT-Pro B Natriuretic Peptide
it	25 Sep 2021 11:17	[REDACTED]	Dr Deborah Neville	MICROALBUMIN; Urine albumin/creatinine ratio
it	25 Sep 2021 05:24	[REDACTED]	Dr Deborah Neville	VITAMIN B12
it	25 Sep 2021 05:27	[REDACTED]	Dr Deborah Neville	Serum folate level
it	25 Sep 2021 11:17	[REDACTED]	Dr Deborah Neville	Haemoglobin A1c level - IFCC standardised
it	25 Sep 2021 11:17	[REDACTED]	Dr Deborah Neville	Haemoglobin A1c level - IFCC standardised
it	25 Sep 2021 05:24	[REDACTED]	Dr Deborah Neville	THYROID STIMULATING HORM.
it	25 Sep 2021 05:24	[REDACTED]	Dr Deborah Neville	LIVER FUNCTION TESTS; Urea and electrolytes; GFR calculated abbreviated MDRD
it	25 Sep 2021 05:24	[REDACTED]	Dr Deborah Neville	Serum prostate specific antigen level

3. Right click on the individual result and select view record

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#### 4. File entire report

5. Make sure the box 'Patient to be informed of this report' is ticked.

5a. Tick the relevant box for the results, click ok and this will file the report.

6. An automated SMS is sent to the patient with a standard response or a customised instruction.

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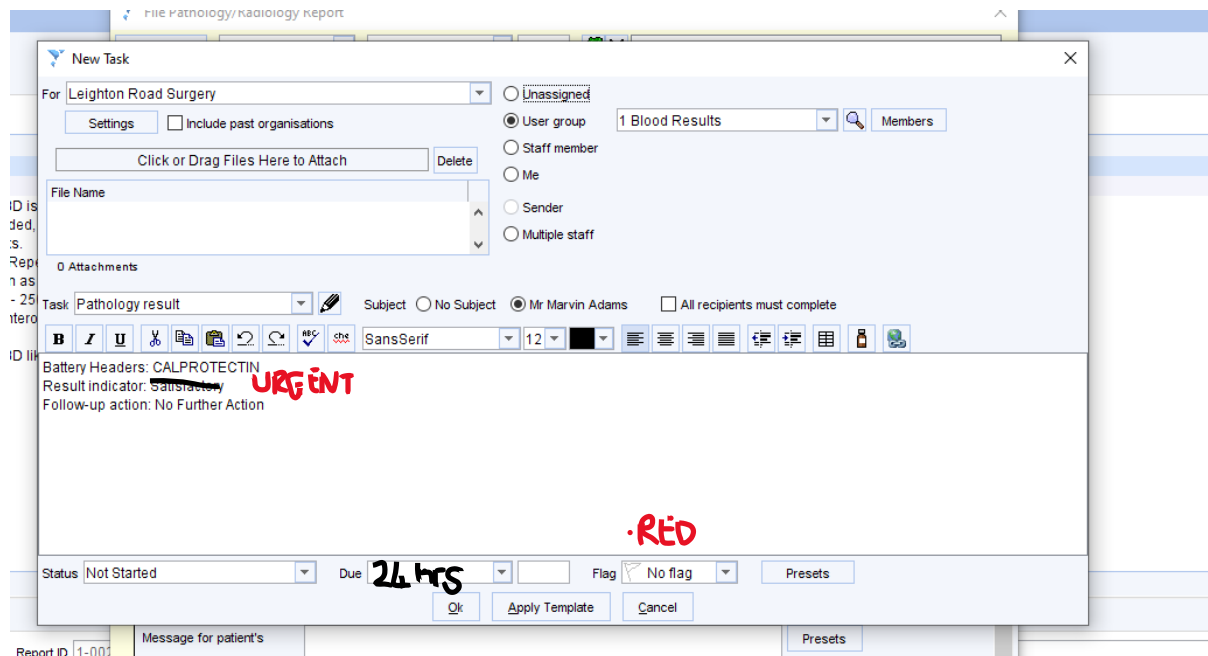
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8. If the results are URGENT, and the patient needs to be informed then please try and contact them yourself, failing this a Red Flag task is to be sent to Patient Co-ordinator (receptionist) for them to try and contact.



