

Clinical area for audit by sessional GP	Ideas for audit	Is this applicable to my practice?	What would be the audit standard?	How would I go about undertaking this audit (once permission from the practice sought)?
Administration	Quality of consultation record		100% of consultations have problem heading coded with advice, patients concerns and safety netting recorded	<p>Devise proforma on which to record audit</p> <p>On proforma note date, patients ID number, age, coded problem, noted advice, noted patients concerns, noted safety netting</p> <p>Review consultations in past 2 surgeries</p> <p>Comment on whether you meet the audit standard and reasons for this</p> <p>Look for any learning points and note appropriate action to be taken</p> <p>Repeat after 6-12 months to show progression</p>
Administration	Audit surgery timekeeping		Patients should not be kept waiting longer than 10 minutes after their appointment time	<p>Keep a record of patients appointment times (can do proforma for ease of recording)</p> <p>Note what time you call the patient in to the consulting room</p> <p>Note any reasons for calling patient late (e.g. necessary equipment not in room, computer malfunction, long psychiatric consultation, can't find correct form)</p> <p>Repeat this for 3 surgeries in total</p> <p>Note down common reasons for running late</p> <p>Note whether you meet the audit standard and reasons for this</p> <p>Note down any learning points and action to be taken</p> <p>Repeat after 6-12 months to show progression</p>
Referrals	Outcome of referrals		100% of patients should be referred accurately and appropriately	<p>Keep a log of referrals made on proforma devised. Aim to review 10 referrals made</p> <p>Return to surgery 3-6 months post writing referrals to see outcome of referral.</p> <p>Did the outcome meet your expectations?</p> <p>Were there any learning points?</p> <p>Was there anything on reflection you could have done differently?</p> <p>Note your learning points and endeavour to act on them when</p>

				<p>next writing referral letter Repeat after 6-12 months to show progression</p>
Referrals	Quality of referral letters		<p>100% of letters containing the information requested by local secondary care</p>	<p>Information required</p> <ol style="list-style-type: none"> <li>1. Reason for referral in first line</li> <li>2. Symptoms and signs, with duration</li> <li>3. Investigations undertaken, with results</li> <li>4. Current management of the problem</li> <li>5. Past management of the problem</li> <li>6. Current medication (with doses)</li> <li>7. Allergies and other medical history</li> <li>8. Social circumstances</li> <li>9. GP's expectations from referral</li> <li>10. Patients expectations from referral</li> </ol> <p>Keep a log of referrals made. Print out letters of past 10 referrals made. Use checklist above to see how many reach standards required. Note learning points from this exercise Ensure learning points are acted on when next writing referral letter Repeat after 6-12 months to show progression</p> <p>In addition, referral rate can be calculated if you know the total number of patients you saw in the time it took you to write 10 referral letters.</p> <p>See this document for further ideas <a href="http://www.scottishappraisal.scot.nhs.uk/appraisal-preparation/sessional-gps.htm">http://www.scottishappraisal.scot.nhs.uk/appraisal-preparation/sessional-gps.htm</a></p>
Referrals	Outcome of 2WW referrals		<p>100% of 2 week wait referrals should fit the appropriate criteria</p>	<p>Keep a record of 2 week wait referrals on a proforma devised for this purpose Aim to review 10 records Once 10 referrals made (and &gt;2 weeks passed since last referral) return to surgery to review notes Note on proforma if the patient was or wasn't diagnosed with</p>

