LMC 04/14
February 2014

CareQuality Commission

A fresh start for the regulation and inspection of GP practices and GP out-of-hours services

Working together to change how we inspect and regulate GP practices and GP out-of-hours services

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

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our principles:

- We put people who use services at the centre of our work
- We are independent, rigorous, fair and consistent
- We have an open and accessible culture
- We work in partnership across the health and social care system
- We are committed to being a high performing organisation and apply the same standards of continuous improvement to ourselves that we expect of others
- We promote equality, diversity and human rights

Contents

Foreword from the Chief Executive

We have set out a new vision and direction for the Care Quality Commission in our *Strategy for 2013-2016, Raising standards and putting people first* and in our recent consultation *A new start,* which proposed radical changes to the way we regulate health and social care services.

The changes were developed with extensive engagement with the public, our staff, providers and key organisations. We know there is strong support for our introduction of Chief Inspectors; expert inspection teams; ratings to help people choose care; a focus on highlighting good practice; and a commitment to listen better to the views and experiences of people who use services. We also know there is strong support for the new framework, principles and operating model that we will use, which include the five key questions we will ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

We are clear that we will recognise differences within sectors and will develop our model for each of them accordingly. I am delighted that Professor Steve Field, our Chief Inspector of General Practice, will take forward these changes in primary care and a range of other services, including working with other inspectorates on the healthcare of offenders and looked after children.

“I am delighted that Professor Steve Field, our Chief Inspector of General Practice, will take forward these changes”

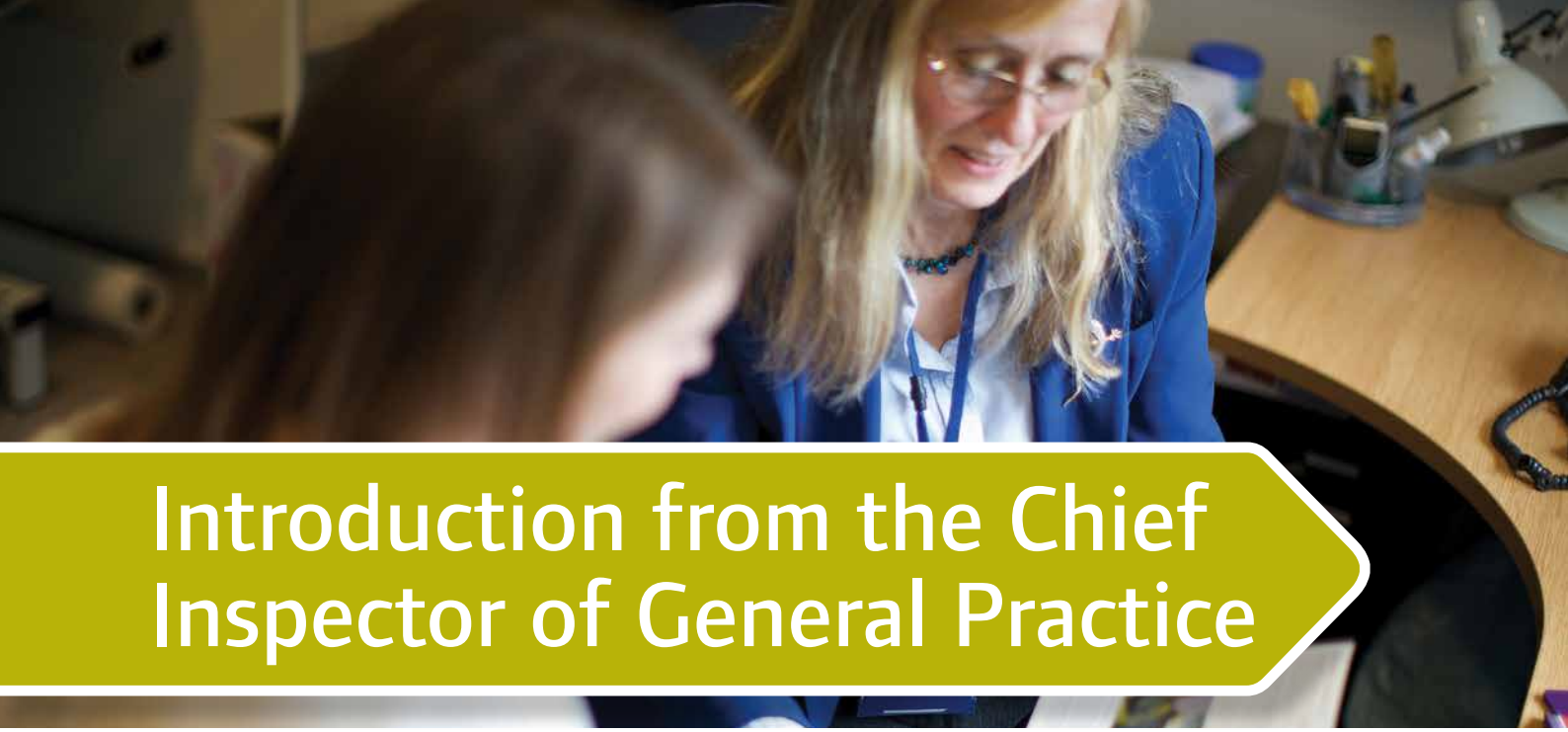
Primary care plays a vital role in our health and social care system. Good primary care can play a significant role in improving the quality of people's lives, including those of the older people; people with long-term conditions; new mothers; children and young people and people with mental health issues. GPs work with others in the health and social care system to keep people well and are a trusted source of information and advice, often being the first port of call for those in need of care. Crucially, they are the central coordination point for the care of people who move between hospitals, care homes, care in the home and community health services.

