



Dear Colleague

CLINICAL AND STAFF GOVERNANCE FOR GENERAL PRACTICE IN SCOTLAND

Summary

1. Following the publication of the “*NHSScotland Quality Strategy*” the Clinical and Staff Governance for General Practice in Scotland is attached, for action.

Background

2. NHS in Scotland has taken the opportunity following recent reports on failings in NHS governance to reflect whether current governance arrangements in Scotland are sufficiently robust to ensure incidents and service failures are identified and appropriately acted upon, such as outbreaks of infection and reports into the failings of Mid Staffordshire NHS Trust and to build on the progress made in quality and clinical governance.

3. *The Quality Strategy*, <http://www.scotland.gov.uk/Publications/2010/05/10102307/0> recently published in Scotland, aims to support the delivery of the highest quality healthcare service to people in Scotland. It is built around the following priorities:

- **Caring** and **compassionate** staff and services
- Clear **communication** and explanation about conditions and treatment
- Effective **collaboration** between clinicians, patients and others
- A **clean** and safe environment
- **Continuity** of care and
- Clinical **excellence**

Date 1 October 2010

Addresses

For Action

Chief Executives of NHS Boards
Medical Directors of NHS Boards
Primary Care Leads NHS Boards
General Medical Practitioners
GP Practice Managers

For information

Director of Practitioner Services
Division, NHS National Services
Scotland
Scottish General Practitioners
Committee
NHS National Services Scotland

Enquiries to:

Jessica McPherson
Head of Primary Care
Development
Primary Care Division
1 ER St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131 244 2462
Fax: 0131-244 2621

jessica.mcpherson@scotland.gsi.gov.uk

4. Clinical Governance in primary care is one of important pillars in the delivery of quality of care and patient safety, while supporting the healthcare professionals involved in delivering this patient centres care. However, primary care, including care in the community such as the healthcare services provided to care homes, cannot act in isolation. Its clinical governance structures and activities sits within the overarching clinical governance framework in the Health Board, along with similar activities in other parts of the NHS, such as the acute sector and community hospitals.

5. This is an ongoing process of development, and this guidance will assist those working in Primary Medical Services to encourage good governance behaviours and to provide a foundation to a governance structure that allows a focus on patient outcome.

6. Implementation of the key tasks set out in this Guidance will contribute to a GP practice meeting the revalidation readiness criteria, which include effective appraisal and clinical governance, for the purposes of revalidation by the General Medical Council.

Action

7. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors and GP Practice Managers have sight of it.

8. GP practices should use the Guidance in the Annex as a guide and check list to make sure that they are fulfilling their legal, contractual and professional obligations. Some GP practices may already be delivering some of the “Aspirational” areas, and others may wish to consider some of “Aspirational” areas.

The guidance will be reviewed as appropriate.

Yours sincerely



Frank Strang
Deputy Director, Primary Care Division

2010

**CLINICAL & STAFF GOVERNANCE SHORT LIFE
WORKING GROUP**

Clinical & Staff Governance for General Practice in Scotland

Table of Contents

INTRODUCTION.....	2
CLINICAL GOVERNANCE ARRANGEMENTS.....	5
STAFF GOVERNANCE ARRANGEMENTS.....	7
PATIENT SAFETY AND RISK MANAGEMENT.....	10
PRACTICE PROCEDURES.....	12
PERSON CENTRED.....	14
COMMUNICATIONS/INFORMATION SHARING.....	16

1. INTRODUCTION

The purpose of this guidance is to assist those working in General Practice in the execution of their statutory responsibilities and the promotion of best practice in clinical and staff governance. Whilst every attempt has been made to identify key elements of good governance arrangements, care should be taken to ensure that existing procedures and protocols which might cut across this guidance, are not overlooked.

This guidance will be reviewed whenever there are significant developments in the delivery of healthcare e.g. requirements of revalidation, contractual changes, legislative changes, etc.

Quality in General Practice

Delivery of healthcare services in primary care is embedded within the Healthcare Quality Strategy for NHSScotland. The Quality Strategy builds on mainly three areas – Person centred, safe and effective i.e. putting people at the heart of the NHS; building on the values of the people working in the NHS who deliver the best possible care compassionately; and making measurable improvements in aspects of quality of care delivered to patients, their families and carers.

GP practices are therefore encouraged to take part in national and local audits wherever relevant.

