Outstanding Inspections in General Practice

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*Deputy Chief Inspector of General Practice*

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About CQC: our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
### About CQC: our role

<table>
<thead>
<tr>
<th>Register</th>
<th>Monitor, inspect and rate</th>
<th>Enforce</th>
<th>Independent voice</th>
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</thead>
<tbody>
<tr>
<td>We <strong>register</strong> those who apply to CQC to provide health and adult social care services.</td>
<td>We <strong>monitor</strong> services, carry out expert <strong>inspections</strong>, and judge each service, usually to give an overall <strong>rating</strong>, and conduct <strong>thematic reviews</strong>.</td>
<td>Where we find poor care, we ask providers to improve and can <strong>enforce</strong> this if necessary.</td>
<td>We provide an <strong>independent voice</strong> on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders.</td>
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</table>
What do the overall ratings mean?

**Outstanding**
The service is performing exceptionally well.

**Good**
The service is performing well and meeting our expectations.

**Requires improvement**
The service isn't performing as well as it should and we have told the service how it must improve.

**Inadequate**
The service is performing badly and we've taken action against the person or organisation that runs it.
So far we have found…

- We have published 4,866 inspection reports since we launched our approach to inspecting GP practices in October 2014. What have we found?

87% of GP practices we have inspected are providing a good or outstanding standard of care.

Source: CQC – 5 September 2016
## GP ratings by key question

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td></td>
<td>4</td>
<td>21</td>
<td>74</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Effective</td>
<td></td>
<td>2</td>
<td>8</td>
<td>87</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Caring</td>
<td></td>
<td>1</td>
<td>3</td>
<td>93</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Responsive</td>
<td></td>
<td>1</td>
<td>5</td>
<td>87</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Well-led</td>
<td></td>
<td>4</td>
<td>9</td>
<td>83</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Source: CQC – 5 September 2016
Outstanding characteristics

- Easy to access appointments and services through several communication channels
- Good and effective leadership extends beyond the manager and those values are cascaded to inspire staff
- Staff training and support
- Open culture – people who use services/staff/relatives shared views and issues
- Strong links with local community
- Working with multi-professional colleagues and from other organisations
- Support patients and carers with emotional needs
- Services empowering patients to self manage long-term conditions
Inadequate characteristics

- Weak leadership, Chaotic and disorganised environment
- Isolated working, not involving other local providers to share learning and best practice
- A lack of vision for the organisation and clarity around individuals’ roles and responsibilities
- A poor culture of safety and learning ie. lack of learning from complaints/events analysis
- Poor systems for quality improvement
- Disregard for HR processes ie. DBS checks
- Unsafe medicines management
- Low/insufficient practice nurses or sessions
“My staff told me they found it a positive experience, as they don’t always get a chance to reflect on what we are doing.”

“We appreciate you making the process less stressful than we expected it to be!”

“For the first time in our lives, we feel that our work has been recognised and appreciated.”

“I see the necessity for the visits and I liken it to appraisals. I personally took things from the visit that was useful/valuable to both myself and the practice”

“They worked very hard to ensure that the day was as stress free as possible whilst getting the information they needed.”
Holsworthy Doctors in Devon has the largest catchment area of any practice in England. The practice was rated outstanding in April 2015.

- Nearest hospital is 29 miles away
- Nearest hospice is 26 miles away
- Some patients live a distance from the practice
- Practice hosts specialist clinics such as diabetic retinal screening
- Monthly meetings with all staff and local hospital palliative care team
- Enabled patient to request prescriptions and appointments online

Other examples: Comprehensive business plan progress is regularly discussed with staff and Patient Participation Group (PPG) members. The practice facilitated a virtual PPG to receive feedback and ideas to improve the service.
Looking at improvement

Source: CQC ratings data (based on 135 re-inspections both focussed and comprehensive)
The Priory Avenue surgery near Reading became the first practice to exit special measures in September 2015

Inspected: November 2014 – Inadequate
Re-inspected: July 2015 – *significant improvement*

**What had changed?**

- The practice improved in 4 of the 5 key questions, and now met 2 of the 4 regulations it had previously breached
- GPs working with their staff to provide an accessible, safe and clinically effective service improving the experience and outcomes for patients
- The practice is now rated *requires improvement* and we have identified further areas for the practice to improve
Safety: key themes in poor care

Safety issues often relate to **poor systems and processes**, examples include:

- Insufficient evidence of **risk management** and learning from incidents
- Poor responses to patient complaint letters and **failure to act on issues** raised
- Lack of **effective and timely safeguarding and training**
- Poor **infection control** procedures
- The condition and **storage of emergency equipment** and the management of medicines
- Fridges at the **wrong temperature, insufficient emergency drugs** and expired medicines
- Poor **recruitment processes**, for example a lack of DBS checks
We’ve found many examples of good, effective clinical practice, **meeting the needs of local populations**, for example:

- Quality improvement programmes
- Coordinated referral processes
- Joined up care with other healthcare providers

**Strong relationships** with local schools, universities, fire and benefits advisory services

- These relationships support practices to deliver enhances services

**Joined up models of working**, benefits observed include:

- Appointments outside normal working hours
- Wider range of services
Caring: key themes in good and poor care