				<p>cancer</p> <p>Note on retrospect if patient fitted the 2 week wait criteria</p> <p>Note any learning points and action points for future referrals</p> <p>Repeat after 6-12 months to show progression</p>
Antibiotic prescribing	Appropriate delayed prescribing of antibiotics for URTI		<p>100% of patients presenting with an URTI who do not fulfil the NICE Criteria (NICE CG 69) for immediate prescribing are offered no antibiotics or delayed prescription of antibiotics</p>	<p>Devise proforma for recording date, patients ID, age, diagnosis, whether they were given abx, no abx or delayed script and whether this followed the NICE Guidelines. (see NICE website)</p> <p>Following consultation for URTI note patients ID.</p> <p>Return later to note other parameters and whether in retrospect this followed the NICE Guidelines.</p> <p>You could also note whether issuing of delayed prescription was coded appropriately</p> <p>Note down learning points from reviewing the notes and any action points</p> <p>Note whether the audit standard was reached or not and the reasons for this</p> <p>Repeat after 6-12 months to show progression</p> <p><a href="http://www.nice.org.uk/guidance/CG69/AuditCriteria/doc/English">http://www.nice.org.uk/guidance/CG69/AuditCriteria/doc/English</a></p>
Antibiotic prescribing	Antibiotic prescribing in line with local formulary		<p>100% of patients should be prescribed antibiotics in line with the local formulary</p>	<p>Pick an aspect of the local formulary you would like to audit, such as no cefalexin for patients over 65 years.</p> <p>Devise proforma for recording</p> <p>Either 1. note each time cefalexin prescribed age of patient and reason for prescribing over a 3 month period, or 2. ask for practice help to search computer system for your cefalexin prescriptions over a 3 month period</p> <p>Note how many times cefalexin was prescribed to over 65s</p> <p>Note whether the audit standard was reached or not and the reasons for this, along with any learning points</p> <p>Repeat after 6-12 months to show progression</p>
Oral contraceptive prescribing	Recording of BP and smoking in pill checks		<p>100% of patients prescribed the COCP should have their BP checked and smoking status</p>	<p>Devise proforma for recording data</p> <p>Note down each time the COCP is prescribed in a 3 month period, or ask for practice help to search the computer for COCP prescriptions</p> <p>Note down how many had BP and smoking recorded</p> <p>If smokers note down how many were given smoking advice</p>

			recorded	Note down learning points from reviewing the notes and any action points Note whether the audit standard was reached or not and the reasons for this Repeat after 6-12 months to show progression
Oral contraceptive prescribing	Recording of history re migraine and FH VTE		100% of patients prescribed the COCP should have a history of migraine and FH VTE recorded	Devise proforma for recording data Note down each time the COCP is prescribed in a 3 month period, or ask for practice help to search the computer for COCP prescriptions Note down how many had history of migraine and FH VTE recorded Note down learning points from reviewing the notes and any action points Note whether the audit standard was reached or not and the reasons for this Repeat after 6-12 months to show progression
Oral contraceptive prescribing	Recording discussion on LARC		100% of patients prescribed the oral contraceptive should have a discussion on the option of LARC recorded	Devise proforma for recording data Note down each time the OCP is prescribed in a 3 month period, or ask for practice help to search the computer for OCP prescriptions Note down how many had a discussion about LARC recorded, and in how many of these the discussion was coded Note down learning points from reviewing the notes and any action points Note whether the audit standard was reached or not and the reasons for this Repeat after 6-12 months to show progression
Febrile child	Were patients examined according to NICE Guidelines (NICE CG 47)		100% of febrile children <5 years old should have temperature, pulse, RR, and CR time recorded	Devise proforma for recording data (see NICE website) Note down each time a febrile child <5 years seen, or ask practice for help to search computer for consultations of febrile children <5 years (maybe search for urti, otitis media, pyrexia, uti, or other codes you might use in such consultations to identify all consultations). Aim to review 15 consultations. Record on the the proforma if the parameters were noted for each consultation

				<p>You could also record whether the parameters were coded or free text</p> <p>Note down learning points from reviewing the notes and any action points</p> <p>Note whether the audit standard was reached or not and the reasons for this</p> <p>Repeat after 6-12 months to show progression</p> <p><a href="http://www.nice.org.uk/guidance/CG47/AuditCriteria/pdf/English">http://www.nice.org.uk/guidance/CG47/AuditCriteria/pdf/English</a></p>
Febrile child	Were patients managed according to the NICE Guidelines traffic light system (NICE CG 47)		100% of febrile children <5 years should be managed according to the traffic light system in the NICE Guidance	<p>Devise proforma for recording data (see NICE website)</p> <p>Note down each time a febrile child &lt;5 years seen, or ask practice for help to search computer for consultations of febrile children &lt;5 years (maybe search for urti, otitis media, pyrexia, uti, or other codes you might use in such consultations to identify all consultations). Aim to review 15 consultations.</p> <p>Note all the children that according to the NICE Guidance were in the amber or red categories</p> <p>Note which of those in the amber category had appropriate safety netting documented</p> <p>Note which of those in the red category were referred to hospital as suggested</p> <p>Note down learning points from reviewing the notes and any action points</p> <p>Note whether the audit standard was reached or not and the reasons for this</p> <p>Repeat after 6-12 months to show progression</p> <p><a href="http://www.nice.org.uk/guidance/CG47/AuditCriteria/pdf/English">http://www.nice.org.uk/guidance/CG47/AuditCriteria/pdf/English</a></p>