

GP Deprivation Network



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28 September 2016

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

- We **register** health and adult social care providers
- We **monitor and inspect** services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings
- We use our **legal powers** to take action where we identify poor care
- We **speak independently**, publishing regional and national views of the major quality issues in health and social care, and encouraging **improvement** by highlighting good practice



About CQC: our role



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

Scope of CQC's remit



Care homes
and domiciliary
care

12,500 providers
25,500 care homes

Hospitals and
clinics

245 NHS trusts
1,500
independents

Ambulances

10 NHS trusts
250 independents

Primary dental
care

8,000 providers

Primary
medical
services

9,000 providers

- 1.75 million people use adult social care
- 11 million NHS and 1.6 million independent inpatients
- 22 million dental patients per year (15m NHS, 7m private)

England's population is 53m

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.



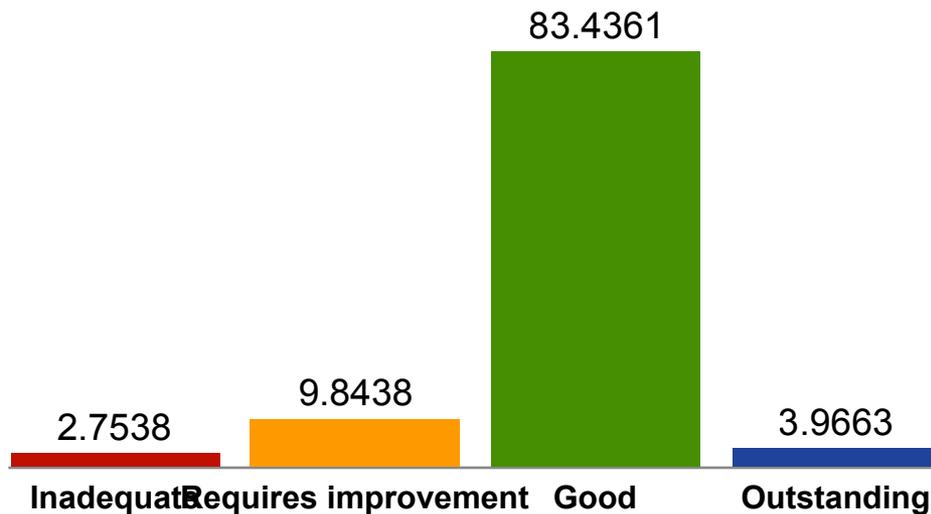
Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

So far we have found...



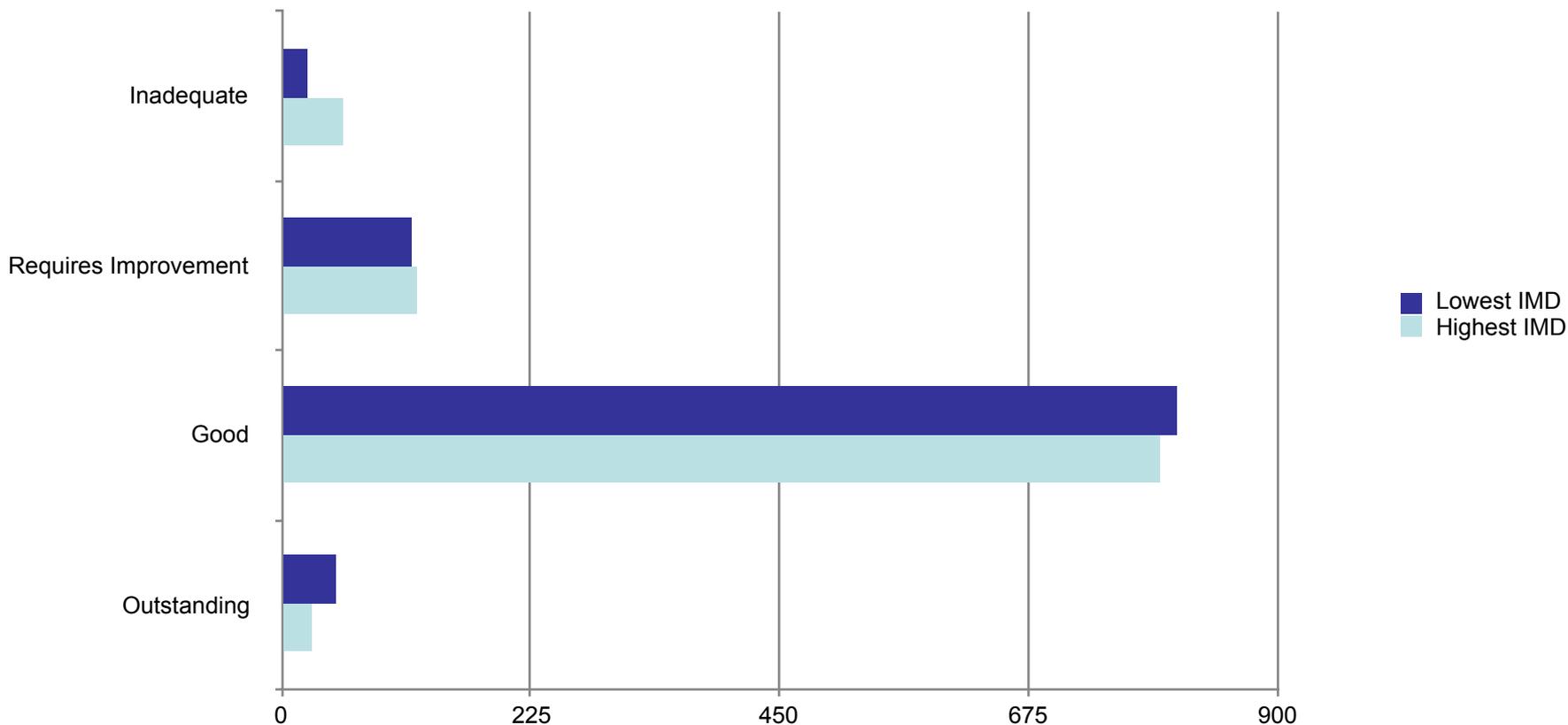
- We have published 4,866 inspection reports since we launched our approach to inspecting GP practices in October 2014. What have we found?