Steve has a particular interest in the care of the most vulnerable, including, homeless people, people with learning disabilities and vulnerable older people. His remit includes an important responsibility for checking that people's care is properly organised when more than one type of care service is involved in providing it. As this document makes clear, he will work together with our Chief Inspector of Adult Social Care, Andrea Sutcliffe, and Chief Inspector of Hospitals, Professor Sir Mike Richards to do this. Their aim will be to improve care for people as they move between health and social care services, particularly for people with conditions such as dementia and those receiving end of life care.

CQC will also develop strong and effective relationships with Healthwatch England, Local Authorities' Overview and Scrutiny Committees and Health and Wellbeing Boards, patient representative organisations, health and social care providers, and professional organisations such as the British Medical Association and the Royal College of GPs.

The programme of work set out in this document will help us work towards our purpose of making sure that services provide people with safe, effective, compassionate, high-quality care and encouraging services to improve.

David Behan
Chief Executive



Introduction from the Chief Inspector of General Practice

I love being a GP. I've been in general practice for more than 25 years and I know what a critical role a good surgery plays in people's lives. GP practices are usually the first point of contact for a patient seeking healthcare; they treat patients; and they refer them on for further care or treatment. They play a vital role in making sure that people's care is properly organised when more than one type of care service is involved – for example when people leave hospital and are visited in their own home by a district nurse, or when they live in a care home and are taken into hospital.

Practices are often at the centre of a network of local community-based services, working closely with both NHS and social care providers. What is clear is that as people's needs change, general practice must change to meet them. As we develop changes to the way CQC inspects and regulates primary care, we will make sure that we focus on how GP practices work in a coordinated way with other services, and encourage them to adapt to the changing needs of their local population.

Because of their vital role, a poor quality GP practice can have serious consequences for the health and wellbeing of a large number of people. CQC's first 1,000 inspections of GP surgeries have demonstrated that there are a minority of practices providing unacceptable care – it is essential that we shine a spotlight on these bad practices to make sure the care their patients receive improves and that we do this by regulating, monitoring and inspecting the sector in a robust and effective way.

At the other end of the spectrum, we want to highlight good and outstanding practices and encourage improvement in GP surgeries across England. We want patients and those who care for them to know what good quality care looks like and where the good and outstanding practices are so they don't accept poor care. We know, from our research, that patients generally have low expectations of GP practices and we want this to change. I am passionate about making sure that general practice is inclusive and reaches people who find it harder to access healthcare, such as people experiencing mental health problems, people with learning disabilities, and the homeless.

