CQC’s new approach to inspecting NHS GP practices

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'CQC’s new approach to inspecting NHS GP practices'

- 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>Timelines</th>
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<tbody>
<tr>
<td><strong>Dec 2013</strong></td>
<td>Published signposting document setting out high level proposals</td>
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<td><strong>Jan-Mar 2014</strong></td>
<td>First wave of GP out-of-hours providers (approximately 30 providers)</td>
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<td><strong>April – June 2014</strong></td>
<td>Public consultation on draft inspection handbook and Wave 1 of testing (200 practices in 12 CCG areas)</td>
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<td><strong>July – Sept 2014</strong></td>
<td>Wave 2 of inspections ongoing testing and refining of our revised approach</td>
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<td><strong>By April 2016</strong></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

<table>
<thead>
<tr>
<th>Category</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 1: Every question for every population group

#### Overall
- *

### 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
- *
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 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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