### **Clinical Pharmacists:**

We have some clinical pharmacists who are amazing.

They perform structured medication reviews as well as chronic disease management.

They are also a fountain of all knowledge for medication wise so worth having their extension numbers to hand!

### **Prescriptions:**

We use EPS for our prescriptions.

Once the script is done, you need to tick the box “send and sign later”.

This goes into the pooled list which can be signed off by regular GP staff.

If there is a this ! next to the script, it is a script generated by other members of staff such as nurses.

This needs to be actioned before it can be signed. Any issues or queries, please contact the Prescription Clerk Team, for advice on Ext: 840.

### **Repeat Medication and Reauthorisation:**

Our repeat prescription and reauthorisation processes are carried out by the pharmacist team and is also detailed below:

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### Medication request from the patient

Once satisfied with monitoring requirements and appropriateness of medication reauthorise the medication by:

1. Highlighting all medications on the repeat list to keep all medications in sync
2. Click the green play button 
3. Click 'Clear Review Dates'
4. Click 'Clear Max Issues'
5. On the first medication add the date you would like the medication to be reviewed

### General Guidance

- a. 12 months or Birth Month for most regular medication
- b. 6 months for SSRIs, Opioids, Benzos and Z drugs
- c. 3 months for high-risk medications that require 3 monthly monitoring i.e., methotrexate, azathioprine, sulfasalazine, high dose opioids.

### **DO NOT ENTER BOTH REVIEW DATES AND MAX ISSUES**

6. Click 'Synchronise Review Dates'
7. Do not enter any max issues unless clinically needed e.g., patient needs a blood test in 3 months or for salbutamol inhalers.
8. Click 'Okay'
9. If appropriate and if patient agrees please encourage patients to use Repeat Dispensing (see guidance)
10. Please document if not obvious if not reauthorised for 12 months so it is clear and can be communicated to the patient by other members of staff. e.g., blood test, BP, GP follow up etc.

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### Repeat Dispensing

1. Once reauthorised highlight all medications on the repeat template to be issued.
  2. Click the 'RD' button 
  3. Click 'Specify Issues'
  4. If issuing for a year, please issue 13 prescriptions (prescriptions work on a 4-week cycle)
  5. If you are not sure how many prescriptions, please type in 13 and the system will automatically calculate how many to issue until the review date
- (If medication is on RD, there will be small green RD symbol next to the drug on the repeat template)
6. When in doubt, re-authorise for the appropriate amount of time and task the prescription team to set up the repeat dispensing process

### Blood Tests

1. Once satisfied with the blood test results, please reauthorise all meds on repeat as above
2. If the patient requires a review, please document in tabbed journal so if appropriate the pharmacists can communicate that to the patient to save a double appointment

### Hints and tips

1. If reviewing a clinical plan (not necessarily a medication review) following an acute issue of a medication, if that medication is to continue, please ensure it is added to repeat/re-authorised if already on repeat
2. If you are making changes to the patient's medication e.g., reducing atorvastatin dose, please do this by updating the repeat template and authorising for time until review is due e.g., until repeat blood test. Avoid issuing acute of lower dose and not updating the repeat template.

### **REFERRALS:**

Generally, these are sent via task to the Secretarial staff (Patient Records Team) Ext: 850

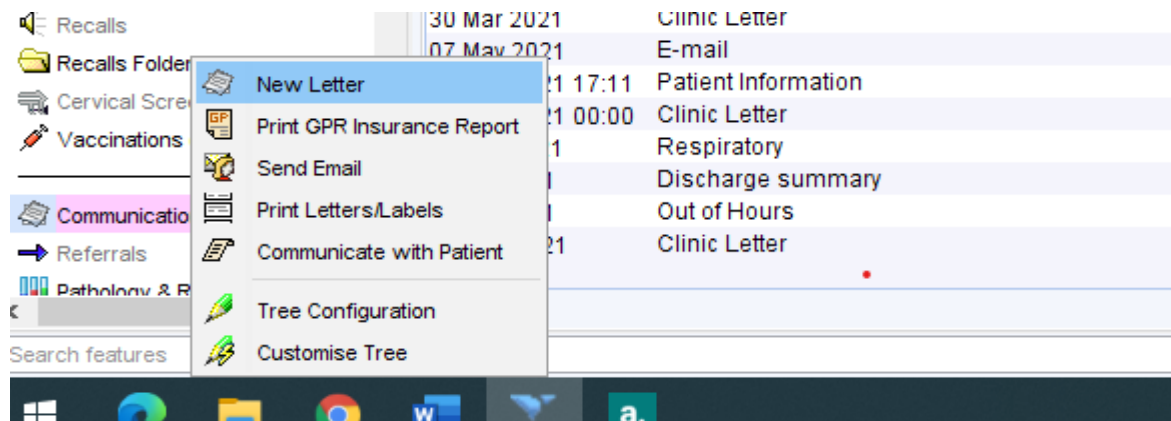
Please ensure that you have specified the speciality and the hospital required.