• Outstanding practices were able to demonstrate, for example:
  • Specific support for individual population groups
  • Innovative programmes for certain health conditions
  • Flexible access to services

• Of the small (but still concerning) number of practices we found to be Inadequate for caring we found:
  • Staff to lack compassion and respect for patients
  • Poor concern for patients’ privacy and dignity at the reception desk/waiting area
Responsive: key themes in good care

• Practices rated as outstanding had considered the needs of its population and subsequently implemented change. For example:
  • Guaranteed same-day appointments
  • Extended practice opening hours
  • Language support for non-English speaking patients

Innovation in how primary care is provided is developing rapidly:

• Recently registered new GP care model using technology to provide consultation
• Social enterprises are leading the way in care provision models
• Demonstrate a clear vision to improve health of vulnerable and excluded groups
• Work closely with services across their locality
• GP practices are generally well-led, with 85% rated good or outstanding

• Our inspection findings show good leadership is the foundation of an outstanding organisation. Examples include:
  
  • Patients at the centre of their developments, with effective patient participation groups involved in multiple aspects of the practice’s business
  
  • Excellent staff development and support, with the development of special programmes to aid staff development or support staff in their role

• The role and capability of the practice manager has an important influence, and the level of training and support for practice managers is key
GPs typically provide good services to their population groups

Common examples of where GPs had done more to adapt their services to specific needs include:

<table>
<thead>
<tr>
<th>Population group</th>
<th>Example</th>
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<tbody>
<tr>
<td>Working age people</td>
<td>Offering appointments outside of usual working hours (9am-5pm) and at weekends.</td>
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<tr>
<td>People with long-term conditions</td>
<td>Educating patients to self-manage their long-term conditions more effectively.</td>
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<td>People whose circumstances may make them vulnerable</td>
<td>Being flexible in their approach to vulnerable people by offering longer appointments and allowing homeless patients to register their home address at the practice.</td>
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<tr>
<td>People experiencing poor mental health</td>
<td>Working collaboratively with local mental health services and improving access to psychological therapies and substance misuse services.</td>
</tr>
<tr>
<td>Older people</td>
<td>More than what is in the standard NHS contract. Managing beds in a care home that led to demonstrable reduction in admission to hospital and reduced days spent in hospital for elderly patients.</td>
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<tr>
<td>Families, children and young people</td>
<td>Offering information in age appropriate formats for young people and ensuring staff were well trained on local safeguarding processes.</td>
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</tbody>
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## What to expect from an inspection

### Two weeks before we inspect

- Letter will be sent unless we are responding to concerns
- We’ll ask for some information in advance
- Your inspector will be in touch to discuss with you what will happen on the day
- We will send you a set of comment cards that your patients can complete to tell us their views before we inspect

### On the day

- We’ll ask you to give us a short presentation telling us what is good about your practice and the care it delivers
- We want to talk to staff and patients to find out more
- We’ll want to see evidence of a variety of things and we will need a room to go through this
- We will follow the key questions and the key lines of enquiry
### Feedback and the report

**After the inspection**

- We’ll give you informal feedback and identify any immediate concerns straight away
- We’ll write up our report and send to you for factual checking
- We’ll quality assure your report by looking at it with other reports to ensure consistency of judgement
- Publish the report on our website
- If your report is outstanding or inadequate, we will send out a press release about it
Our challenge to the primary medical sector

• Invest in strong governance and visible leadership, both clinical and managerial
• Report all safety incidents both within the practice and externally, and embed a culture of learning among staff
• Improve the consistency of quality improvement activity
• Improve access to services
• Consider how providers can integrate and work together to reduce variation in quality
• Improve medicines optimisation through a culture of learning from medicines related safety incidents
Helpful resources for practices

- Make sure you’ve read our **provider handbook**, and understand the **key lines of enquiry** our inspectors will focus on.
- Read our **mythbusters** for tips and further guidance.
- Read our **outstanding practice web tool kit** and consider what would make care for people who use your services outstanding.
- Read our ‘**What to expect from an inspection**’ and case studies to understand what an inspection looks and feels like.

We’ve signposted all of these resources and more in our **provider toolkit**. Simply visit: [www.cqc.org.uk/GPProvider](http://www.cqc.org.uk/GPProvider)
Support for poor performing practices

What happens when a practice enters special measures?

- We will inform the NHS clinical commissioning group, and NHS England area team
- Support is available from variety of sources – CCG, LMC, RCGP
- The Royal College of GPs provides peer support to practices, using a local turnaround team and helps practices produce and deliver an improvement plan
What will our new strategy mean for primary care?

• Reduce duplication for providers, agree actions jointly where there are risks of poor care
• Extend inspection intervals for good or outstanding practices
• Integrated regulatory approach for new care models

Federations and other new care models: focus on well-led question, consider inspection of sample locations alongside, understanding potential risks using local data

For urgent and emergency care, including OoH and NHS 111: inspect related services at the same time
Find out more

- Read the **monthly bulletin for primary care providers**
  - Sent to all providers and registered managers, or sign up through our website
- Join our provider and public **online communities**
- Visit our new guidance page for GP practices [www.cqc.org.uk/gpintroguide](http://www.cqc.org.uk/gpintroguide)

Find all of the above and more at: [www.cqc.org.uk/GPProvider](http://www.cqc.org.uk/GPProvider)
Thank you

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