Leicester City Clinical Commissioning Group



Guide to how the CQC monitors, inspects and regulates NHS GP practices

November 2017

CQC Insight

- Monitor potential changes to the quality of care provided
- Bring together information about a practice in one place
- Compare information against local and national data
- Updated throughout the year
- Will help CQC to plan when and what they inspect
- Data comes from a verity of sources including
 - Quality and Outcomes Framework (NHS Digital)
 - GP Patient Survey (NHS England)
 - NHS Business Services Authority
 - Public Health England
- Work with national partners e.g. NHS England, GMC, NMC, GPC, Healthwatch, CCGs, LA, voluntary and community sector
- Provider specific information and documents prior to an inspection visit e.g. patient population, staffing, polices & procedures, complaints, incidents – Providers have 5 working days to respond

Frequency of Inspection

	Maximum interval between inspection
Inadequate	Six months
Requires improvement	12 months
Good or outstanding	Five years

- Aim is to deliver an intelligence driven approach to regulation
- CQC will inspect a proportion of practices rated as good or outstanding per year
- CQC may inspect any service at any time, irrespective of rating, for example when monitoring information indicates a potential movement or deterioration in the quality of care
- Inspections will usually be announced **2 weeks notice**
- Unannounced inspections will take place in response to concerns about a practice or something identified at a previous inspection.
- Inspection will be led by a CQC inspector or CQC inspection manager and may include additional expert advisors.

Types of inspection

Comprehensive

- Comprehensive inspections will address all five key questions, and ask is the service safe, effective, caring, responsive and well led?
- Will always be undertaken for services that have not yet been inspected, or if a service has an overall rating of inadequate or requires improvement.

Focused

- Used when there is a need to follow up on an area of concern. This could be a concern identified during a comprehensive inspection that has resulted in enforcement action, or concerns that have been raised with the CQC by the public, staff or stakeholders.
- Focused inspection do not usually look at all five key questions. They usually focus only on the areas indicated by the information that triggers the inspection

6 Population Groups

1. Older people

aged 75 years and over regardless of health needs or where they live – focus is on a proactive and personalised programme of care

- People with long term conditions
 Does not include those aged 75 and over
 Does not include children and young people
- Families, children and young people
 Expectant and new parents, prenatal and antenatal care
 Young people up to their 18th birthday
- 4. Working age people
 Working age and those recently retired (up to age of 75)
 Students age 18 years and over
 Focus on how these people an access appointments and services at the practice
- 5. People whose circumstances make then vulnerable

Includes a number of different group – hard to access, vulnerable, gypsies, travellers, vulnerable migrants The groups CQC will focus on is determined by the practice population but will always include learning disability and homeless

Focus generally on access to GP service generally including registration, ability to book appointments and receive services

6. People experiencing poor mental health (including people with dementia) Covers the spectrum of mental health

Site Visits

- Usually one day
- Where managed from more than one location likely to visit a number of sites during a comprehensive inspection
- Gather views of patients, families and carers
- Speak with a range of staff
- Track a patient journey through their care pathway, Check policies, review records and registers etc

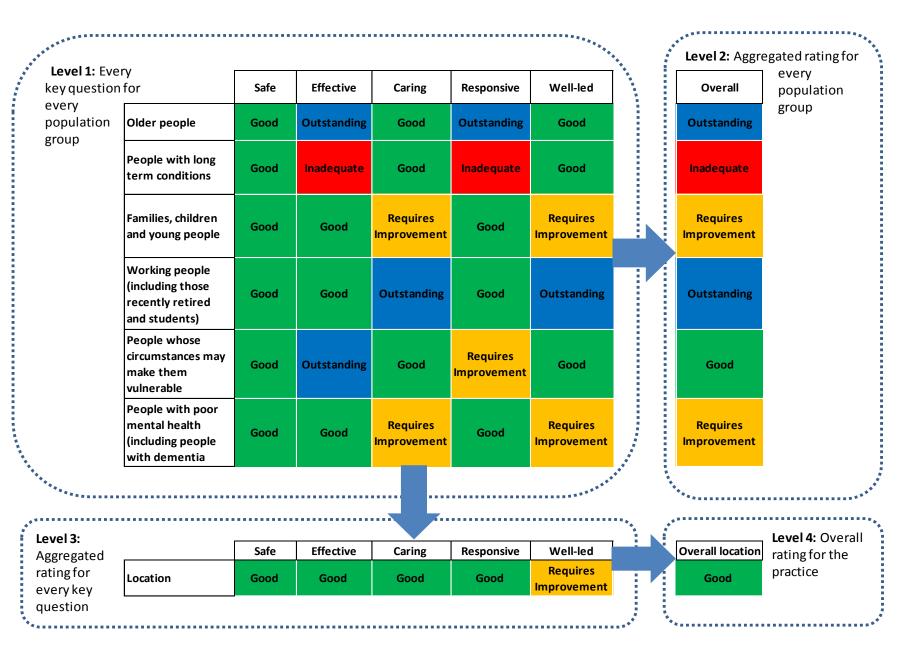
Practice Presentation

- No longer than 30 minutes
- Utilise this wisely
- Focus on the 5 key questions & 6 population groups
- Consider what works well, what is the practice good at
- Consider what you are doing to improve in areas that you know you are not so good at
- Be honest, focus on what you are doing to improve
- Be positive
- Issues of concern not highlighted will be picked up under the well led key question

The CQC Report

- Presents a summary of findings, judgement and enforcement actions
- CQC conduct quality & consistency checks on all inspection reports
- Draft report sent to practice for factual checking
- Practice has an opportunity to challenge the accuracy and completeness of evidence used
- 10 working days for practice to undertake this
- Use the factual accuracy form to make and submit comments. If you do not use the form **do not** PDF your response.

Ratings



Enforcement notices

- CQC consider the extent and impact of the concerns found on people who use the services and the risk to quality and safety. Where a breach of regulation is identified an enforcement notice will be identified.
- Requirement notice: The key question will be rated as no higher than requires improvement
- Warning notice or imposing a condition of registration: key question will be rated as no higher than inadequate
- The only grounds for requesting a rating review after completion of the factual accuracy process and publication are that the CQC have failed to follow process