Clinical Governance and General Practice

Clinical Governance is of paramount importance to all those involved in the delivery of health services – from the most senior healthcare professional to the most junior member of staff. All have a role to play in ensuring that the environment in which patients are treated is safe and that the quality of service delivered is of the highest standard.

These principles are as important to General Practice as they are to the largest acute, specialist hospital provider. This guidance has been drawn up as an aide memoire for GP practices to facilitate the establishment of robust systems of clinical governance which will enable quality assurance of services, the promotion of quality improvement and enhanced patient safety.

The crucial starting point is the contractual requirement that all GP practices should have a nominated clinical governance lead. This role should in most cases be allocated to a senior clinical member of the practice team. In the execution of this role, the clinical governance lead will be required to link in to the clinical governance process in place in their respective Community Health Partnership(s) (CHP(s))/Health Board.

Clinical Governance in primary care is delivered within and linked to the clinical governance framework of the Health Boards.

Staff Governance is a key component of the delivery of high quality care. Whilst the employment of staff by GP practices brings with it a number of legal obligations, good staff governance goes much wider than mere compliance to the regulatory framework within which staff are employed. GP practices should be able to demonstrate that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently; and
- Provided with a safe working environment.

This Guidance also provides links to key pieces of existing employment legislation, details of which will be already implemented by GP Practices.

Implementation of the key tasks set out in this Guidance will contribute to a GP practice meeting the revalidation readiness criteria, which include effective appraisal and clinical governance, for the purposes of revalidation by the General Medical Council.¹

¹ [http://www.gmc-uk.org/Item 4a Assessing the readiness of local systems.pdf 25397055.pdf](http://www.gmc-uk.org/Item%204a%20Assessing%20the%20readiness%20of%20local%20systems.pdf)

For ease of reference, each entry in this guidance note has been colour-coded into 4 categories:

LEGAL

CONTRACTUAL

PROFESSIONAL

ASPIRATIONAL (GOOD PRACTICE)

Clinical & Staff Governance Short Life Working Group
Scottish Government

2. CLINICAL GOVERNANCE ARRANGEMENTS

There is a range of clinical governance issues where compliance is required (in line with national minimum standards):

- Child protection^{2 3}
- Adults with incapacity^{4 5}
- Mental health detentions^{6 7 8}
- Vulnerable groups support and protection^{9 10}
- Health & Safety¹¹
- Misuse of Drugs¹²
- Disability, Discrimination & Equality issues¹³
- Data protection¹⁴

L

Practices are required to identify a Clinical Governance Lead¹⁵.

C

Practices must ensure that there are appropriate infection control and decontamination arrangements.^{16 17}

C

² [Protection of Children \(Scotland\) Act 2003](#)

³ [GMC - 0 -18 years guidance](#)

⁴ [Adults with Incapacity \(Scotland\) Act 2000](#)

⁵ [A Guide to Communicating & Assessing Capacity \(2008\) - Scottish Government](#)

⁶ [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

⁷ [Mental Health Act 2003 - Education for Frontline Staff - NES](#)

⁸ [NES website on the Mental Health \(Care & Treatment\) \(Scotland\) Act 2003](#)

⁹ [Safeguarding Vulnerable Groups Act 2006](#)

¹⁰ [Protection of Vulnerable Groups \(Scotland\) 2007](#)

¹¹ [Health & Safety at Work Etc Act 1974](#)

¹² [Misuse of Drugs Act 1971](#)

¹³ [Disability Discrimination Act 2005](#)

¹⁴ [Data Protection Act 1998](#)

¹⁵ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 9, Para. 111](#)

Practices should have protocols for lone working and use of chaperones.¹⁸

P

Practices should consider establishing clear leadership roles and lines of accountability for clinical risk management and patient safety should be identified.

A

Practices should consider having in place a **Clinical Governance Workplan** which identifies clinical governance as a priority for the organisation and demonstrates good organisational accountability. Practices should aspire to regularly monitor the workplan.¹⁹

Practices may wish to consult [Good Medical Practice: Good Clinical Care \(2006\)](#) published by the GMC when developing a workplan.

