

# CQC – Inspecting General Practice

Tracy Norton – Inspection Manager

# What we mean...



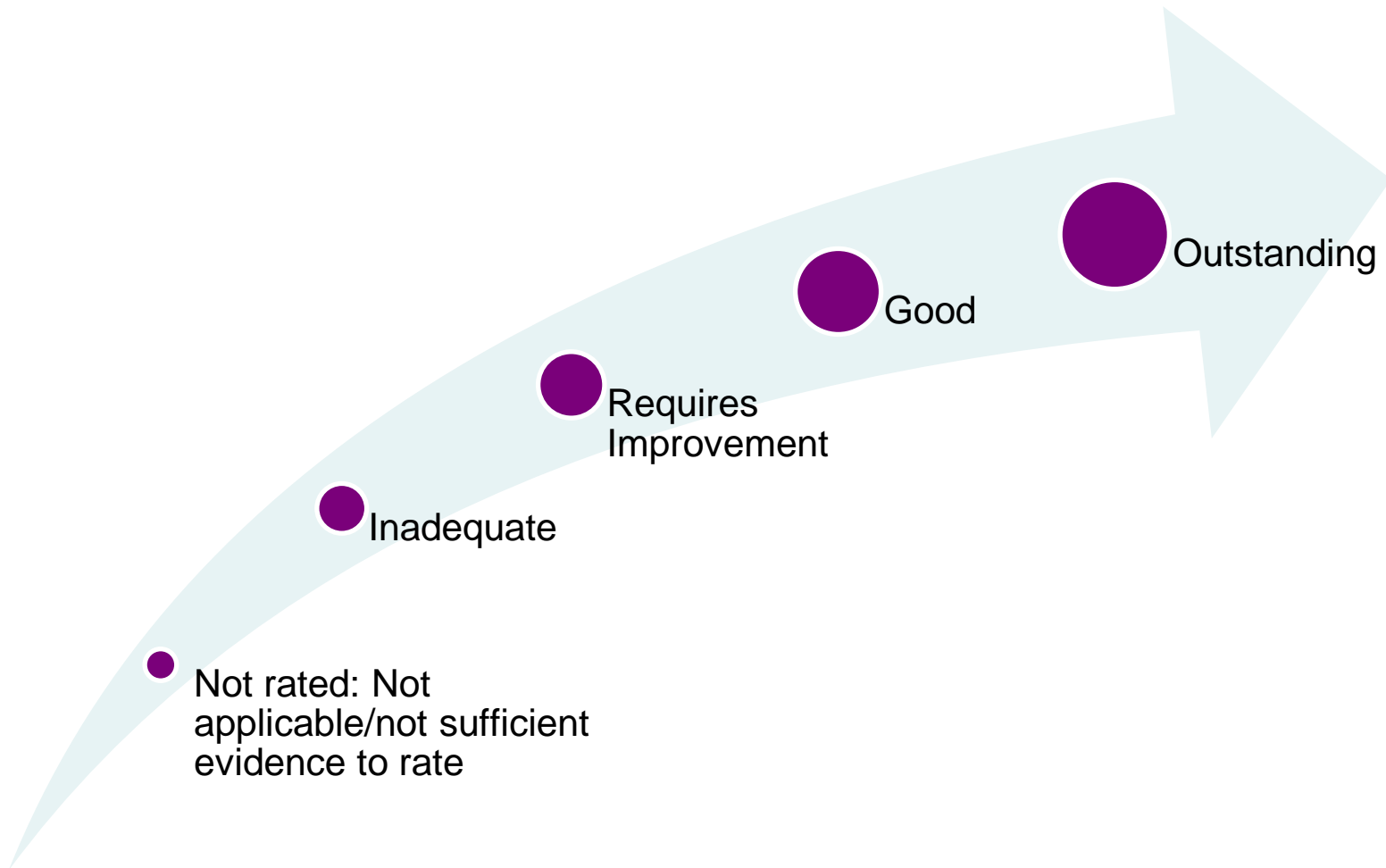
<b>Safe</b>	By safe, we mean that people are protected from avoidable harm and abuse.
<b>Effective</b>	By effective, we mean that people's care and treatment is evidence-based and achieves good outcomes, including the prevention of premature death, the achievement of a good quality of life, and at the end of a person's life, the achievement of a 'good' death.
<b>Caring</b>	By caring we mean that people are treated with kindness, dignity and respect.
<b>Responsive</b>	By responsive, we mean that people's individual needs are met without avoidable delay.
<b>Well-led</b>	By well-led, we mean that the leadership and governance of the organisation holds itself and others to account for the delivery of effective, high quality care, welcomes challenge and promotes an open and fair culture

# The six population groups



- **OLDER PEOPLE**
- **PEOPLE WITH LONG TERM CONDITIONS**
- **FAMILIES, CHILDREN & YOUNG PEOPLE**
- **WORKING AGE PEOPLE (INCLUDING THOSE RECENTLY RETIRED AND STUDENTS)**
- **PEOPLE WHOSE CIRCUMSTANCES MAY MAKE THEM VULNERABLE**
- **PEOPLE EXPERIENCING POOR MENTAL HEALTH (INCLUDING PEOPLE WITH DEMENTIA)**

# Our Ratings



# Rationale for Ratings



The public want information about the quality of services in an easy to understand format.

