

CQC's new approach to inspecting GP practices

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PMS WHAT SITS IN OUR DIRECTORATE?

- In hours GP practices
- Out of hours GP services including urgent care centres and 111 services
- Dental Services
- Prison Healthcare
- Children's Health and Safeguarding
- Integrated Care
- Thematic inspections

HOW WE INSPECT

- We inspect practices by CCG area. We have worked out an inspection programme covering all of the CCGs which will enable us to rate every practice by September 2016.
- We aim to inspect approximately a quarter of practices in the CCG each time we visit. We will meet with Area Teams and CCGs before and after inspections of practices in the area and will also invite LMCs, Healthwatch and OSGs to make comments about the practices we are inspecting.
- We gather intelligence about each practice, the health information profile of the CCG and will look at intelligence from QOF data (if available), patient survey data, comments and ratings on NHS Choices, intelligence from NHS England. We will look

at the practice website (if available). We will take account of direct concerns and complaints received from patients, information from whistleblowers, information from stakeholders and professional bodies (GMC, NMC, HPC). We will use information from listening events and from other directorates to identify any information of good practice or areas of concern. We will use this information to target and plan our inspections.

- We will announce our comprehensive inspections two weeks in advance. Our focussed visits (in response to concerns and to follow up requirements or enforcement action) will not be announced.
- The inspection team will always
- Speak to patients and observe interactions between practice staff and patients – this will NOT involve sitting in on patient consultations unless there is a very good reason for this and the patient agrees.
- Speak to a range of practice staff
- Inspect the practice in respect of; cleanliness and infection control, safety of premises, safety of equipment, confidentiality of patient records, safety of medicines and prescribing practices.
- We **may** look at patient records **if there is a specific need to do this** – this will usually be because we have highlighted a risk to patients. We will ask our GP advisor or an inspector will do this.
- We will meet/have a telephone discussion with members of the PPG.
- We may visit other branches depending on the information about risk from intelligence
- We will speak to managers of care homes who have patients registered at the practice to get feedback about the GPs.
- We may organise and attend relevant listening events in the local area to gain feedback about how the practice serves and supports particular population groups.
- We have established links with some voluntary agencies who support groups whose circumstances may make them vulnerable to gain feedback about practices and barriers to access.

HOW WE DIFFER FROM OTHER DIRECTORATES

- Our inspections do not just cover and rate the domains, they also cover and rate how well each location is serving particular population groups. The practice receives an overall rating.
- Our population groups are: Older people (Over 75); People with long term conditions; Mothers, babies, children and young people; Working age population and those recently retired; People in vulnerable circumstances who may have poor access to primary care (including gypsies and travellers; sex workers, people with a learning disability, people with drug or alcohol dependency, homeless people) and People experiencing a mental health problem.
- We always inspect with a GP, often with a practice nurse as well and sometimes with an expert by experience or a pharmacist inspector (if we are inspecting a dispensing practice)
- We hold a post inspection meeting with stakeholders after all reports have been finalised to enable all stakeholders to understand patterns of findings and target any action needed to improve GP services within their CCG area.

QA PROCESS FOR GP REPORTS

- The report is drafted and sent to all members of the inspection team for checking
- The report is reviewed by another inspector who was not involved in the inspection
- The report is reviewed by the inspection manager to ensure it meets quality standards, that the evidence is corroborated and that the rating is right in all domains and population groups.

- At present all reports then proceed to the regional quality assurance panel
- There is clear criteria for reports to go to national panel
- The rating is ratified at panel and the report can proceed to factual accuracy.
- This process is leading to significant delays in reports being sent to providers at present and we are making them aware of this.

Initial Themes from rating in Q3 (Oct – Dec 2014)

- In our local area we have inspected three CCGs – none of these are in North Notts
- The majority of practices are being rated as good, we have some which may be rated outstanding. The lowest rating to be approved by panel locally so far is requires improvement.
- Reports are starting to be published. They are being published in batches with a national press release on each publication date. The reports will have been sent to the practice, the Area Team, the CCG, Healthwatch and the LMC before they are published. The practice will have been informed of the publication.
- We have no local practices currently in special measures.

Quarter 4 (January – March 2014)

- We will be inspecting several North Notts CCGs in this quarter. These are Newark and Sherwood, Mansfield and Ashfield and Nottingham North and East.

- The CCG/AT meetings for the early inspections have or are being scheduled in.
- Any intelligence any stakeholder wishes to share about practices is welcome. We constantly monitor intelligence and risk and use this to help prioritise our inspection scheduling activity.

Links to useful information

Our website

www.cqc.org.uk

About our inspections

http://www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_main_final.pdf

http://www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_appendices_final.pdf

Any questions?