If it is urgent, please use the RED flag such as 2WW.

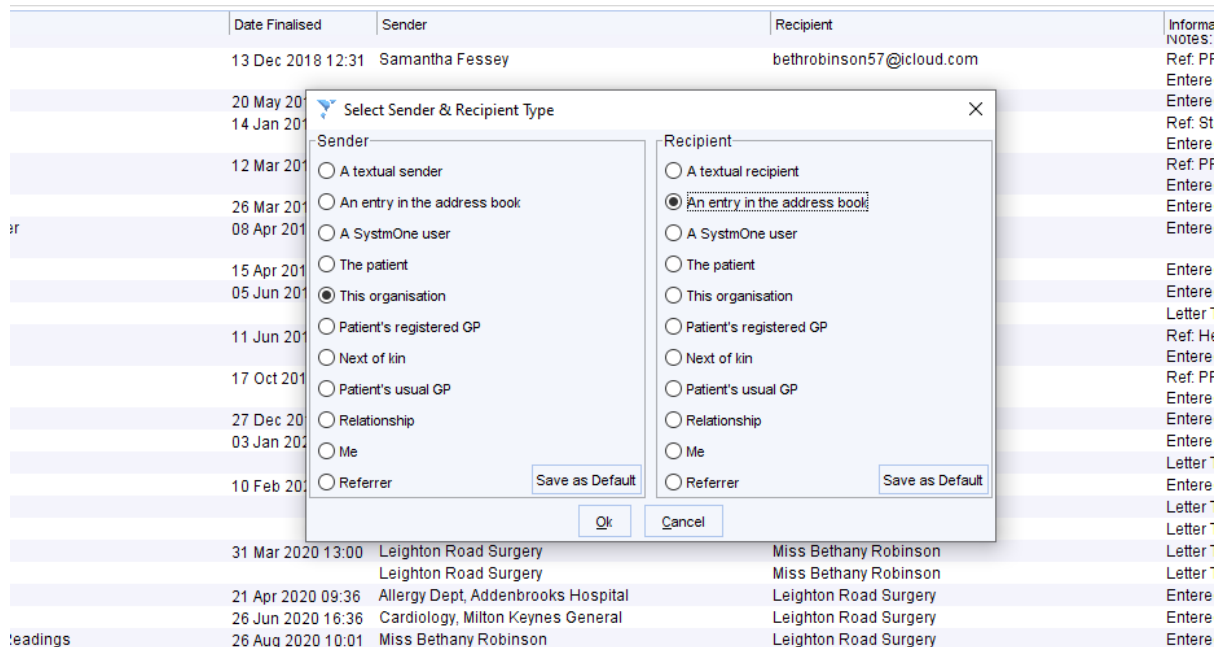
## 2WW Referrals

These are done from a template in communications and letters in the patient notes as follows.

1.



2.



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3.

Each template has the options available for each hospital.

### Private Referrals:

These must be addressed to a consultant

The patient will need to contact their insurance company for authorisation, and they can advise which consultants they use

The patient then needs to contact the Secretaries – email is preferable to advise all the relevant details. [irs.medicalsecretaries@nhs.net](mailto:irs.medicalsecretaries@nhs.net) / [elft.cauldwell-secretaries@nhs.net](mailto:elft.cauldwell-secretaries@nhs.net)

### Other Referrals:

Often, there is a template to fill in for referral

It is worth checking the CMC / LRS templates as per snip-it 1 and 2 above

If in doubt, the Patient Records can advise you. Ext.850

Mental Health Referrals – complete template and send a task to Secretaries

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### **NURSING TEAM:**

We have a strong team of nurses and HCAs. They provide minor illness appointments as well as specialist skills: Diabetes / Asthma / COPD / Contraception  
We also provide bloods, NHS health checks, new patient checks, ECGs etc.