A

¹⁶ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 1, Para. 9](#)

¹⁷ [Model Infection Control Policies - Health Protection Scotland](#)

¹⁸ [Relationships with Patients \(2006\) - GMC](#)

¹⁹ [Clinical Governance & Risk Management \(2005\) NHS QIS](#)

3. STAFF GOVERNANCE ARRANGEMENTS

GP Practices must comply with current legislation on employment rights and discrimination. In particular, all employees must have appropriate written terms and conditions.²⁰

L

GP Practices should ensure that best practice relating to Pre and Post Employment Checks are adopted and that all healthcare professionals employed by the Practice are registered and, where appropriate, licensed to practice with the relevant professional body on the appropriate parts(s) of its Register(s).²¹

L

HR policies should demonstrate fairness, equality and diversity.

L

All GPs must be registered on the Primary Medical Services Performers List.²²

L

GP Practices must hold adequate liability insurance.²³

C

All medical practitioners in the practice should participate in the appraisal system provided by the Health Board which satisfies the criteria of their revalidation by their regulatory bodies where appropriate.^{24 25}

C

²⁰ [Employment Rights Act 1996](#)

²¹ [Safer Pre and Post Employment Checks \(2007\) - PIN](#)

²² [Primary Medical Services \(Scotland\) Act 2004](#)

²³ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 9, Para. 112 and 113](#)

²⁴ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 4, Para. 61](#)

²⁵ [NHS \(Primary Medical Services Performers Lists\) \(Scotland\) Regulations 2004 - Schedule 1, Para. 3 \(a\)](#)

GPs and other healthcare professionals should be able to demonstrate their participation in ongoing and relevant CPD activities.^{26 27}

P

Communication between partners and the practice team is essential for ensuring patient safety. It is important to establish effective team working within the practice.

P

GP Practices are encouraged to put whistle-blowing policies in place. These should be advertised and supported by senior clinicians and managers.

P

GP partners and employers should address performance issues arising in their colleagues and employees, seeking assistance from their Health Boards where necessary. Practices should be aware of local processes and resources available to assist colleagues in difficulty e. g.

[BMA Doctors for Doctors](#)

[Sick Doctor's Trust](#)

[The Doctors' Support Network](#)

[Support 4 Doctors](#)

P

Disciplinary procedures are in place for employed staff and that these are subject to audit and are monitored to ensure compliance, fairness and consistency. Practices should be aware that disciplinary procedures would be considered by a tribunal.

A

²⁶ GMC – Good Medical Practice

²⁷ SFE - Quality and Outcomes Framework – Education domain – Indicators 8 and 9

Systems should be put in place to minimise fraud by individuals

A

All staff should receive induction training, including elements relating to their statutory and mandatory duties and, where appropriate, training in managing conflict and interaction skills.²⁸

A

²⁸ [SFE - Quality and Outcomes Framework – Practice Management domain – Indicator 10](#)

4. PATIENT SAFETY AND RISK MANAGEMENT

The practice must establish and operate a complaints procedure to deal with any complaints. Under most circumstances the complainant must be given a written summary of the investigation and its conclusions.²⁹

C

Practices should put in place regular clinically-led meetings to review adverse incidents and follow up actions. Significant adverse event or critical incident analysis should involve an appropriate number of professionals/staff³⁰.

P

Procedures are in place to ensure reports on Significant Event Analyses (SEAs) regarding individual doctors are included in their appraisal and revalidation portfolios.

P

Practices should use the complaints and concerns raised to ascertain general learning points which are shared with the team.

A

Practices should develop and maintain a risk register.

A

²⁹ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 6, Para. 82-87](#)

³⁰ [SFE - Quality and Outcomes Framework – Education domain – Indicators 7 and 10](#)

Practices should carry out a SEA if a patient has been admitted to hospital with a complication of warfarin or cytotoxic medications and report the incident to the health board.

A

Practices should maintain a register of adverse events and near misses and review it and take action as required to prevent recurrences.

A

Practices should report significant adverse events to the health board via the existing incident reporting system.

A

Practices should submit their SEAs to the Health Board for analysis and wider learning.

A

Incident reports, assessments and agreed actions should be shared with all team members and made available for external assessment.

A

Practices should work with patients affected by patient safety incidents to support organisational learning.

A

Practices should have a **Risk Management/Patient Safety Strategy** in place, which is monitored and assessed on a regular basis.

