

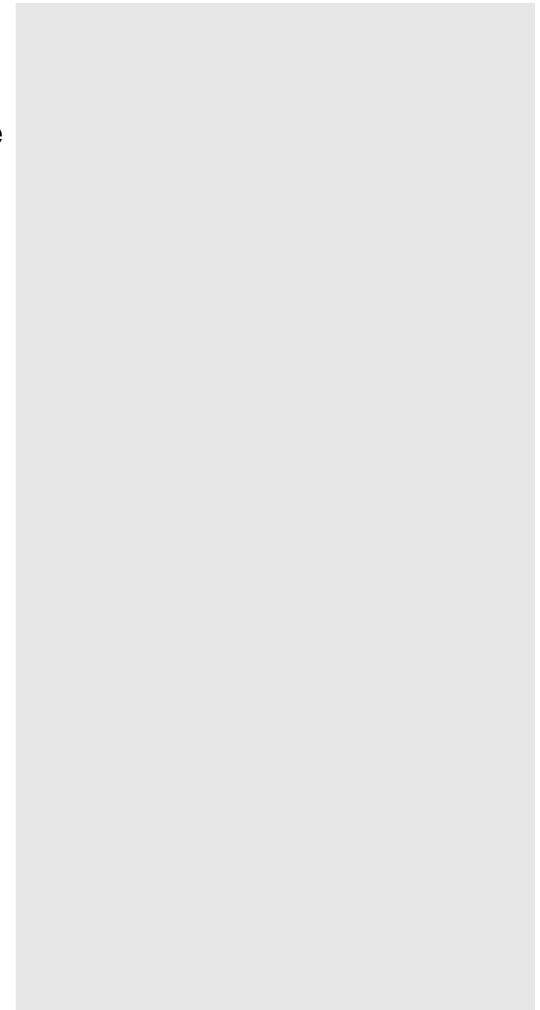


Independent healthcare

**Applicant pre-registration self-assessment and
assessor record**

**(Establishments and agencies: Private doctors, independent
clinics and independent medical agencies)**

Service-specific standards



Name of establishment/agency:	
Name of person completing this form:	
Signature:	
Position:	

Your self-assessment is an opportunity for you to provide as much information as possible to prove that you meet, and will continue to meet, the national minimum standards relevant to the services you wish to provide. You will need to select the service specific standards, depending on the service user categories that you ticked in form R1.

Where appropriate, you can submit copies of policies – for example, those listed in appendix C of the *Independent Health Care: National Minimum Standards Regulation* document – to help evidence your comments.

This form will help you to assess your establishment/agency's current performance against the national minimum standards for independent healthcare. It will be used as the basis for discussion with the assessor during the pre-registration inspection site visit to your establishment/agency.

Notes to help you to complete this form

Please read the national minimum standards before completing this self-assessment form. You may find it easier to concentrate on one group of standards at a time.

1. The first column in the following pages contain a full description of what each national standard outcome statement says, so you will need to look at each group in detail.

2. Complete the form as best you can by reading each standard and then selecting either “met”, “not met”, “almost met” or “N/A” for each standard. All fields should have a corresponding policy/policies or guidance/process even though the service is not yet operational.
3. Use column two (“Provider’s self-assessment”) to make a note of the reasons why you have assessed your establishment/agency as “met”, “not met”, “almost met” or “N/A” and give examples of any evidence that you have to support your assessment (see example below). The assessor will use this information to determine whether you meet the standards and regulations, so it is important that you fully complete this document and provide as much information as possible.

Example:

Standard	Provider’s self-assessment <small>[Enter notes below]</small>	Assessor’s comments <small>[Enter notes below]</small>	Met, not met, almost met, N/A
PD1.1 The medical history of the patient is ascertained before any treatment is provided.	← Left-click your mouse cursor on the grey text box to enter details	This section is for CHAI USE ONLY	Make a selection from the drop-down list

4. If you believe that there are any standards that are not applicable to you, please state why and give evidence to prove this where appropriate.
5. When our assessor visits your establishment, they will complete their sections of this form. Following the site visit, any actions that you need to take that are identified during the visit will be sent to you in a report.

Please note: Before you submit this form to the Care Quality Commission, please ensure that you read the following documents:

- *Guidance on applying for registration.*
- *Independent Health Care: National Minimum Standards Regulation.*
- Private and Voluntary Healthcare (England) Regulations 2001.
- *Registration fees for independent healthcare 2007/2008.*
- The National Care Standards Commission (Registration) Regulations 2001.
- Care Standards Act 2000.
- Relevant service-specific guidance.

