



**PRIMARY CARE PRACTITIONER
PERFORMANCE REVIEW
POLICY AND PROCEDURE**

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| Version: | 2 |
| Ratified by (name of Committee): | Quality and Safety Committee |
| Date ratified: | |
| Date issued: | |
| Expiry date: (Document is not valid after this date) | February 2012 |
| Review date: | February 2012 |
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| Target audience: | NHSW staff involved in producing NHSW procedural documents |

List key associated WPCT policies or guidelines here

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Consultation page for procedural documents

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Contents

| | | |
|------------|---|----|
| 1.0 | Introduction | 4 |
| 2.0 | Context | 4 |
| 3.0 | Definition of poor performance | 4 |
| 4.0 | Levels of action | 4 |
| 5.0 | Application and Purpose of the Policy | 5 |
| 6.0 | Principles behind the process | 6 |
| 7.0 | Identifying concerns | 6 |
| 8.0 | Roles and responsibilities | 7 |
| | 8.1 Primary Care Practitioners | 7 |
| | 8.2 First points of contact | 7 |
| | 8.3 Medical Director | 7 |
| 9.0 | Transparency and confidentiality | 7 |
| 10.0 | The process | 8 |
| 10.1 | Raising and logging concerns | 8 |
| 10.2 | Decision to proceed | 9 |
| 10.3 | Stage 1 : Initial assessment | 9 |
| 10.4 | Stage 2 : Investigation | 10 |
| 10.5 | Stage 3 : Review of evidence and further management | 10 |
| 10.6 | Stage 4 : Review of progress against key milestones | 11 |
| 11.0 | References | 11 |
| Appendix 1 | Identifying concerns through PCT information systems | 12 |
| Appendix 2 | Summary of the GP/GDP Performance Review Procedure | 14 |
| Appendix 3 | Terms of reference for Performance Decision Making Group (PMDG) | 15 |
| Appendix 4 | Terms of reference for investigations of Poor Performance | 18 |
| Appendix 5 | Development Plans and additional support by the PCT | 19 |
| Appendix 6 | Worcestershire PCT | 21 |
| | Performers List Panel | |
| | Terms of Reference | |
| | Abbreviations | 23 |
| | Equality Impact Assessment Report | 24 |

1. Introduction

In the White paper “Delivering the Future” (1996) there was a firm directive for Health Authorities to have clear arrangements to identify and remediate inadequate performance by primary care practitioners. This statement has been further reinforced by various policy documents, including the publication of “Protecting Patients, Supporting Doctors¹”, which emphasises the need for clear policies to minimise risk to patients. Post “Shifting the Balance”, these responsibilities passed to PCTs.

2. Context

Most UK doctors, dentists, pharmacists and opticians are competent; however there exists a minority who do not meet acceptable standards. Fundamental to any process for identifying and managing poorly performing primary care practitioners is the need to:

- Protect patients and the public;
- Protect colleagues and other staff;
- Support practitioners

3. Definition of poor performance

This policy is for handling serious, persistent or repeated concerns about performance, which constitute a significant risk to patients. It is not intended to be used for the handling of complaints unless these themselves raise serious concerns.

Concerns about performance will usually relate to clinical practice, and may relate to:

- Serious lapses in the quality of individual episodes of care.
- Persistent failure to meet explicitly required standards.
- Clinical practice that deviates significantly from generally accepted national or local norms.

The commonest reasons for complaints are due to poor communication or consultation skills. More rarely, concerns about performance may relate to knowledge or skill, conduct, or administration.

4. Levels of action

Action can be taken at three levels – these may be taken concurrently:

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005688
March 2010

- Where concerns have been identified but are not serious or sustained enough to require referral to national bodies, these can be addressed at a local level. This policy predominately addresses the process by which these concerns will be dealt within Worcestershire.
- Where concerns are more serious or repetitious and have not been resolved by local action, then practitioners can be referred to the National Clinical Assessment Service (NCAS) for an independent and more detailed assessment (<http://www.ncas.npsa.nhs.uk>)².
- Where concerns are of such a serious nature that the practitioner's ability to continue as a registered medical/dental/pharmaceutical/ophthalmic practitioner is in question, referral can be referred to the GMC/GDC/GOC/RPSGB (as appropriate).