This statement sets out our early thinking on how we will monitor, inspect and regulate GP practices and GP out-of-hours services, and our priorities for the sector.

Joined up, coordinated, person-centred care – that is, integrated care – is important for patients. The Chief Inspectors of Hospitals, Adult Social Care and I are determined to work together to do this and will provide an update on our approach to integrating health and social care services in early 2014.

I also have responsibility for working with other inspectorates on the healthcare of offenders, on the contribution that health services make towards

safeguarding children, and on the promotion of the health and welfare of looked after children. We will also be providing an update on our approach to these services in early 2014.

I want to develop all of these changes by working closely with our partners, providers, key stakeholders and, most importantly, with the public and people who use services to make sure we get this right.

Professor Steve Field
Chief Inspector of General Practice

Monitoring, regulating and inspecting primary care

Our recent consultation, *A New Start* set out the principles that guide how CQC will inspect and regulate all care services, although it focused mainly on hospitals. It set out our new operating model which includes:

- Registering those that apply to CQC to provide services
- Intelligent use of data, evidence and information to monitor services
- Using feedback from patients and the public to inform our judgements about services
- Inspections carried out by experts
- Information for the public on our judgements about care quality, including a rating to help people chose services
- The action we take to require improvements and, where necessary, the action we take to make sure those responsible for poor care are held accountable for it.

FIGURE 1: OVERVIEW OF OUR FUTURE OPERATING MODEL

These principles guide our monitoring, inspection and regulation of GP practices and GP out-of-hours services, but the detail of how we do this will be designed specifically for this sector. This document describes our early thinking about how we will regulate this sector and marks the start of a discussion about this.

The services that the Chief Inspector of General Practice will be responsible for:

The Chief Inspector of General Practice will oversee the regulation of:

- Monitoring, regulation and inspection of GP practices (including GP out-of-hours services).
- Monitoring, regulation and inspection of general dental practices.
- Monitoring, regulation and inspection of mobile doctors and remote clinical advice services (including the 111 service).
- Specific responsibilities that CQC holds to work with other inspectorates (such as Ofsted and Her Majesty's Inspectorate of Prisons) to inspect offender healthcare services and health services' contribution to safeguarding children and promoting the health and wellbeing of looked after children.
- Specific responsibilities that CQC holds for the safe management of controlled drugs and the safe and effective use of medicines.
- Approach that CQC takes to making sure people's care is organised properly when more than one type of care service is involved in providing it.

This document focuses on general practice, including out-of-hours services.

The characteristics of general practice

General practice has particular characteristics that will inform the changes we need to make to the way we monitor, inspect and regulate it.

- GP practices are usually the first point of contact for a patient seeking treatment or advice about their health. Around 90% of contacts with the NHS are with these services. There are approximately 300 million consultations a year and only 5% of patients are referred on to secondary care[1].
- GPs provide a wide range of care within the local community, dealing with problems that usually include physical, psychological and social components. About a third of a GP's workload with relate to psycho-social problems and mental health.
- GPs and practice teams play a key role in promoting health and preventing disease, for example childhood immunisations, smoking cessation and obesity services.
- GP practices work closely with other types of health and social care providers. GPs act as the gateway to, and the coordinator of, patient care throughout their journey or pathway. Practices are often at the centre of a network of local community based services, working closely with both NHS and social care providers.
- The provision of general practice in the NHS has changed significantly over the years. General practice has evolved from GPs working in single or dual practices to the majority working in larger group practices and health centres. In addition, conditions that in the past were only treated in hospital are now part of everyday general practice.
- The workload in general practice is increasing. There are many reasons for this, including the fact that we have an ageing population with an increased prevalence of long-term health conditions, and that a large number of GPs are nearing retirement.