Ofsted approach seen as the model. Healthcare provision is more complex. Service ratings more useful.

Ratings as potential driver for improvement.

# BEFORE AN INSPECTION



- CQC will meet with the clinical commissioning group (CCG) and local NHS Area Team to share and discuss information about the practice and the other practices being inspected in the area.
- Two weeks before the inspection date the practice will receive a letter from CQC to confirm their inspection and request information such as their statement of purpose and information on complaints, or serious or adverse incidents.
- The lead inspector will call the practice to introduce themselves and explain what happens next and the arrangements for the day.
- We will send the practice a quantity of 'comment cards' for their patients to complete and posters to display in key areas to advertise the inspection and tell patients how to get in touch with CQC.

Having been through the process ourselves, I would recommend that other practices have safe, robust systems in place to ensure excellent primary care services to patients. And on the day, to keep calm and carry on.

We were naturally nervous about being inspected, keen to prove ourselves and we also welcomed the opportunity to receive some feedback as to how well we were doing.

*Dr Clare Gibbons, Medical Director, Salford Health Matters*

[https://www.youtube.com/watch?feature=player\\_embedded&v=R\\_9NhcGUSP0](https://www.youtube.com/watch?feature=player_embedded&v=R_9NhcGUSP0)

Our approach with CQC had been entirely open and we felt that this resulted in a sound, professional approach by both the practice and the inspectors.

*Helen Burgess, Practice Manager, Edenbridge Medical Practice*

<http://www.cqc.org.uk/content/edenbridge-medical-practice-experience-new-approach>



## GENERAL INFORMATION

- The size and composition of our inspection team will be tailored to the practice. It will include a minimum of an inspector and a GP. The team may also include a practice manager or nurse practitioner and an Expert by Experience.
- Our inspection will use a combination of interviews with staff and patients, and reviewing information the practice has, such as policies, procedures and data. The inspection team may also speak to other services linked to the practice, for example any care homes to which they provide services..

## AT THE END OF THE INSPECTION

- The inspection team will hold a feedback session with the practice to share their initial thoughts about what they have found. This will not be their final thoughts, as they will need to consider their findings.

## AFTER THE INSPECTION

- We will send the practice a draft inspection report. They will have the opportunity to challenge any factual inaccuracies they find at this stage.
- We'll be quality-assuring reports to ensure they're consistent with how other GP practices or GP out-of-hour services have been inspected.
- We publish the final quality report on our website.
- We will share with the CCG and NHS Area Team information relating to our inspection of your practice and others in the CCG area and identify any themes, learning points and actions that need to be taken. Together, we'll act where practices are rated inadequate (these will be placed into special measures), but we'll also celebrate outstanding practice.

# GP Inspection Reports with Ratings since 1 October 2014



	<b>Total</b>	<b>North</b>	<b>South</b>	<b>Central</b>	<b>London</b>
<b>Outstanding</b>	<b>23</b>	10	5	7	1
<b>Good</b>	<b>531</b>	194	139	152	46
<b>Requires Improvement</b>	<b>70</b>	13	27	18	12
<b>Inadequate</b>	<b>19</b>	8	2	2	7
	<b>643</b>				

## We do:

- Inspect services who are registered with us to provide a regulated activity
- Publish quality reports of our findings.
- Engage with other stakeholders to gather intelligence regarding risk etc
- Listen to the public and use their information to inform our inspections

## We don't:

- Investigate complaints (although we will use information from complaints to inform our inspections and share with other stakeholders)
- Inspect or rate individual members of staff within a service – if we have concerns about the individual performance of a practitioner we will notify their professional body (i.e GMC, NMC, GDC)

# How to share information with CQC



Most information can be shared through our website:

<http://www.cqc.org.uk/content/get-involved>

If you want to give us information about a particular service – both positive or negative:

<http://www.cqc.org.uk/share-your-experience/guidance-sharing-your-experience-us>

If you need to speak with someone urgently you can call our national customer service centre on: 0300 61 61 61