5. Application and purpose of the policy

This policy applies to all primary care practitioners on the Worcestershire PCT Performers and Pharmaceutical Lists. (Where there are concerns about practitioners working in Worcestershire who are not on the PCT's Performer's List then they will be referred to their own PCT. GPs not on the PCT's Performer's List may be able to access the panel for advice independently but this will not be through the PCT).

The purpose of the process outlined is to:

- Respond to concerns about practitioners performance (at an early stage wherever possible);
- Identify any health problems;
- Consider whether the context of the individual's practice has been contributory to the identification of concerns, and where possible, take appropriate action;
- Undertake a fair and credible assessment of performance with a view to identifying areas for improvement;
- Provide practitioners with relevant skills, consistent support and guidance to enable them to improve their standards of performance;
- Devise a Development Plan to address the areas that need to be improved and provide support where appropriate;
- Review progress against the plan to ensure that the performance issues have been addressed;
- Arrange onward referral if necessary (eg to NCAS, GMC/GDC/GOC/RPSGB, police, NHS Counter Fraud service).

² Doctors, Dentists and Pharmacists only
March 2010

6. Principles behind the process

The process outlined in this policy is based on the following principles:

- Protect patients and the public;
- Take into account the standards in Good Medical Practice for GMPs, Good Practice for GDPs, Code of Ethics & Professional Standards & Guidance for Pharmacists, and the equivalent for Optometrists;
- Be widely promoted and well understood and hold sufficient confidence for practitioners that they are willing to use the process for themselves or for colleagues;
- Be accessible through self referral;
- Be fair and confidential for individuals;
- Safeguard information and ensure that it is passed only on a “need to know” basis;
- Be clear and transparent;
- Involve practitioners and lay representatives;
- Avoid discrimination and be alert to allegations about poor performance motivated by malice;
- Separate **assessment** of the practitioner’s performance from **decision-making** about the seriousness of concerns and need for onward referral;
- Support practitioners.

7. Identifying concerns

Concerns about poorly performing practitioners may arise through a range of different sources:

- The practitioners themselves or their colleagues;
- Individual patients or patient fora;
- The complaints system;
- The clinical incident reporting system or clinical audits;
- Practice visits (clinical governance, prescribing or educational);
- Appraisal;
- From people or organisations outside the NHS - e.g. police, coroner, local press;
- Occupational health;
- PCT information systems including BSA (Appendix 1).

8. Roles and responsibilities

8.1 Primary Care Practitioners

The GMC/GDC/GOC/RPSGB places a clear obligation on all practitioners to act quickly if they are concerned about their own performance or that of a colleague. They should raise concerns as per Stage 1 of the process.

8.2 First points of contact

Those individuals nominated as first points of contact (see Stage 1) must register concerns with the Medical Director.

8.3 Medical Director

The Medical Director is accountable to the PCT Board for discharge of responsibilities under the Performance Review Policy. The Medical Director will:

- i. Log concerns;
- ii. Decide whether concerns need to proceed and be considered under the Performance Review Procedure;
- iii. Support the Performance Decision Making Group;
- iv. Provide an annual update to the PCT Board on the number and progress of all concerns.

9. Transparency and confidentiality

Primary Care Practitioners should be informed when a concern has been reported and advised whether there has been a decision to consider the concern under the Performance Review Procedure. They should then be kept up to date with the progress of further investigation and action and given the opportunity to respond to concerns.

In order to comply with the Data Protection Act the PCT must be clear about what information it will collect and hold, and store this information securely. Information about each case should flow only on a strict "need to know" basis. All records of the process from initial report to investigation, management and ongoing follow up will be kept confidentially by the Medical Director, separate from the practitioner's FHS Contract file. The practitioner will have right of access to these records. Any individual issues raised at the Board must be under the Confidential section.

10. The process

Following reporting and logging of concerns and a decision that they need to be considered under the Performance Review Procedure, the process comprises four Stages (see Appendix 2).

Stage 1: Initial assessment.

Stage 2: Investigation - within defined parameters.

Stage 3: Review of evidence and further management - including formulation and implementation of a Development Plan where appropriate.