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

GP ratings by deprivation

Ratings of practices with highest and lowest IMD scores



GP ratings by deprivation

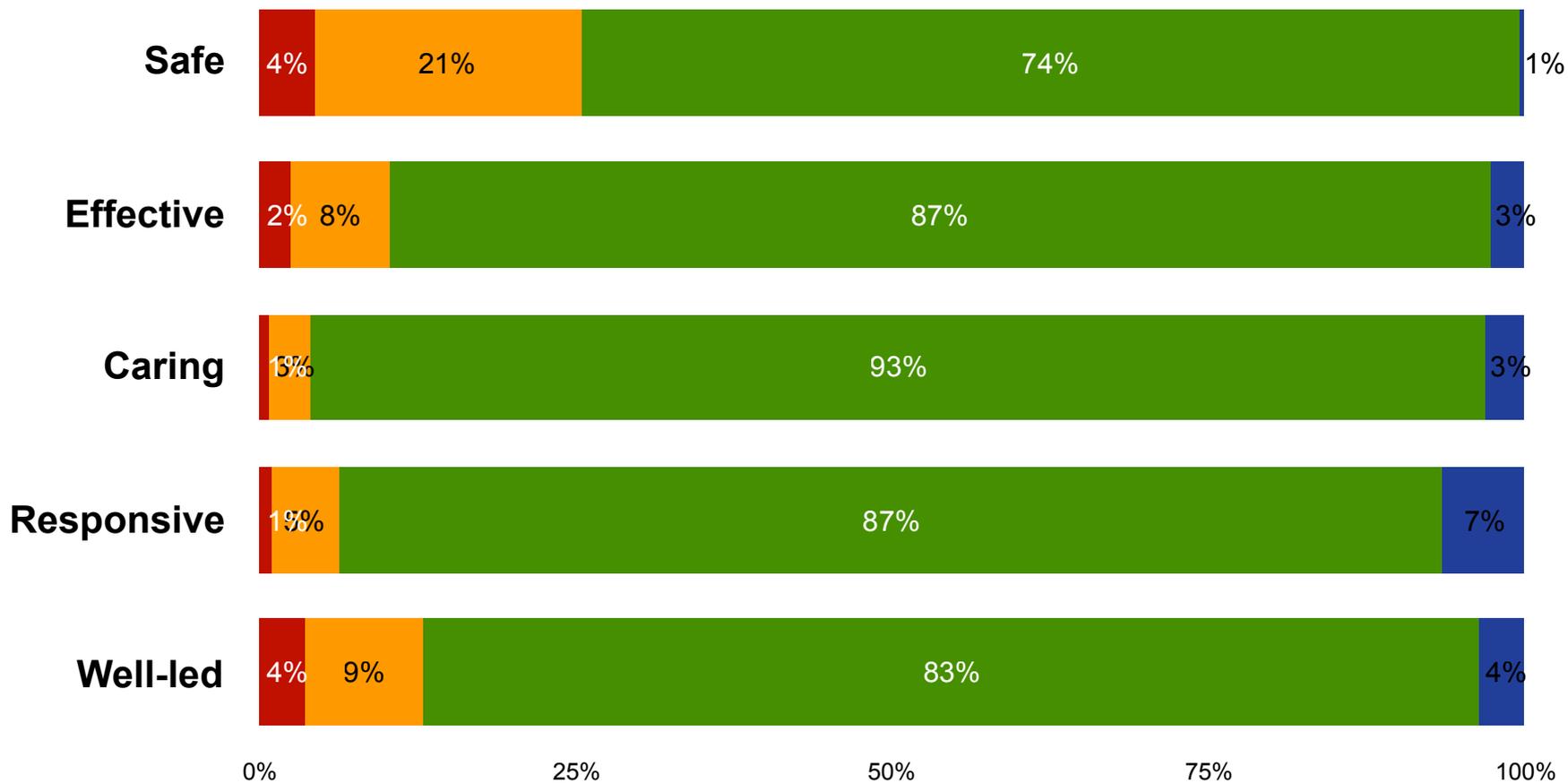


Deprivation score (IMD 2015)	Overall Rating	Provider Name	Area
56.85	Outstanding	The Locality Health Centre CIC	North Somerset
52.038	Outstanding	Five Oaks Family Practice	Manchester
50.492	Outstanding	Dr Noakes and Partners The Park Surgery	Norfolk
49.43	Outstanding	Waterloo Medical Centre	Blackpool
49.41	Outstanding	Tong Medical Practice	Bradford
44.73	Outstanding	MEEBBB Health CIC (St Pauls Way Medical Centre)	London
44.21	Outstanding	Urban Village Medical Practice	Manchester
41.781	Outstanding	Hope Citadel Healthcare Community Interest Company Hollinwood	Oldham
41.498	Outstanding	Dr Gabriel Hendow Bransholme Health Centre	Hull
41.342	Outstanding	Redburn Park Medical Centre	North Shields

Case study: Inclusion Healthcare



GP ratings by key question



Overall
Outstanding



- 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



Overall
Inadequate



- **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

Inspection feedback from practices



“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.”

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

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

“They worked very hard to ensure that the day was as stress free as possible whilst getting the information they needed.”

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

- 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

- 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

Well led: key themes in good care



- 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

Population groups

- 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:

Population group	Example
Working age people	Offering appointments outside of usual working hours (9am-5pm) and at weekends.
People with long-term conditions	Educating patients to self-manage their long-term conditions more effectively.