A

5. PRACTICE PROCEDURES

GP Practices should ensure that statutory systems are in place for electronic and hand written records management. ³¹

L

Practices must adhere to the requirements for the storage, prescribing, dispensing, recording and disposal of drugs, including controlled drugs and vaccines. ³²

L

Equipment used must be safe e.g. calibration checked regularly, decontamination of equipment, maintaining appropriate temperatures of fridges for storing vaccines. ^{33 34 35}

C

Prescribers within the practice must not prescribe drugs, medicines or appliances with excessive costs or in excessive quantities. ³⁶³⁷

C

In addition to legal requirements for seeking consent practices must ensure that for minor surgery, patient consent to surgical procedures is obtained and recorded. ³⁸³⁹

C

³¹ [Records Management: NHS Code of Practice \(2008\) - Scottish Government](#)

³² [Medicines Act 1971](#)

³³ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 1, Para. 8](#)

³⁴ [Department of Health - Managing Medical Devices](#)

³⁵ [Royal Pharmaceutical Society – Fridge Temperature Monitoring](#)

³⁶ [GMS \(Scotland\) Regulations 2004 – Schedule 5, Part 3, Para. 43](#)

³⁷ [Good Practice in Prescribing Medicines \(2008\) - GMC.](#)

³⁸ [GMS \(Scotland\) Regulations 2004 - Part 7, Schedule 1, Para. 8](#)

³⁹ [Consent: Patients & Doctors Making Decisions Together \(2008\) - GMC](#)

Systems must be put in place for medication reconciliation (ensuring patient medication record is updated after hospital admission or clinical attendance).⁴⁰

P

Systems must be put in place for effective management of repeat prescriptions, the minimisation of medication errors.

P

Where research is undertaken, Practices should have a research governance system which applies to all individuals involved in research activity and which complies with the requirements of Local Ethics Committees.^{41 42 43 44}

P

GP Practices should consider having a **Business Continuity Plan** in place, which is monitored and assessed on a regular basis. [Guidance on Business Continuity Management \(2007\) - Scottish Government](#) can provide some useful pointers.

A

⁴⁰ [Records Management: NHS Code of Practice \(2008\) - Scottish Government](#)

⁴¹ [GMC – Research Guidance](#)

⁴² [Scottish Government – Research Governance Framework for Health and Community Care](#)

⁴³ [Scottish Government – Research Ethics](#)

⁴⁴ [NHS National Research Ethics Service](#)

6. PERSON CENTRED

Patient confidentiality processes are in place which include systems to support legitimate disclosures e.g. child protection and vulnerable adult issues. ^{45 46}

L

Practices should ensure that patient surveys undertaken; and that suggestions from patients are collated and assessed. Where applicable, arrangements should be in place to ensure that the patient participation group (or equivalent) operates in meaningful way (*This may become a professional requirement for revalidation by the GMC*).

GP Practices should be able to demonstrate that patient or other lay involvement is welcomed and enabled in all aspects of the delivery and planning of services.

A

GP Practices will want to ensure that access to the Practice and the availability of staff are suitable for the patient population.

A

Patients, staff and colleagues should be encouraged to give feedback and raise concerns.

A

⁴⁵ [Data Protection Act 1998](#)

⁴⁶ [NHS Scotland - NHS Code of Practice on Patient Confidentiality, 2003](#)

Patients and the public should be involved in patient safety and clinical governance meetings.

A

Patients should be involved in reviews and significant event analysis of incidents (considering appropriate confidentiality issues).

A

Patients are encouraged to report adverse incidents.

A

7. COMMUNICATIONS/INFORMATION SHARING

GP Practices must have Practice leaflets which include the required information⁴⁷.

C

GP Practices should ensure access to translation services made available by Health Boards and literature should be provided in common languages of the patient population. (*This may become a legal requirement following the passage of the Patient Rights Scotland) Bill*).

A

Practices will want to ensure that effective communication links are in place with:

- CHPs
- Health Boards
- External Professionals
- NHS24
- Scottish Ambulance Service
- Patients & Carers

Others such as social workers and the police ^{48 49 50}

A

⁴⁷ [GMS \(Scotland\) Regulations 2004 – Schedule 8](#)

⁴⁸ www.sehd.scot.nhs.uk/mels/CEL2008_13.pdf

⁴⁹ <http://www.bma.org.uk/ethics/confidentiality/confidentialitytoolkit.jsp>

⁵⁰ http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality_1_5_about.asp