1. RCGP – The 2022 GP – Compendium of Evidence

Priority 1: Developing the new regulatory approach

The five key questions we ask of GP practices

When we monitor, inspect and regulate GP practices we want to make sure we look at the things that matter to the people who use them and that their interests are at the heart of the five key questions we ask about the quality and safety of GP practices:

- **Are they safe?** This will include checking whether practices and clinics are clean and safe, including whether medicines are managed properly. It will also include checking whether people are supported by practice staff, particularly those who are in need of safeguarding, and whether practices learn from safety incidents, such as prescribing errors or missed diagnoses.
- **Are they effective?** This will include checking that:
  - Patients are given the right diagnosis and treatment.
  - The care of patients with long term conditions is managed well.
  - Patients are referred properly to specialist services.
  - Patients and those who care for them are involved in decisions about their care.
- **Are they caring?** This will include checking that patients are treated with compassion, dignity and respect
- **Are they responsive?** This will include checking whether a GP practice assesses and responds to the needs of the local population, including in relation to access to appointments. It will also include checking how the practice responds to feedback from people, for example through having an effective Patient Participation Group. It will also include how medical records are stored and shared with the patient and other services
- **Are they well-led?** This will include checking that a GP practice supports its staff, provides training and supervision to make sure they are able to do a good job, and has good quality governance. It also includes looking at how well the practice works with other health and adult social care services in the area.

We will also check how GP practices work to prevent poor health and to promote healthy living. We will be considering how best to do this as part of our intelligent monitoring and inspection programme.

At the moment there is a lack of clarity about what good care looks like in general practice. We will change this by defining what good quality care looks like in relation to the five key questions above. We will work with the public, people who use services, GPs and practice staff across the sector and with our partners such as Health Education England to do this. In particular we will work with NHS England so there is consistency with what services they choose to commission. Our definitions will drive our ratings, which will be the authoritative judgement of the quality of care provided.

> **“We want to make sure we look at the things that matter to people”**

Intelligent monitoring

CQC's intelligent monitoring aims to check whether there is a risk that services do not provide either safe or high-quality care. Even the best GP practices and GP out-of-hours services will face problems in the quality of care from time to time. CQC's intelligent monitoring will look at incidents and other information to give our inspectors a clear picture of the areas of care that may need to be followed up.

Together with local insight and other factors, this information will help us to decide when, where and what to inspect. This means that we will be able to anticipate, identify and respond more quickly to GP practices and GP out-of-hours services that are failing, or are at risk of failing.

We are committed to developing the right approach to using information to monitor risks to the quality of care in general practice and out-of-hours services. Our intelligent monitoring will be built on a suite of indicators which relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive, and well-led? The indicators will be used to raise questions about the quality of care but will not be used on their own to make final judgements. These judgements will always be based on a combination of what we find at inspection, national data and local information from the service, the Clinical Commissioning Group or NHS England Area Team and other organisations.

We will design and test this new approach to using intelligence with a range of stakeholders. We want to work with others to help us design an intelligent monitoring system which can be tested through different scenarios to ensure it is fit for purpose. We will continue to be transparent about our intelligence monitoring process, its content and our methodology and to develop it with providers, patients and the public and other key stakeholders.

Expert-led inspections with clinical input led by GPs

Inspections are a key part of what we do. Our inspections of GP practices will be led by expert inspectors with clinical input led by GPs. The teams will include an inspector, a GP, a nurse and/or a practice manager and a GP Registrar. Teams may also include an expert by experience – someone who uses a GP practice or has a particular experience of care that we want to look at.

From April 2014, we will visit each Clinical Commissioning Group area typically once every six months to inspect a number of practices within that area. By April 2016 we will have inspected every practice and we will consider how we link inspection frequency to ratings after this. We will also use the opportunity to look at themes across the Clinical Commissioning Group area, and where relevant within a local authority area. This will include looking at areas of care such as out-of-hours, the use of medicines in care homes and access to mental health services. We will work closely with the Chief Inspector of Adult Social Care and the Chief Inspector of Hospitals to do this.