INDEPENDENT CLINICS – Arrangements for provision of treatment

Outcome: Patients are assured that appropriate arrangements for all aspects of their treatment are in place.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD1.1 The medical history of the patient is ascertained before any treatment is provided.				
PD1.2 Patients are advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated.				
PD1.3 Where potentially serious conditions or those of clinical significance are identified, there are referral systems in place to guarantee appropriate clinical follow up.				
PD1.4 Private areas offering auditory privacy are provided for consultation.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider	Standard	Regulation	Agreed action to be completed by	

Management of patients

Outcome: Patients with chronic diseases receive the appropriate level of care and advice on how to control their disease.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD2.1 There are protocols adopted for the management of chronic diseases which are used to guide the care provided for illnesses, such as asthma, diabetes, hypertension, and coronary heart disease.				
PD2.2 Patients with chronic diseases are offered appropriate education and advice to enable them to be both involved in their care and to control their disease and reduce associated risk factors.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Minor surgery

Outcome: Minor surgery takes place safely.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small>		Met, not met, almost met, N/A
PD3.1 Where minor surgery takes place, it is done so in a suitably designed and maintained room, the walls and floor of which are finished in a material that keeps it free from infection.		CHAI USE ONLY		
PD3.2 A couch or theatre table is provided on which minor surgery takes place.				
PD3.3 All healthcare professionals are trained in basic resuscitation.				
PD3.4 Resuscitation equipment is available for use and is checked at least weekly.				
PD3.5 There are written procedures for dealing with emergencies, including arrangements for transfers to hospital.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Midwifery and antenatal care

Outcome: Midwifery and antenatal care are provided effectively.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD4.1 Patients who choose to be cared for solely by a midwife are assessed to ascertain if there are likely to be any complications at a later stage, and these complications are explained to them. A clear evidence-based referral protocol to obstetric consultant care for women at recognised risk of possible complications is in place.				
PD4.2 Antenatal care and screening tests and quality standards comply, as a minimum, with the standards detailed in the antenatal screening programme of the National Screening Committee and with guidelines from the National Institute of Clinical Excellence (NICE) about antenatal care.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider	Standard		Regulation	Agreed action to be completed by

Prescribing of medication

Outcome: Medication is prescribed safely and effectively.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY	Met, not met, almost met, N/A
PD5.1 There are policies in place for the effective prescribing of medication that are in line with published evidence.			
PD5.2 When treating patients for drug misuse, the Department of Health <i>Guidelines on Drug Misuse and Dependence – Guidelines on Clinical Management</i> are followed.			
PD5.3 Patients are given information about the medicines that are prescribed to them, including how to take them and the benefits and possible side effects.			
PD5.4 Arrangements for repeat prescription ensure that all patients receiving regular medications are reviewed at regular intervals, and at least annually.			
PD5.5 The prescribing of anti-depressants and benzodiazepines is monitored regularly in the light of evidence-based guidelines.			
PD5.6 There is a record of the drugs stored in the establishment.			
CHAI USE ONLY Key findings [to be completed by lead assessor]			

Standard	Provider's self-assessment [Enter notes below]	Assessor's comments [Enter notes below] CHAI USE ONLY		Met, not met, almost met, N/A
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Pathology services

Outcome: Patients are assured that effective pathology services are in place.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD6.1 There are written procedures for the accurate recording and labelling of all specimens.				
PD6.2 Specimens are stored at the appropriate temperature.				
PD6.3 There are written agreements with a laboratory for the provision of pathology services.				
PD6.4 There are written procedures for the transfer and transportation of specimens, including arrangements for the protection of those handling such items in transit.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Contacting practitioners and out-of-ours services

Outcome: Patients are able to contact private doctors.

Standard	Provider's self-assessment [Enter notes below]	Assessor's comments [Enter notes below] CHAI USE ONLY		Met, not met, almost met, N/A
PD7.1 Contact information, including all telephone numbers and times of regular sessions worked elsewhere, is available to ensure that the medical practitioner can be contacted promptly in the case of an emergency.				
PD7.2 Private GPs provide out-of-hours service ensures that: <ul style="list-style-type: none"> • Patients are able to contact the GP out-of-hours normally, by making no more than two telephone calls to do so. • A medical practitioner deputising for the GP is properly inducted and is made aware of their responsibility under the Care Standards Act 2000. • An effective system is in place for transferring and acting on information about patients seen by other medical practitioners out of hours. 				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider	Standard	Regulation	Agreed action to be completed by	