Stage 4: Review of progress against key milestones

Onward referral to NCAS, GMC/GDC/GOC/RPSGB or other external body may occur at any Stage. In addition, where concerns are very serious or are repeated/persistent and this has not been resolved by local action, practitioners may also be referred to the PCT Performers List Panel (Appendix 6).

10.1 Raising and logging concerns

10.1.1 Concerns about performance may be identified through a variety of routes, as described in Section 7.

10.1.2 It should be noted that apparently minor concerns may, when collated, add up to a pattern of performance that is unacceptable. As such, **all concerns**, no matter how trivial should be raised and then registered.

10.1.3 Anyone wishing to raise concerns is covered by the PCT's Whistleblowing Policy. As such they are not obliged to put them in writing; however they are strongly encouraged to do so.

10.1.4 Concerns may be reported to the following individuals as first points of contact:

- PCT Medical Director;
- PCT Director of Public Health or Director of Clinical Development
- GP Senate Member;
- PCT Chief Executive;
- LMC/LDC/LPC/LOC;
- PCT Clinical Governance Lead
- GP Appraisal Lead;
- Consultant in Dental Public Health or Senior Dental Adviser;
- Head of Medicines Management or Community Pharmacy & Dispensing Practices Professional Adviser;

- Optometric Adviser;
- PCT Primary Care Team.

10.1.5 All concerns should then be registered with the Medical Director who will log them on a central database. Some concerns may be dealt with by discussion or an informal meeting with the practitioner (and depending how the concern arises e.g from the appraisal process, with the Appraisal Lead. Thus the concerns might be addressed and on the MD discretion may not need to proceed to a formal procedure at that time.

10.2 Decision to proceed

10.2.1 The Medical Director will make preliminary enquiries to ascertain the facts of the case and may liaise with colleagues as appropriate including:

- PCT Director of Public Health or Director of Clinical Development
- Consultant in Dental Public Health
- GP Senate Member
- LRC Chair or Secretary
- The practitioner who is the subject of concern.

10.2.2 The Medical Director will then make a decision whether:

- The concern does not pose a significant risk to patient safety and no further action is necessary;
- The concern needs to proceed to consideration under the Performance Review Procedure;
- The practitioner should be referred to NCAS, GMC/GDC/GOC/RPSGB, or other external body, and/or to the PCT Performers List Panel

10.3 Stage 1: initial assessment

10.3.1 The Medical Director will convene a Performance Decision Making Group (PDMG - see Appendix 3). The practitioner will be invited to this meeting.

10.3.2 The PDMG will meet initially to consider the available facts and decide on management. At this stage the decision may be:

- The concern can be addressed with a simple management plan;
- The concern needs to be investigated further;
- The practitioner should be referred to NCAS, GMC/GDC/GOC/RPSGB, or other external body, and/or to the PCT Performers List Panel;
- Whether in exceptional cases the practitioner should cease working.

10.3.3 Where the PDMG decides that an investigation is required they will set the parameters for the investigation and appoint an Investigating Officer (IO) to gather the necessary evidence and produce a Performance Report.

10.3.4 Where the practitioner is an employee of Worcestershire PCT, the IO will be the same individual as appointed as Case Investigator under the Procedure for Dealing with Conduct, Competence and Performance for Medical and Dental Staff.

10.4 Stage 2: investigation

10.4.1 The IO will conduct an investigation according to the parameters set by the PDMG (see Appendix 4), and produce a Performance Report.

10.4.2 The investigation will focus on the specific concern raised – although additional evidence may be captured where this is directly relevant, the Investigation should avoid a 'trawl' for evidence of poor performance.

10.4.3 The Performance Report will be produced within the shortest possible timescale, usually within 2 months from initiation of the investigation, although this may take longer where cases are complex.

10.4.4 The Performance Report will form the basis for decision making at Stage 3 of the Procedure, and will also be used if the case proceeds to the Performers' List Panel.

10.5 Stage 3: review of evidence and further management

10.5.1 The PDMG will reconvene to consider the Performance Report. The practitioner will be invited to this meeting.

10.5.2 Based on the evidence provided and the response from the practitioner, the decision at this stage may be:

- The concern can be addressed with a simple management plan;
- A Development Plan is required (Appendix 5) in order to address areas of poor performance;
- The practitioner should be referred to NCAS, GMC/GDC/GOC/RPSGB, or other external body, and/or to the PCT Performers List Panel

10.5.3 Where the PDMG decides that a Development Plan is necessary they will formulate this including:

- A description of the performance issues;
- A clear set of outcomes for addressing these with key milestones;
- Allocation of responsibility for resourcing these outcomes, including whether support is to be provided by the PCT (Appendix 5);
- A timetable for review of progress.

