

INVESTMENT & EVOLUTION

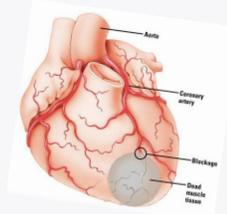
A FIVE YEAR FRAMEWORK FOR GP CONTRACT REFORM TO IMPLEMENT THE NHS LONG TERM PLAN



What does the new [framework](#) say about clinical audit?

p.47: Creation of a national CVD audit for primary care

80% of heart failure is currently diagnosed in hospital, despite 40% of patients having symptoms that should have triggered earlier assessment. A new CVD national prevention audit for primary care will support continuous improvement, potentially through a QI module. This will be supported via a benchmarking tool. Through a testbed cluster, NHS England will also test the most promising approaches to detecting hitherto undiagnosed patients, including through local pharmacies, as well as managing patients with high risk conditions who are on suboptimal treatment.



p.61: Cervical screening audit QOF indicator retired

The following QOF indicator relating to clinical audit will be retired from April 2019: *'The contractor has a policy for auditing its cervical screening service and performs an audit of inadequate cervical screening tests in relation to individual sample takers at least every 2 years'*



p.70,71,72,74: Key guidance on prescribing audits

The new framework has extensive details of prescribing audits that practices must participate in. Current quality of prescribing should be carried out in: 1) Patients at a significant risk of gastrointestinal adverse effects who have been prescribed an NSAID without co-prescription of a PPI in the preceding 6 months, 2) patients receiving lithium and being monitored in primary care who have not had a recorded check in the previous 6 months and 3) girls and women of childbearing potential currently being prescribed valproate. Practices are also encouraged to audit high risk medications, such as: amiodarone, methotrexate and phenobarbital.



Page 71 of the framework includes advice on how to undertake a prescribing audit and page 74 gives examples of audit standards which practices could adopt, e.g. *'100% of patients with an NSAID medication on regularly receiving a repeat prescription have had a documented clinical safety risk review in the last 12 months'*.

p.80,81,82,83: Practices undertake retrospective death audits

Practices should evaluate the current quality of their end of life care and identify areas for improvement. Page 81 provides details of how to do a retrospective death baseline analysis (audit) and there are clear suggestions for what should be measured, e.g. is the preferred place of death recorded and achieved? The audit should also focus on the quality of care plans to include: identity of main carer, treatment escalation, anticipatory medicines and emergency treatment planning (DNAR), etc.



p.101,102: Obligations to conduct clinical audits

Page 101 of the framework states that Physician Associates will undertake clinical audits and page 102 states that Advanced Paramedic Practitioners will undertake clinical audits.