> **"Our inspections of GP practices will be led by expert inspectors with clinical input led by GPs"**

Priority 2: Regulating and inspecting how well people's care is organised when more than one type of care service is involved

One of the Chief Inspector of General Practice's most important roles is to oversee the regulation and inspection of how well care services work together within sectors but also across different sectors. Through doing this we will explore how well people's care is organised when more than one type of care service is involved. We will develop methods of looking at the quality of particular services across an area. For example we could look at maternity services in a geographical area, exploring how all providers of maternity services work together, including GPs, midwives working in the community and consultants working in hospitals.

We will use our powers to carry out special reviews or themed inspections to make sure we look at how well people are cared for as they move between health and social care services. We intend to increase our investment in this area of our work. We will produce a document outlining our thinking about how we look at the integration of services. This will be published in the New Year.

General practice is an essential part of a fully integrated local care system and we will focus on how GPs and other practice staff work with other health and social care providers. We will consider particular themes such as safeguarding, and the management of medicines in care homes. CQC also has an important role, working with other inspectorates including Ofsted, to inspect the contribution health services make to safeguarding children, including the contribution made by GP practices.

Priority 3: Putting people first

Our inspections will put people at the heart of our work. We will look at how well services are provided for specific groups of people and what good care looks like for them. We want to make sure these are the right groups to focus on and will work with others to get this right. Our early thinking suggests we should focus on the following groups of people:

- Vulnerable older people (over 75s) – we will look at how well older patients with complex health needs are supported by GPs to be healthy and stay out of hospital, and how effectively older people in care homes and nursing homes are cared for by GP practices.
- People with long-term conditions - we will look at how well people with conditions such as diabetes and lung disease are cared for by the GP practice, and whether the care provided helps to avoid unnecessary hospital admissions.
- Mothers, children and young people – we will look at how well practices provide pre-natal and post-natal care, how the care of mothers, children and young people is coordinated with maternity services, health visiting and school nursing. We will also look at how well practice staff are able to identify children who are very unwell and in need of urgent care or treatment.
- Working age population and those recently retired (aged up to 74) – we will look at how well the appointments system works for working people, including how easy appointments systems are to use and online booking. We will look at how easy it is for them to get simple diagnostic procedures such as blood tests on site if appropriate.

- People in vulnerable circumstances who may have poor access to primary care – we will look at how well the needs of homeless people, gypsies and travellers, people with a learning disability and other people in the local population who are in vulnerable circumstances are assessed by the practice. We will check how practices make sure they provide such people with appropriate care and that it is accessible to those groups who have poorer access to primary care services.
- People experiencing a mental health problem – we will look at how well people with a mental health problem are provided with treatment, or where appropriate, referred on by GP practices. We will also explore how well their physical healthcare needs are identified and treated.

We will work with stakeholders, providers, people who use services and those who care for them to develop how we do this.

We will develop guidance on how we will inspect GP practices and GP out-of-hours services. We will publish this for consultation in March 2014.

Involving staff, patients and the public in our inspections

We are committed to involving patients and local communities in all our work. Patients will be involved in our inspections of GP practices and GP out-of-hours services. We will gather views from individuals, families and carers and local representative groups before we carry out an inspection. We will test the best way of doing this but it may involve holding local events and using local publicity so that people know when and how to tell us about their experiences. We will also work specifically with local groups who gather the views of local people and who represent patients and communities such as practices' Patient Participation Groups and Local Healthwatch. We will make sure we have regular contact with these groups.

“We are committed to involving patients and local communities in all our work”

We will also use a variety of ways to gather the views of patients and those who care for them during our inspections. This will include interviewing patients and observing their care. We will make sure we hear from members of the public as well as specific users of care services, people who live in vulnerable circumstances and people who experience barriers to services.

We will also look at how practices gather the views of staff, patients and the public and how they respond to these views to continually improve these services. We expect practices to have effective complaints handling arrangements and to respond properly to patient concerns, staff concerns and whistleblowers.