10.6 Stage 4: review of progress against key milestones

10.6.1 The PDMG will reconvene according to the timetable set out in the Development Plan, or sooner if appropriate, to review progress. At this stage the decision may be:

- Outcomes have been achieved in full and no further action is required;
- Progress has been made and the practitioner has demonstrated a commitment and ability to improve but outcomes have only partially been achieved – in this case the Development Plan should be revised and extended;
- Progress has been unsatisfactory – in which case the practitioner should be referred to the PCT Performers' List Panel, and/or the NCAS, GMC/GDC/GOC/RPSGB or other external body, with recommendations for further action.

10.5.2 The Development Plan may only be extended on one occasion. At the subsequent review either the performance issues must have been addressed in full otherwise it will be necessary to refer the practitioner to the Performers' List Panel (Appendix 6) and/or the NCAS, GMC/GDC/GOC/RPSGB or other external body.

11. This policy was drafted with reference to the following:

http://www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPolicyAndGuidance/DH_4005688

NCAS (<http://www.ncas.npsa.nhs.uk>)³.

Department of Health White paper – “Delivering the Future” (1996)

“Protecting Patients, Supporting Doctors”¹

(<http://www.worcestershirehealth.nhs.uk/.../271106GPPerformanceReviewSupport.pdf>)

³ Doctors, Dentists and Pharmacists only
March 2010

Appendix 1: identifying concerns through PCT information systems

The following sources may be used to identify poor performance in general medical practitioners. The list is not exhaustive but is indicative and similar indicators may be considered for other disciplines. It is important to note that genuine poor performance is likely to show divergence on several indicators, not just one.

A1.1 Practice

- List size
- Patient distribution
- Patient turnover rate
- Patient removal rate (GPs only)
- Records return rate
- QOF

A1.2 Services

- Child health surveillance list
- Minor surgery list
- Contraceptive services

A1.3 Targets

- Cytology
- Immunisation

A1.4 Premises/equipment

- Practice inspections
- Information management

A1.5 Staff

- Staff cost per patient
- Nursing hours per 1000 patients

A1.6 Referrals

- Elective referral and variation from the PCT mean
- Emergency referral and variation from the PCT mean
- Age standardised hospital admissions for range of clinical areas
- Standardised mortality for a range of clinical areas

A1.7 Prescribing

- Astro PU
- Controlled drug usage
- Drugs of limited clinical value
- Hypnotics ADQ/Star PU
- Antibiotic items per star PU