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small>		Met, not met, almost met, N/A

Information to GPs

Outcome: Patients are offered the opportunity to give or refuse consent for information on their treatment to be passed to their normal GP.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD8.1 The registered person for a private walk-in medical centre ensures that there is a policy in place for asking the patient to formally give or refuse consent to inform their normal GP of any treatment or medication provided.				
PD8.2 If the patient gives consent, details are sent to the patients GP within locally agreed timescale, but which is no more than four weeks.				
PD8.3 If the patient does not give consent for details to be sent to their GP, a summary of the treatment provided is given direct to the patient so that they have it for future reference, to pass on to the GP.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Independent medical agencies – Arrangements for provision of treatment

Outcome: Patients are assured that appropriate arrangements are made for all aspects of their treatment are in place.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD9.1 The medical history of a patient is ascertained before any treatment is provided.				
PD9.2 Patients are advised of the expected fee for the proposed treatment or consultation in advance of any treatment being initiated.				
PD9.3 Where potentially serious conditions or those of clinical significance are identified, there are referral systems in place to guarantee appropriate clinical follow-up.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Prescribing of medication

Outcome: Medication is prescribed safely and effectively.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD10.1 There are policies in place for the effective prescribing of medication that are in line with published evidence.				
PD10.2 When treating patients for drug misuse the Department of Health <i>Guidelines on Drug Misuse and Dependence – Guidelines on Clinical Management</i> are followed.				
PD10.3 Patients are given information about the medications that are prescribed to them, including how to take them, the benefits and possible side effects.				
PD10.4 The prescribing of anti-depressants and benzodiazepines is monitored regularly in the light of evidence-based guidelines.				
PD10.5 There is a record of the drugs stored by the agency.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Pathology services

Outcome: Patients are assured that effective pathology services are in place.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD11.1 There are written procedures for the accurate recording and labelling of all specimens				
PD11.2 Specimens are stored at the appropriate temperature.				
PD11.3 There is a written agreement with the laboratory for the provision of pathology services.				
PD11.4 There are written procedures for the transfer and transportation of specimens, including arrangement for the protection of those handling such items in transit.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider		Standard	Regulation	Agreed action to be completed by

Information to GPs

Outcome: Patients are offered the opportunity to give or refuse consent for information on their treatment to be passed to their normal GP.

Standard	Provider's self-assessment <small>[Enter notes below]</small>	Assessor's comments <small>[Enter notes below]</small> CHAI USE ONLY		Met, not met, almost met, N/A
PD12.1 The registered person ensures that there is a policy in place for asking the patient to formally give, or refuse, consent to inform their normal GP of any treatment or medication provided.				
PD12. If the patient gives consent, details are sent to the patients GP within a locally agreed timescale, but which is no more than four weeks.				
PD12.3 If the patient does not give consent for details to be sent to their GP, a summary of the treatment provided is given directly to the patient so that they have it for future reference to pass on to the GP.				
CHAI USE ONLY Key findings [to be completed by lead assessor]				
Action to be taken by provider	Standard	Regulation	Agreed action to be completed by	

Declaration of compliance – Private doctors

I hereby declare that the information detailed in this submission in respect of [insert name and address of the establishment below]

is true and accurate.

I understand that Section 27 of the Care Standards Act 2000 makes it an offence for an applicant to knowingly make a statement that is false and misleading in a material respect in any of the documents submitted with this application for registration

I have made a copy of all of the documentation submitted for my records.

In making this declaration to the Care Quality Commission, Select option.... that Select option.... have met the national minimum standards, and complied with the Care Standards Act 2000 and associated regulations. I understand that non-compliance may lead to a refusal of this application, cancellation of registration and prosecution.

Signed:	
Name of applicant <small>In the case of a company, this should be the responsible individual.</small>	
Role/Title:	
Date:	

Once signed, please send this completed document with your application forms. If you send this form by email, please send a signed copy of this page by post.

When submitting this declaration, please attach fully completed copies of the pre-registration core and service-specific self-assessment against the national minimum standards.

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CHAI USE ONLY

Date of site visit #1:	
Lead assessor:	
Lead assessor signature:	
Please list all other persons attending the site visit on behalf of the Care Quality Commission, e.g. estates, specialists or pharmacists.	

Date of site visit #2:	
Lead assessor:	
Lead assessor signature:	
Please list all other persons attending the site visit on behalf of the Care Quality Commission, e.g. estates, theatres, specialists or pharmacists.	