CQC’s new approach to inspecting NHS GP practices

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Overview of CQC’s new approach to inspecting and regulating NHS GP practices

What are the key issues which we need to reflect in our approach to monitoring NHS GP practices?

What are the implications for nationally held data and local intelligence?

Questions
<table>
<thead>
<tr>
<th>Timeline</th>
<th>Event</th>
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<tbody>
<tr>
<td>Dec 2013</td>
<td>Published signposting document setting out high level proposals</td>
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<tr>
<td>Jan-Mar 2014</td>
<td>First wave of GP out-of-hours providers (approximately 30 providers)</td>
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<tr>
<td>April – June 2014</td>
<td>Public consultation on draft inspection handbook and Wave 1 of testing (200 practices in 12 CCG areas)</td>
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<tr>
<td>July – Sept 2014</td>
<td>Wave 2 of inspections ongoing testing and refining of our revised approach</td>
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<tr>
<td>By April 2016</td>
<td>Every NHS GP practice and NHS GP out-of-hours inspected and awarded ratings</td>
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What are we doing differently?

- Inspection teams of **specialist inspectors, GPs, practice nurses or/practice managers** and a trainee GP

- **Inspections of a number of practices** carried out in a **CCG area** over a 2-4 week period. We will visit each CCG, probably every six months, inspecting a quarter of practices in that area each time we visit. We will meet with Area Teams and CCGs before and after inspections of practices in the area.

- Introductions of **ratings** for GP practices telling patients whether they are Outstanding, Good or whether they Require Improvement or are Inadequate

- **Strengthening our intelligent monitoring** of providers using nationally held data and local intelligence

- New ways of **gathering patient views** both before and during inspection including working with practices’ Patient Participation Group

- Develop a clear approach to **responding to failing practices**, working with NHS England
Focus of our inspections

• We will no longer focus solely on whether providers are compliant or non-compliant with regulations.
• Our focus is on five key questions:

  • **How safe** - By safe, we mean that people are protected from abuse and avoidable harm
  • **How effective** - By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
  • **How caring** - By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
  • **How responsive** - By responsive, we mean that services are organised so that they meet people’s needs.
  • **How well-led** - By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.
Focus of our inspections – key population groups

We will always look at services at a location (GP practice) level through the lens of six patient groups. For every NHS GP practice or NHS GP out-of-hours provider we will look at the quality of care for the following key patient groups:

• Older people (over 75s)
• People with long term conditions
• Families, children & young people
• Working age population and those recently retired
• People in vulnerable circumstances who may have poor access to primary care
• People experiencing poor mental health
### Rating practices

#### Level 1: Every question for every population group

<table>
<thead>
<tr>
<th>Group</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>People with long term conditions</td>
<td>Good</td>
<td>Inadequate</td>
<td>Good</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Mothers, Children and Young People</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Working Age People and the Recently Retired</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Outstanding</td>
</tr>
<tr>
<td>People in Vulnerable Circumstances</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Mental Health in Primary Care</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Requires Improvement</td>
</tr>
</tbody>
</table>

#### Level 2: Aggregated rating for every population group

- Overall: *

#### Level 3: Aggregated rating for every question

- Overall: *

#### Level 4: Overall rating for the practice

- Overall location: *

* indicates a rating of 'good'.
Intelligent Monitoring is one aspect of a wider approach:

• All practices will be inspected and rated by March 2016

• Intelligence sharing relationships with QSGs, NHS England Area Teams, CCGs, Practices, Public

• Understanding of other systems (Primary Care Webtool - GPOS / HLI, PHE Practice profiles)

• Understanding, development and evaluation of other sources (Practice Electronic Declarations)

• Pre inspection ‘Information sharing meeting’, CQC ‘Datapacks’

• Post inspection feedback

Implications: Quality, Consistency, Corroboration, Alignment
Intelligent Monitoring – what does it do?

Intelligent Monitoring supports:

• Our scheduling decisions
• Identification of potential risks
• Key lines of enquiry (KLOEs)

Example Safe KLOEs

• Safety track record - Track record on safety and performance over time; arrangements for reporting & recording incidents; clear accountabilities & staff understand role in reporting; safety info used and corroborated.

• Learning when things go wrong & improvement - Investigating & learning from incidents; openness and transparency; communicating and sharing learning; action taken; safety alerts
Intelligent Monitoring – how does it work?

• We are using a methodology similar to that applied to acute NHS trusts (z-score methodology)

• Practices allocated to one of six ‘priority bands’ for inspection, indicators noted as ‘no evidence of risk, risk, elevated risk)

• 40 Indicators (QOF, GPPS etc)

• No consensus across stakeholders of the ideal indicator set during engagement, or of the ideal volume of indicators
Intelligent Monitoring – Areas for development

Safe Domain

• GMC data on sanctions
• NRLS, Complaints, Whistleblowing

Well-Led Domain

• NHS England / IC staff survey collection
• NHS England E-Declarations

Qualitative

• Not just quantitative summary
• FFT
• Patient Opinion, other feedback websites

System searches? Care.data / GPES
Thank you

Any further thoughts or comments please send to:

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