People whose circumstances may make them vulnerable	Being flexible in their approach to vulnerable people by offering longer appointments and allowing homeless patients to register at the practice.
People experiencing poor mental health	Working collaboratively with local mental health services and improving access to psychological therapies and substance misuse services.
Older people	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.
Families, children and young people	Offering information in age appropriate formats for young people and ensuring staff were well trained on local safeguarding processes.

- 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



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
- Focus on understanding innovative models of care and areas where potential risks may emerge



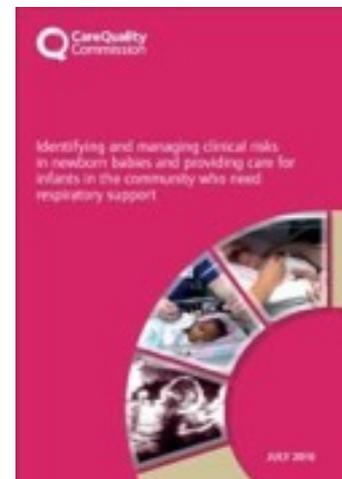
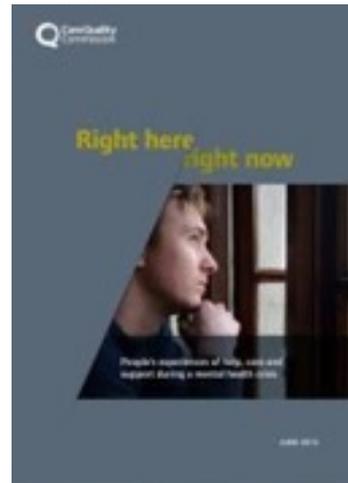
Federations and other new care models: focus on well-led question, consider inspection of sample locations alongside, understanding potential risks using local data

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

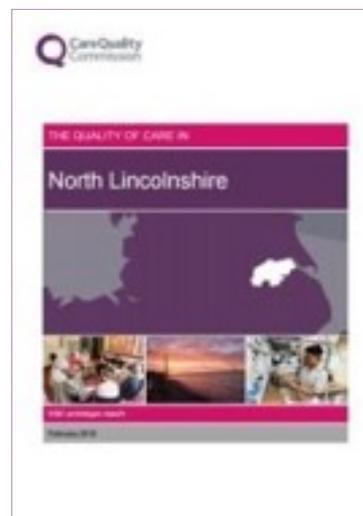
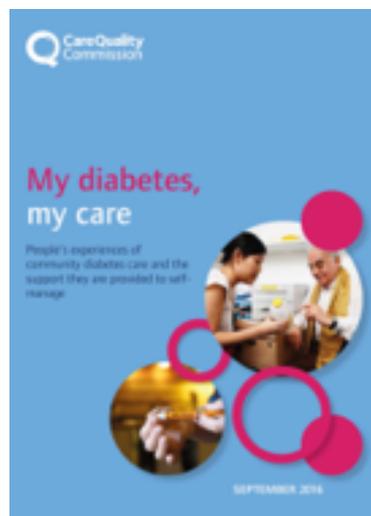
- ✓ Make sure you've read our **provider handbook**, and understand the **key lines of enquiry** our inspectors will focus on
- ✓ Read our **mythbusters** for tips and further guidance
- ✓ Read our **outstanding practice web tool kit** and consider what would make care for people who use your services 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/GPPProvider

Our independent voice: reviews of care



Reviews of care 2015/16



More to come....

- State of Care 2015/16 **13 October**
- Integrated urgent care
- How NHS trusts investigate deaths

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

Find all of the above and more at:
www.cqc.org.uk/GPProvider

Thank you



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