LRS have a Complex Care Matron, visiting Paramedic and ACP

CMC have a learning disability co-ordinator; care co-ordinator; paramedic and mental health workers that work alongside the practices and PCN

### **Palliative Care:**

Referrals need to be done through SPA (single Point of Access): 0345 603 4046.

The Palliative Care Hub (for patients already known to the palliative care team): 01767 641 349.

### **District Nurses:**

Referral via SPA as above.

### **Useful Contact Numbers:**

- ITS Digital 01234 383 030

### **Leighton Road Surgery:**

- Stoke Mandeville Emergency Admissions: 01296 315 000
- Luton and Dunstable Hospital: 01582 561 385
- Medical and surgical admissions (L&D) 01582 297 491 option 1

(On the above number, you have the option to select a speciality and can get consultant advice on the spot)

- Milton Keynes Hospital: 01296 997 000
- MSK: 01234 639 000

### **Cauldwell Medical Centre.**

Bedford Hospital: 01234 355 122

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### **CHASING LETTERS/APPOINTMENTS:**

The Secretaries spend many wasted hours doing this at a clinician's request.

We ask that the patient is to do the chasing (unless they really cannot)

They will all have been sent a telephone and reference number on their referral paperwork.

It is worth checking that the referral has been sent and accepted before any chasing commences.

### **LRS - MSK and Health Harmonie:**

Both have very long waiting lists at present.

### **2WW REFERRAL FORMS:**

Please ensure that you have put as much information on the forms as possible particularly:

- GP name
- Is patient fit for investigation?
- Performance status

Without this information, the forms will be rejected and cause unnecessary delay.

### **Audiology:**

Please consider referral to Specsavers for hearing tests – form on CMC / LRS templates

Before the patient is seen, the ears need to be clear of wax otherwise the referral will be rejected.

NHS does not do syringing anymore.

### **EMAILS:**

Please ensure these are addressed to [lrs.medicalsecretaries@nhs.net](mailto:lrs.medicalsecretaries@nhs.net) / [elft.cauldwell-secretaries@nhs.net](mailto:elft.cauldwell-secretaries@nhs.net) and not personal emails as these may not get actioned

### **FLAGS ON TASKS:**

Please be mindful of adding flags to tasks

Red flags should be for urgent matters and 2WW only

### **Advice & Guidance:**

This can only be sent as routine.

If you require urgent advice, please contact the relevant specialty or you can use the L&D telephone line 01582 297491 or Bedford telephone line 01234 355 122 – there are various options to choose from which should put you in touch with a consultant who should be able to advise you.

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### **CMC / LRS Templates:**

If you cannot find the relevant template you need, please ask the Secretaries (ext. 850) to show you as this saves them time in the long run.

### **Useful Internal Extension Telephone Numbers:**

Sarah Needham	535		Medical Records	820
Anita Green	471		Non-NHS & Medical Records	830
Lizzy Burraway	454		Prescriptions	840
Christina Guevara	448		Secretaries	850
Margaret Kalilani-Themuka	310		Sick Notes	860
Janice Brazier	409		Emergency Bypass - CMC	870
Kirsty West	438		Emergency Bypass - LRS	880
Victoria Condon	563		Patient Experience & Comms	890
Deborah Boddington	359		Patient Records Team Leads	900
Jade Murray-Dustan	406		Note Summariser	910
Appointments	800		Population Health Team	940
Blood Results	810			

***If you need to contact either practice urgently, please see page: 20***

### **SAFEGUARDING:**

#### **CHILDREN**

- If a child DNA an appointment, please can this be coded as 'Child Not Brought' and effort is made to contact the parent/guardian/asses the safeguarding risk in real time

**SNOWMED: 90144100000108 (Xab0Q) Child not brought to appointment**

For the Standard Operating Policy [..\..\..\CMC Safeguarding SOP.pdf](#)

If any staff member has a concern about any child, they should take the following steps:

