



Care Quality Commission (CQC) – Inspection changes for 2019

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GP Support*

Good & Outstanding Practices (i)

- Approximately 10% of practices will continue to receive a face to face inspection each year and the maximum reinspection timescale remains 'within five years'
- Remaining practices will have an Annual Regulatory Review:
 - Telephoned approach
 - Lasts approximately one hour
 - Questions still covering the same Key Lines of Enquiry and Population Groups

Good & Outstanding Practices (ii)

- 5 Key Lines of Enquiry (KLOEs): **Safe, Effective, Responsive, Caring, Well Led**
- 6 Population Groups: **Older people; Those with long-term conditions; Families, children & young people; Vulnerable; Working age people; Those with poor mental health (inc. dementia)**

At the end, you'll also have the opportunity to add information not already covered by the questions

Good & Outstanding Practices (iii)

- However, your answers will not lead to a change to your current Good/Outstanding status

BUT

- Based on your answers, if CQC decides a change (improvement or deterioration) has taken place then this could trigger a face to face inspection
- You can find information on the questions at:
<https://www.cqc.org.uk/guidance-providers/gp-services/monitoring-gp-practices-questions-provider-information-collection>

Requires Improvement (RI) & Inadequate (i)

- Currently there are no plans to change the inspection regime for these
- **Requires Improvement** - Further face to face inspection within 12 months, unless any Key Line of Enquiry or Population Profile has an Inadequate rating, which could trigger an earlier re-inspection
- **Inadequate** – Further face to face inspection within six months

In reality we're finding this can happen much earlier, so be prepared any time from three-four months onwards

Requires Improvement & Inadequate (ii)

- You can find further information on CQC inspection timescales at:
 - <https://www.cqc.org.uk/guidance-providers/gps/when-we-will-inspect-gp-practices>

Following an Inspection (i)

- CQC began changing their post-inspection paperwork towards the end of last year. Practices now get a shorter, more concise Inspection Report, which can be as short as 3-4 pages, together with an Inspection Evidence Table
- The Inspection Report still provides the final ratings and overall summary, together with some detail of the Key Lines of Enquiry findings
- It also shows any Requirement Notices or Enforcement Actions the practice has to respond to

Following an Inspection (ii)

- The Evidence Table gives 'Yes', 'No' or 'Partial' answers to a set number of questions together with an explanation box for more detail on any of the answers
- The questions relate to each of the Key Lines of Enquiry and are generally the same for every practice

Following an Inspection (iii)

- In addition to the 'Yes', 'No' or 'Partial' answers, the CQC will look at, and report on, practice performance/responses in relation to:
 - **Effective**
 - Prescribing
 - QOF domains for long term conditions (People with long term conditions)
 - Child Immunisations (Families, children & young people)
 - Cancer Indicators (Working age people inc recently retired & students)
 - Mental Health Indicators (People with poor mental health inc. dementia)
 - Co-ordinating care and treatment
 - Consent

Following an Inspection (iv)

- **Caring**

- Looking at CQC comment card responses from patients
- Looking at Friends & Family responses
- Interviewing patients and/or members of the patient participation group
- Reviewing comments on NHS Choices and whether the practice has responded
- Reviewing the practice's national GP Survey results against CCG and England averages. Where the practice is below these averages the CQC will expect the practice to have reviewed, discussed and put in place an improvement action plan
- Whether the practice carries out its own patient survey/patient feedback exercises
- How a practice identifies and supports carers

Following an Inspection (v)

- **Responsive**

Here the Evidence Table will report on:

- Responding to and meeting patient needs e.g. home visits and opening hours
- Timely access to the service e.g. phone access, ease of making an appointment
- Listening & learning from complaints received e.g. how quality has improved in response to complaints

Following an Inspection (vi)

- **Well-led (i)**

Whilst responses from all other domains may indicate to CQC whether a practice is well-led or not they will be looking at some specifics such as:

- **Leadership capacity and capability** and how these are demonstrated
- **Vision & strategy** e.g. does the practice have clear vision and values
- **Culture** e.g. does the practice have a culture of high-quality, sustainable care/are staff positive with their feedback

Following an Inspection (vii)

- **Well-led (ii)**
 - **Governance arrangements** e.g. structures, processes and systems that support the delivery of good quality & sustainable care
 - **Managing risks, issues & performance** e.g. appropriate risk assessments and training in place, business continuity plan in place in preparation for a major incident
 - **Engagement with patients, public, staff and external partners**
 - **Continuous improvement and innovation** e.g. two-cycle clinical audits, reviewing previous QOF achievement results

CQC Hot Topics

Here are some recurring themes from recent CQC inspection reports that are bringing practices' ratings down:

- **Safety Alerts** – practices not having robust processes for the handling and recording of safety alerts coming into the practice
- **Emergency Medicines** – Not having in date stocks of all appropriate medicines and evidence they're checked regularly
- **Sepsis** – unable to demonstrate that all staff have had appropriate training

CQC Hot Topics

- **NHS Choices** – Respond to comments but don't just copy & paste the same response time and again
- **Complaints/SEAs** – Ensure there are robust policies, training undertaken and robust documentation. Discuss with whole practice, minute action/learning points, review after three months, do annual audit on themes
- **Staff Immunisations** – Ensure staff have imms. appropriate for their role. Everyone including reception need: tetanus, polio, diphtheria, MMR and some may also need BCG, HepB , pneumococcal and Varicella (chickenpox). Also offer annual flu.

Potential contractual implications of RI or Inadequate Ratings

- Commissioners in London will issue remedial notices following an Inadequate rating
- They may also decide to issue a remedial notice in some cases of RI ratings (*see NHSE London SOP: responding to CQC RI notifications*)
- This type of contractual action usually requires meetings with commissioners and action plans
- GP Support can help practices through this process

If problems, contact GP Support

- If you need advice on or support with:
 - Inadequate or RI ratings
 - Factual accuracy responses
 - Action/improvement plans
 - Warning/requirement/enforcement notices
 - Meetings/remedial action plans requested by commissioners as a result of an Inadequate or RI rating
 - Inspection process, or anything else to do with CQC

Contact us at gpsupport@lmc.org.uk

Finally.....

- Moving away from CQC here's a reminder of the latest way to contact us at LLMC...
 - **Beam to LMC is our new tool to help hard-pressed GPs and practice teams highlight the pressure they're under from commissioners and others by sharing information in real time**
 - **Beam to LMC is easy to use and can be downloaded from the following links:**
 - Apple: <https://itunes.apple.com/us/app/beam-to-lmc/id1376447155?ls=1&mt=8>
 - Google: <https://play.google.com/store/apps/details?id=com.ifoxsolutions.londonwide>



Beam to LMC



(as of 31.05.19)



Dumping of tasks
on you
by hospitals

43



Unnecessary workload
created by NHS
organisations

10



Inappropriate
workload from
non-NHS sources

8



Other
frustrating
stuff

27



Londonwide LMCs

The professional voice of London general practice