Priority 4: Encouraging GP services to improve

Developing a ratings system for primary care

We want patients and those who care for them to know how good a GP practice is. We will rate all GP practices by April 2016 and will begin to publish ratings for the practices we have inspected in October 2014. This will tell patients and commissioners whether in our judgement the care provided at a practice is Outstanding, Good, Requires Improvement or Inadequate. This overall rating will be built up from ratings for each group of people we look at (as described above) and within this for each of our five key questions (is care safe, effective, caring, responsive, and well-led).

We will expect practices to publicise the outcomes of inspection to their patients and those who care for them and our Chief Inspector will write an open letter about the standard of care at practices in the area to local people for publication in the media and on the GP practice and CCG websites.

Responding to poor care

We know that the majority of people receive good quality care from their GP. However, our first 1,000 inspections have also highlighted some clear examples of poor quality care. Although they happened in a minority of GP practices, they had a significant impact on a large number of patients and on health and social care services in the local area. For example we found a practice where staff were directing patients to A&E during working hours when no doctor was available. In others we discovered out-of-date medicines, some of which were there to be used in emergencies. There were also examples where vaccines were being stored incorrectly, which could potentially could put hundreds of people's lives at risk.

This is unacceptable and we will make clear how we will use the full range of our enforcement powers in response to services that provide poor care to make sure they improve. This will include, where necessary, stopping a practice from providing services or prosecuting it.

We will use these in conjunction with new government regulations of quality and safety that will set out the fundamental standards below which the quality of care must not fall. We will consult on, and then publish guidance for practices to describe the level of care GPs must provide to ensure that the requirements of the regulations are being met.

We recognise that a number of other organisations have a role to play in monitoring the quality of GP practices and that we need to develop our relationship with them so that we do not duplicate activity. In particular, we will focus on developing how we work with NHS England Area Teams and CCGs to ensure that practices do not continue to provide poor quality care.

This is the first time that GPs and GP out-of-hours services have been regulated in this way. It is an opportunity for CQC to shine a light on both good and poor practice, to respond to poor care and to make sure GP and out-of-hours services improve.

> **"We want patients and those who care for them to know how good a GP practice is"**

Priority 5: Focusing on GP out-of-hours services

GP out-of-hours services face particular challenges in providing safe, compassionate care. Patients are unfamiliar to staff, and staff do not always have access to their medical records or their medical history. Cases are also often more complex than those in normal general practice, with a higher proportion of patients in vulnerable circumstances and/or with urgent care needs. An initial assessment is often carried out over the phone and care is often short and episodic. Often these services have a large workforce where staff may not know each other well. There have also been a number of high profile failings in GP out-of-hours services.

Because of these factors we believe it is important that we improve how we regulate and inspect these services quickly.

We want to highlight good practice where these challenges are managed well, but we also want to identify where GP out-of-hours services are not good enough. We are carrying out comprehensive inspections of these providers between January 2014 and June 2014. These inspections will help us develop a picture of the quality of out-of-hours services across the country, and will enable us to test our developing approach.

We will ask whether or not these services are safe, effective, caring, responsive and well-led. We will focus on the same groups of people as in our inspection and regulation of GP practices. Our inspection teams will be led by a clinician and will include an inspector, a GP, a practice nurse or a practice manager and a GP Registrar, including clinicians and managers who are recognised as providing the highest quality out-of-hours care. We will be testing out how we might include Experts by Experience in our inspection teams early in 2014. We will also provide a rating of out-of-hours services so that patients, those who care for them and commissioners will know whether they are providing care that is Outstanding, Good, Requires Improvement or Inadequate.

We recognise that out-of-hours care is part of a wider system of urgent care services such as walk-in centres, minor injury units, NHS 111 and that there are different models for how out-of-hours services are organised.

In our inspections of GP out-of-hours services we will consider the quality of communication between out-of-hours care and other local services, including GP practices, care homes and emergency services. We will look at how patients with urgent needs are responded to and how out-of-hours providers make sure they appoint good staff. We will also check whether progress has been made on the recommendations made in reviews such as the Ministerial review *General practice out-of-hours services: project to consider and assess current arrangements* by Dr David Colin-Thomé and Professor Steve Field.