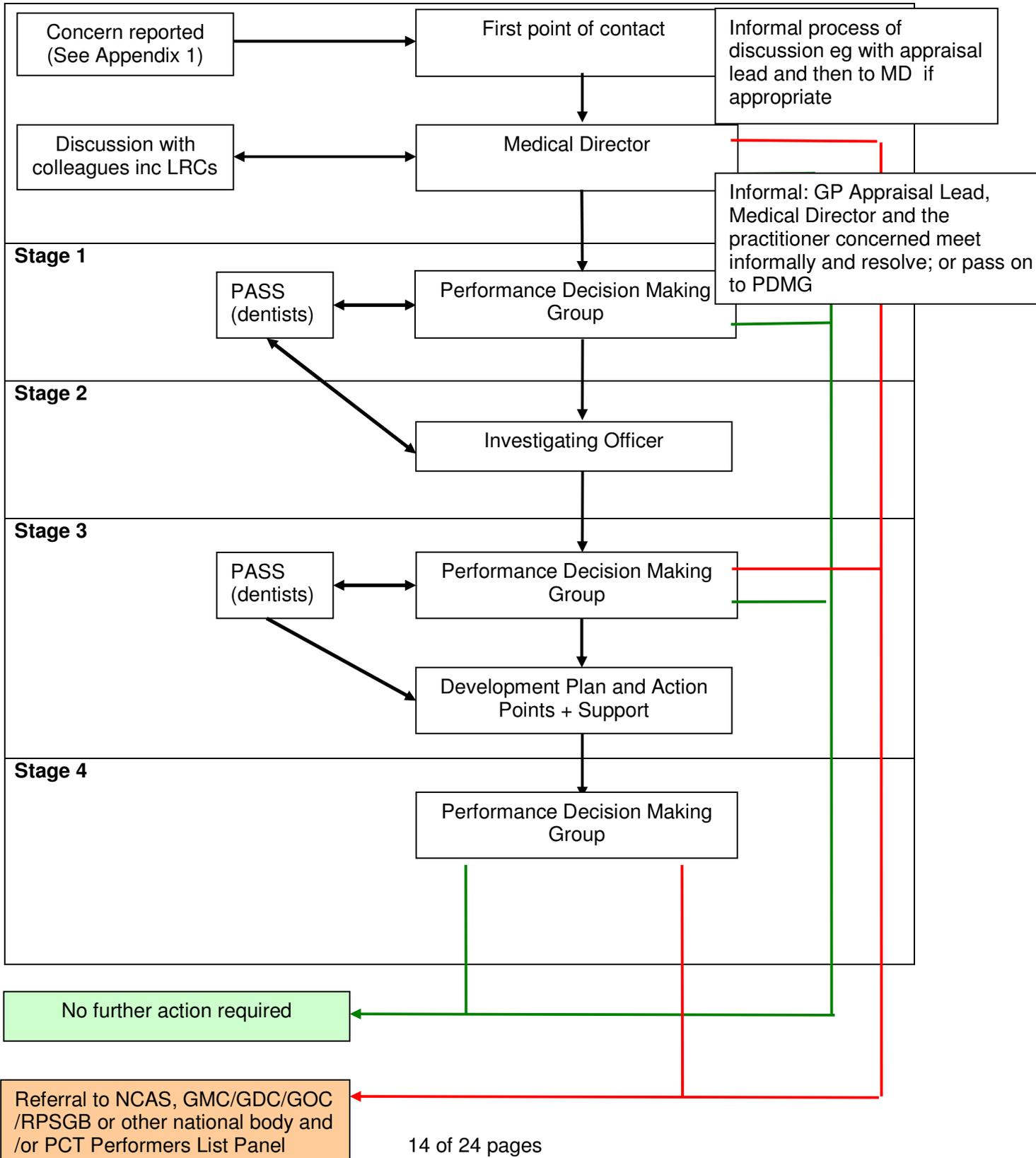
A1.8 Complaints

- Concerns or complaints from colleagues or members of the public

A 1.9 Appraisals

- Concerns being raised via the appraisal system

Appendix 2: Summary of the Performance Review Procedure



Appendix 3: Terms of reference for Performance Decision Making Group (PMDG)

A3.2.1 Purpose

- To consider primary care practitioner performance issues.
- To ensure that the public receive a safe service.
- To enable a proper representation and discussion by interested and responsible parties in a transparent and confidential manner, in line with the principles of the Caldicott Report.
- To enable remedial action to be implemented in a sensitive manner, and to follow up progress.
- To support the practitioner under consideration throughout the whole process.

A3.2.2 Accountability

- The PDMG is a subgroup of the Board of the PCT.

A3.2.3 Membership

- Medical Director
- PCT NED
- Director of Public Health or Consultant in Dental Public Health
- Director of Clinical Development
- SENATE GP member
- GMP/GDP/GOP/Pharmacist LRC officer
- Educationalist (eg GP Appraisal Lead and/or Postgraduate Tutor)
- Additional lay representation as necessary
- Co-opted experts as appropriate

A3.2.4 Quorum

- PCT NED
- Medical Director
- GMP/GDP/GOP/Pharmacist

- PCT Director or Consultant in Dental Public Health

A3.2.5 Meeting frequency and format

- As required.
- Meetings will be in person.
- Notes of the meeting will be maintained and filed along with previous records.

A3.2.6 Representation

- The practitioner under consideration will be invited to attend meetings along with a colleague for support.
- They will not necessarily be invited to be present for the decision making part of the meeting.
- Neither the PCT nor the practitioner under consideration is entitled to bring legal representation.