- Send a task to the "safeguarding <18yrs" inbox outlining their concerns.
- Refer to Trust Safeguarding Children Lead-
- AND Complete a BIC100 referral form (this can be found by searching online) OR email [cs.accessandreferral@centralbedfordshire.gov.uk](mailto:cs.accessandreferral@centralbedfordshire.gov.uk)

#### **Referrals/emails should be saved in the patient record**

- If the concern is not serious then the staff member can refer to BRIF (Building Resilience in Families) Team – 0300 300 8119 or [earlyhelp@centralbedfordshire.gov.uk](mailto:earlyhelp@centralbedfordshire.gov.uk)

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## ADULTS

If any staff member has a concern about any Adult, they should take the following steps:

- Send a task to the “Vulnerable Adults” inbox outlining their concerns
- And, Refer to Trust Safeguarding Lead for our area - Tony Alston on [tony.alston@nhs.net](mailto:tony.alston@nhs.net) or 07920 075 744 for advice
- To report a Safeguarding concern to CCG please refer to Social Services for adults on 0300 300 8122 or complete the form on SystemOne and send to [adult.protection@centralbedfordshire.gov.uk](mailto:adult.protection@centralbedfordshire.gov.uk) and CC the ELFT SOVA team on [elft.sovabl@nhs.net](mailto:elft.sovabl@nhs.net) This should be sent on the day the concern is raised

It is EVERYONE's responsibility to refer onto the relevant agencies and ELFT Leads, and this should be done on the day of the concern.

Please look at the **RCGP Sepsis Toolkit** - <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx>

To raise a **Significant Event** – Please submit a ‘InPhase Incident Reporting’ form:

- Ensure those named in the SEA are aware of it before the Clinical Governance Meeting every month
- Training is provided

For queries on Mental Capacity please contact the Trust Lead on: 020 7655 4000

Please complete the MKSCB Female Genital Mutilation Screening Tool and follow the all the steps listed. [..\..\..\FGM Screening Tool final March 2020.doc](#)

To refer to **PEPS (for palliative care)** please complete the form on the referral template-under palliative care.

To refer to the **MDT** (for vulnerable adults who you feel might benefit from MDT support) please complete the referral form – MDT template on SystemOne

### **Primary Care Networks:**

GP Practices are working together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of Practices known as Primary Care Networks (PCNs).

PCNs build on existing Primary Care Services and enable greater provision of proactive, personalised, coordinated, and more integrated health and social care for people close to home.

PCNs typically serve communities of between 30,000 to 50,000 people. They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP Practices and others in the local health and social care system.

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PCNs are led by Clinical Directors, who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.

The creation of PCNs builds on the core of current primary care services and enables a greater provision of proactive, personalised, and more integrated health and social care. To support PCNs, the Additional Roles reimbursement (ATS) provides funding for 26,000 additional roles to create bespoke multi-disciplinary teams. PCNs assess the needs of their local population and, working with local community services, make support available to people where it is most needed.

### **Clinical Supervision:**

Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice.

**All nurses within the directorate will have a clinical supervisor and an expectation that they will have a monthly supervision session.** This is your opportunity to reflect on what is going well and what is not going well for you, however if you have any problems, please raise this as soon as possible with your line manager so that any issues can be resolved quickly.

All newly qualified nurses will be given a period of preceptorship and nurses new to practice nursing will be allocated a buddy. A good preceptor or buddy will be someone who will support you to consolidate your knowledge and skills, be a listening ear and be positive in their approach, to help you succeed in your role.

### **Record Keeping:**

Record keeping is a way of collaborating with all those people involved in the care of your patient. Accurate record keeping and documentation is very important in professional practice. Once something is written down, it is a permanent account of what has happened and what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'.

### **Consent:**

Patients must give their permission for medical tests, examinations, and treatment. The person with parental responsibility will give consent for children under the age of 16 but please ensure that the person who accompanies the child has this responsibility. Often children present with grandparents or child minders, if this happens, we will need consent either in writing or verbally over the telephone to allow any procedure or examination to take place. Ensure you document this consent fully in the notes.

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### **Duty of Candour:**

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer, or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer, or family)
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the patient (or, where appropriate, the patient's advocate, carer, or family) the short- and long-term effects of what has happened

We must also be open and honest with our colleagues, employers, and relevant organisations, and take part in reviews and investigations when requested. We must also be open and honest with our regulators, raising concerns where appropriate. We must support and encourage each other to be open and honest, and not stop someone from raising concerns.

