

For the attention of the Lead GP and Practice Manager

Dear Colleague,

London Infection Prevention & Control Audits

NHS England London region has implemented a continuing programme of practice audits for GP practices for the last 5 years, supported by experienced NEL (CSU) infection prevention and control specialists. The audits have primarily been a compliance improvement activity, which have resulted in NHS England's primary care commissioning & contracting teams receiving the final reports, the findings and agreed action plans taken by GP contractors.

The aggregated results of the audits have enabled NHS England primary care commissioners to better understand and support primary care general practice compliance efforts with aspects of the Health and Social Care Act (2008).

Updated Audit Tool

The audit tool, which is part of London region's Standard Operating Procedure, adopted by each Primary Care Commissioning Committee, has been the consistent resource utilised during the visits. The tool has recently been revised to take into account changes in standards, legislation and learning, where applicable to general medical practice, together with learning from more than 6 months of piloting and subsequent evaluation of the audit tool.

Following constructive and formal engagement with representatives from London-wide LMCs and Surrey & Sussex LMCs in Q3 and Q4 of 2018/19, the enclosed updated audit tool and revised arrangements for self-assessment and audit visits has been adopted across London. This revised audit tool will present improved mechanisms for measuring compliance, identify best practice and discover risks and vulnerabilities that may not have come to light using the current audit tool.

As a result of the engagement discussions referred to above, one of the changes commissioners have agreed is that where GP contractors have upcoming CQC visits and where there is sufficient notice, IPC visits will be prioritised and included in the programme of visits for the coming year. This will enable a practice to demonstrate that it has undertaken and acted upon a comprehensive infection control and prevention audit, including carrying out its own risk assessment to mitigate potential non-compliance issues. Whilst GP contractors can carry out their own audit, it has been discussed with London LMC representatives that access and use of the revised audit tool, together with professional advice from NEL's IPC team, funded by CCG commissioners, will offer worthwhile support to practices. GP contractors should also be aware that IPC improvements is one of London CCGs'/STP's priority areas for considering improvement grants and bids for an improvement grant using agreed action plans from IPC visits can be made to support applications, although the next tranche of bids is not likely to be launched until 2020 .

The audit tool standards and rating system have been updated to:

- More closely align with CQC registration compliance guidance¹ where applicable
- provide clarification in terms of the requirements of primary medical contract holders related to the 'Health & Social Care Act 2008 code of practice on the prevention and control of infections'², recognising that compliance with the act is a legal requirement, whereas the code of practice is considered guidance
- provide practices with a clearer understanding of the risks associated with non-compliance with each standard of the audit tool
- assist practices with their own risk assessments
- help practices to assure themselves that they are meeting infection control requirements in relation to CQC

Please note that NEL (CSU)'s annual audit programme now covers 17% of practices in every CCG, in recognition that all CCGs make a fair shares contribution to 50% of its cost (the other 50% funded from NHS England's primary dental programme budget). NEL (CSU) IPC team, carry out such visits to practices across the London Boroughs at the request of NHSE London on behalf of level 3 delegated CCGs.

Practice Visit Arrangements

NEL (CSU) would like offer you an IPC visit on **[date]** at **[time]**. If this date/time is not convenient for the practice, please get back to us with your availability so that we can agree a mutually convenient time.

There are a number of benefits of face-to-face audit visits as opposed to self-assessment. One of those is collaborative working and coaching. Practices will benefit from the expertise of NEL (CSU) IPC team, who together have over 120 years' NHS experience. Face to face audits allow practitioners to address IPC issues pertinent to their individual needs and address any queries regarding the Hygiene Code of practice and its interpretations for general practices. The practitioners will have the opportunities of support and advice from NEL IPC team which will enable preparation for CQC visits. Face to face audits also enable teams to develop professional relationships and bonds that help support delivery of better patient outcomes, as well as save practice time in interpreting whether it does or does not meet the relevant standards.

To enable your visit to run smoothly and efficiently, it would be helpful if you could make the following available at the visit:

- an informed member of staff with clinical expertise; practice nurse and or practice manager (if clinical). At the visit a risk assessment will be completed with the practice with agreed actions and timescales for completion.
- details of hepatitis B immunisation status and immunity levels for clinical staff
- details of immunity to other diseases such as Measles, Rubella and Varicella for clinical staff
- evidence of legionella risk assessment and any action plan from that assessment
- a copy of your infection control audit (self-audit) carried out at the practice
- log books for vaccine fridge
- cleaning schedule

¹ The CQC's Nigel's Surgeries Tips for GP Practices. Available at: <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gp-practices>

² Health & Social Care Act 2008 code of practice on the prevention and control of infections. Available at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

- training certificates on infection control for all staff, including members of cleaning staff
- waste consignment notes
- the practice's infection control policy
- the practice's policy and schedule of cleaning for medical devices in use at the practice (e.g. spirometry, peak flow meter, ear syringing equipment, nebuliser etc.)
- evidence of a comprehensive written specification for cleaning the environment
- minor surgery post infection wound audits (if the practice performs minor surgery)
- Confirmation that the contractor is happy to receive the audit electronically after the visit, and that the lead is authorised to sign that the audit has been completed at the end of the visit

Should you need to discuss the visit in advance or need advice and support on issues relating to infection prevention and control, please do not hesitate to contact the NEL (CSU) IPC Coordinator on telephone: 020 3816 3585. Alternatively, please send your email to nelcsu.ipcteam@nhs.net.

Please can we take this opportunity to remind you that under the GP contract you are required to submit an annual return to the commissioner. Routine practice audit visits are optional and are offered through NEL (CSU) on a supportive basis to assist contractors to assure themselves, the CQC and commissioners that the contractor is meeting its infection control requirements.

Should you opt to decline a face to face audit visit, please undertake your own self-assessment, complete and return the enclosed audit tool to NEL (CSU). This will enable NEL's experienced team to provide feedback, consistent with what other GP contractors across London are receiving. Please note that a face to face visit, with hands on advice and support provided by NEL's expert advisors, will in most cases take less time for the practice to complete than a self-assessment.

Where a practice chooses to complete a self-assessment rather than to participate in a face to face audit, NEL CSU will contact the local GP Commissioning Manager IPC lead to confirm that a self-assessment is appropriate. Where a practice requests the self-assessment option and where there is a record of outstanding CQC IPC actions and/or from a previous IPC visit report, the option to self-assess will only be available if the GP contractor has engaged/engages with the IPC provider and/or commissioner and has provided / provides the evidence that mandatory matters of compliance have been addressed, or there is a plan in place to do so. Note that if using your own self-assessment tool rather than the London-wide audit tool, your assessment needs to be equivalent to and cover the same range of IPC requirements as the tool, to demonstrate that you are meeting the Health & Social Care Act legal requirements.

NEL (CSU) will also work with your nominated lead on a virtual basis to confirm your action plan to ensure you are compliant with arrangements for infection control and decontamination in accordance with the Health & Social Care Act 2008 code of practice on the prevention and control of infections.

Further information on arrangements are set out in the enclosed Revised Standard Operating Procedure: Infection Prevention & Control Audit Visits.

With kind regards

Yours sincerely



Jill Webb
Head of Primary Care SEL PC Team
& SRO for London's IPC Programme



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IPC Business Development Lead
NEL (CSU)