A3.2.7 Functions

At the initial meeting, the PDMG will consider the available facts and decide whether:

- The concern can be addressed with a simple management plan;
- The concern needs to be investigated further;
- The practitioner should be referred to NCAS, GMC/GDC/GOC/RPSGB, or other external body, and/or to the PCT Performers List Panel.

Where the PDMG decides that a Development Plan is necessary they will formulate this including:

- A description of the performance issues;
- A clear set of outcomes for addressing these with key milestones;
- Allocation of responsibility for resourcing these outcomes, including whether support is to be provided by the PCT (Appendix 5);
- A timetable for review of progress.

At review meetings, the PDMG will consider progress against the key milestones set out in the Development Plan and decide whether:

- Outcomes have been achieved in full and no further action is required;

- Progress has been made and the practitioner has demonstrated a commitment and ability to improve but outcomes have only partially been achieved – in this case the Development Plan should be revised and extended;
- Progress has been unsatisfactory – in which case the practitioner should be referred to the PCT Performers' List Panel, and/or NCAS, GMC/GDC/GOC/RPSGB or other external body, with recommendations for further action.

Appendix 4: Terms of reference for Investigations of Poor Performance

A4.1 Purpose

- To make a detailed assessment of practitioner's performance on behalf of the PDMG.
- To identify underlying factors behind poor performance in order to inform a Development Plan.
- To consider whether there are any aspects or causes of wider relevance to the practitioner's place of work or to the PCT.

A4.2 Scope

- The investigation should focus on the specific concern raised – although additional evidence may be captured where this is directly relevant, the Investigation should avoid a 'trawl' for evidence of poor performance.

A4.3 Issues that may be considered - examples

- Poor communication/ consultation skills
- Practice administration
- Arrangements to practice and premises
- Prescribing and repeat prescribing
- Administration of staff
- Ancillary attached nursing
- Note keeping
- Protocols
- IT procedures including security
- Targets
- Involvement in clinical audit
- Involvement in CPD
- Annual leave, study leave, and sickness records
- Other areas as appropriate

Appendix 5: Development Plans and additional support by the PCT

A5.1 Development Plans

The Development Plan is the main vehicle by which performance issues will be managed. It will set out:

- A description of the performance issues;
- A clear set of outcomes for addressing these with a timetable and key milestones;
- Allocation of responsibility for resourcing these outcomes, including whether support is to be provided by the PCT;
- A timetable for review of progress.

Outcomes might include:

- To have refresher training and certification on a particular topic (either clinical or managerial) – for example by attending a course.
- To have supervised practice and/or mentorship - for example from an educationalist.
- To undertake audit and/or critical incident analysis.
- Referral to the dental PASS scheme.
- To have a health assessment - through Occupational Health.

A5.2 Support from the PCT

The PCT will support practitioners by:

- i. Resourcing the Performance Review Procedure:
 - Remuneration for LRC representatives will be provided in line with payments for other sessions where clinical advice is provided to the PCT.
 - Remuneration for SENATE members will be within their salary.
 - Remuneration to support the PASS scheme.
- ii. Providing a forum, the PDMG, at which concerns about practice can be properly considered.
- iii. Investigating performance issues in order to identify the exact nature and contributing factors behind concerns.
- iv. Providing advice for poorly performing practitioners, in the form of a Development Plan, which clearly sets out what is expected in order to reach adequate standards.

In some cases, the PCT may provide additional support by resourcing the outcomes of the Development Plan. The criteria to be met when deciding whether the PCT should provide additional support are:

- i. That the activity is essential to and can be reasonably expected to meet the associated Development Plan objective within the required timescale.
- ii. That the practitioner can be reasonably expected to meet all of the outcomes of the Development Plan and therefore address performance issues in full.
- iii. That by failing to achieve the associated Development Plan outcome, local provision of primary care would be significantly compromised.

Appendix 6

WORCESTERSHIRE PCT

PERFORMERS LIST PANEL

TERMS OF REFERENCE

Constitution

The Panel shall operate in accordance with the Standing Orders of the Primary Care Trust save where The National Health Service Act 2006 and the appropriate NHS Professional Regulations and Performers List Regulations provide otherwise. The Panel shall operate in accordance with the Worcestershire PCT policy for considering inclusion or removal from the Performers Lists.