### **Medicines Management:**

The way in which medications are administered and stored in General Practice will be unique to the specific surgery, as well as the primary care setting.

Within General Practice, the surgery may operate under **Patient Group Direction or PGDs**. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Please ensure you familiarise yourself with the PGD's in use and sign each PGD before administering any medication.

### **Mental Capacity Act (2005):**

Mental Capacity is the ability to make a decision, however big or small, for example the ability to choose what to wear, whether to take prescribed medication, where you want to live, or consenting to medical treatment.

A person lacking capacity 'means they lack the capacity to make a particular decision or take particular action themselves at the time the decision or action needs to be taken' (MCA Code of Practice 2005).

The 5 Principles of the Mental Capacity Act aim to protect people who lack capacity and help them take part as much as possible in decisions that affect them.

1. An adult must be assumed to have capacity unless there is proof that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
3. Don't assume a person lacks capacity to decide just because they make an unwise decision
4. If you must make a decision for a person who lacks capacity to decide themselves this must be in their best interests
5. You must decide on least restrictive way to meet their needs

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### **Significant Events:**

Sometimes things do not go to plan, and we need to learn from our mistakes. Significant Event Analysis allows us to reflect on and learn from events to improve quality of care and adjust ensure the safety of our patients and workforce. Significant event audits can form part of your individual and practice-based learning and quality improvement and the process mirrors that of your own reflections on practice as a General Practice Nurse.

### **The Quality Outcomes Framework (QOF):**

**As part of your role, you are expected to help the practice achieve its QOF outcomes.** The QOF consists of 'clinical domains' that relate to long term or enduring medical conditions that patients may present with, such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management, to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. **The aim of the QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements** (The Health and Social Care Information Centre, 2012).

### **The Care Quality Commission (CQC):**

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high-quality care.

As a General Practice Nurse, you will be involved when the CQC comes to inspect your place of work. You may also be aware of their monitoring role in your day-to-day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care.

The inspections are based upon five key questions:

1. **Is it safe?** – Patients are protected from physical, psychological, or emotional harm or abuse
2. **Is it effective?** – Patients' needs are met, and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better
3. **Is it caring?** – Patients are treated with compassion, respect and dignity and that care is tailored to their needs
4. **Is it responsive to people's needs?** – Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to
5. **Is it well led?** – There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience

**CQC readiness should be part of our daily routine.**

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## DON'T FORGET TO SIGN IN & RECORD YOUR TEMPERATURE!

### Contacting the PRACTICE in an EMERGENCY (Sickness)

Please call ASAP - Telephone: 01525 858 912

(Lines are manned from 07.45am)

**Option 1** – Cauldwell Medical Centre

**Option 2** – Leighton Road Surgery

If you call in sick on day one, please contact us by 15.00 on this same day to confirm your attendance the next day if you are booked to work.

<b>Clinical Systems Set Up by Population Health Team</b>	Windows Log in	
	Windows Password	
	Smartcard Added to Systmone	
	ICE Access Granted	
	Phone Extension Number	

IT Training	
Topic	Date Completed
Clinical System - Systmone	
Shared Drives / Local Documents	
Phone System	
Extranet	
Incident Reporting – Datix	
DSE and Risk Assessment	

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Statutory/Mandatory Training		
Module	Relevant to Post Y/N	Date Completed
Basic Life Support - 1 Year		
Basic Life Support with Anaphylaxis - 1 Year		
Care Handling - 2 Years		
Conflict Resolution - 3 Year		
Data Security Awareness - 1 Year		
Equality and Diversity - 3 Years		
Fire Safety - 1 Year		
Health and Safety - 3 Years		
Immediate Life Support - 1 Year		
Infection Control Level 1 - 3 Years		
Infection Control Level 2 - 1 Year		
Mental Capacity Act - 3 Years		
Mental Health Act - 3 Years		
Moving and Handling Level 1 - 3 Years		
Safeguarding Adults Level 2 - 3 Years		
Safeguarding Children Level 1 - 3 Years		
Safeguarding Children Level 2 - 3 Years		
Workshop to Raise Awareness of Prevent - Once Only		

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