Administrative Support

Full administrative support will be provided to the Panel by the Primary Care department.

Frequency of Meetings

The Panel shall meet as required by the designated officer. Notification of intended hearings will be given as prescribed under the Regulations.

Membership

Membership of the Panel will comprise one appropriate professional representative, one non executive member who will Chair the Panel and one officer representative (usually the chair of Clinical Senate or a Director of the PCT who has had no involvement with the case). Deputies must also be nominated. Term of office shall be 3 years subject to reappointment. The PCT reserves the right to use a legally qualified individual to chair the panel in place of the non-executive officer in appropriate cases. Alternatively the panel may sit with a legal assessor.

Members are to have undertaken appropriate equality and diversity training.

Authority

The Panel is authorised by the PCT to undertake any activity falling within its terms of reference.

Quorum

All three classes of membership must be present.

Terms of Reference

Save for cases where in accordance with the Regulations a performer must be mandatorily refused entry on to the Performers List, or must be mandatorily removed from a Performers List or where an application for inclusion is straightforward as defined in this policy, a Panel role is:-

March 2010

To consider and decide whether or not practitioners (performers) applying for inclusion in a Performers List should be included or conditionally included in the List.

- To consider and decide, whether or not a practitioner should be suspended from a Professional (Performers) List.
- To consider and decide whether or not a practitioner should be removed or contingently removed from a Professional (Performers) List.
- To conduct review hearings.
- To recommend alternative action to Worcestershire PCT where none of the above are deemed appropriate.

Abbreviations:

| | |
|---------|---|
| CPD | (Continuing Professional Development) |
| GDC | (General Dental Council) |
| GDP | (General Dental Practitioners) |
| GMC | (General Medical Council) |
| GMC | (General Medical Practitioners) |
| GOC | (General Optical Council) |
| GOP | (General Ophthalmic Practitioner) |
| IO | (Investigating Officer) |
| LDC | (Local Dental Committee) |
| LMC | (Local Medical Committee) |
| LOC | (Local Optical Committee) |
| LPC | (Local Pharmaceutical Committee) |
| LRC | (Local Representative Committee) |
| PCT NED | (Patient Care Trust Non-Executive Director) |
| PDMG | (Performance Decision Making Group) |
| QOF | (Quality and Outcomes Framework) |
| RPSGB | (Royal Pharmaceutical Society of Great Britain) |

Equality Impact Assessment Report

Name of policy or function:

Primary Care Practitioner Performance Review Policy and Procedure

1. Responsible Manager – Dr Jonathan Leach, Medical Director & Director of Primary Care
2. Date EIA completed – 19th March 2010
3. Description of aims of function/policy – This policy will ensure that all documents that are produced in NHS Worcestershire are of good quality, are evidence-based, have been rigorously checked and have been impact assessed. It sets out the assurance process within the organisation for ensuring that this happens and is monitored.
4. Brief summary of research and relevant data – the ‘rules’ are based on NHS Litigation Authority standards and Equalities Legislation.
5. Methods and outcomes of consultation: the policy has gone through wide consultation including Local Medical, Dental, Optical and Pharmaceutical Committees, PCT Quality and Safety Assurance Committee all of which have provided comment and whose views have been incorporated into the document.
6. Results of Initial Screening or Full Equality Impact Assessment: No adverse impact

| | |
|--|-----------------------------|
| Initial or Full Equality Impact Assessment? | Initial |
| Equality Group | Assessment of Impact |
| Race | Nil |
| Gender | Nil |
| Disability | Nil |
| Age | Nil |
| Sexual Orientation | Nil |
| Religion or Belief | Nil |
| Human Rights | Nil |

7. Decisions and or recommendations (including supporting rationale): No recommendations.
8. Equality action plan (if required): Not required
9. Monitoring and review arrangements (include date of next full review): On expiry/review of this policy.

| | |
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| Department | Primary Care |
| Directorate | Medical Director |
| Director | Dr Jonathan Leach, Medical Director & Director of Primary Care |
| Report produced by and job title | Dr Jonathan Leach - Medical Director & Director of Primary Care Yvonne Buttery - Quality and Patient Safety Administrator Jo Hall – Primary Care Contracts Manager |
| Date report produced | March 2010 |
| Date report published | |

March 2010