We will be routinely getting feedback from patients, those who care for them and local organisations such as Healthwatch to help us assess how responsive services are, and also asking local GPs to give us their views on how well the out-of-hours services for their patients are performing.

We will publish individual inspection reports as we carry out the inspections and we will publish a national overview of our findings in the Spring 2014.

From April 2014 we will incorporate our inspections of GP out-of-hours services into our inspection programme of GP practices across their CCG area. When we visit CCGs we will look at the out-of-hours service as well as a sample of the GP practices in the area.

How we will make these changes

CQC is committed to developing these changes in partnership with the public, patients, providers and key organisations.

We have set up a reference group through which we engage with key stakeholders from within the primary care sector and we are working with them to develop our approach. This group will support us by providing expert advice, opinion and challenge to the design and development of our methods and approach.

In addition to this group, we will set up smaller task and finish groups to focus on particular issues. For example we have already held a task and finish group to help us with our out-of-hours inspection development. We have another one planned to begin developing our inspection framework for GP practices

> **“CQC is committed to developing these changes in partnership”**

Current proposed timeline for changes for the GP and out-of-hours care

The majority of these changes will be introduced from April 2014 and some of the changes will be introduced in phases. The following provides some detail of our timelines for introducing the changes to our approach.

GP practices

December 2013 – March 2014

- Wide engagement with internal and external stakeholders on the five priorities
- Department of Health consultation on the registration requirements
- Regular meetings with external advisory groups and other working groups

Spring 2014

- Begin testing our new approach in GP inspections from April 2014
- Formal consultation on the standards, guidance and ratings system

Summer 2014

- Evaluation of the new approach
- Guidance and standards refined post consultation and published
- Test our new approach incorporating lessons learnt from inspections earlier in the year

October 2014

- New regulations in place and new model rolled out to all providers
- Initial ratings confirmed and published

April 2016

- Every GP surgery in England will have been inspected and rated.

GP out-of-hours services

December 2013 – March 2014

- Wide engagement with internal and external stakeholders on the five priorities
- Begin testing new approach in GP out-of-hours inspections
- Key national findings from first inspections published

Spring 2014

- Formal consultation on our standards, guidance and ratings system
- Begin inspecting GP out-of-hours services at the same time as we inspect GP practices within a CCG area

June 2014

- Ratings of out-of-hours services begin

October 2014

- New regulations in place and new model rolled out to all providers

We will publish further information and documents soon about our developing approach in dentistry and integration.

Although this is not a consultation, we would like to hear your views on any of the proposals and changes that we have set out in this document. If you would like to get in touch, please contact us at cqcinspectionchangesGP@cqc.org.uk

Our top 10 changes

1. Better, more systematic use of people's views and experiences, including suggestions and complaints.
2. New expert inspection teams including trained inspectors, clinical input led by GPs and nurses, practice managers and GP Registrars.
3. A rolling programme of inspections carried out systematically in each CCG area across England.
4. Inspections of GP out-of-hours services to be incorporated into CCG area programmes.
5. A focus on how general practice is provided to key patient groups, including vulnerable older people and mothers, babies and children.
6. Tougher action in response to unacceptable care, including where necessary closing down unsafe practices.
7. Ratings of all practices to help drive improvement and support people's choice of surgery.
8. Better use of data and analysis to help us to identify risk and target our efforts.
9. Clear standards and guidance to underpin the five key questions we ask of services: are they safe, effective, caring, responsive and well-led?
10. Close collaborative working CCGs and Local Area Teams of NHS England to avoid duplication of activity.

How to contact us

Call us on: **03000 616161**

Email us at: **enquiries@cqc.org.uk**

Look at our website: **www.cqc.org.uk**

Write to us at: **Care Quality Commission**
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Follow us on Twitter: **@CareQualityComm**

Read more and download this report in other formats at: **www.cqc.org.uk**.

Please contact us if you would like a summary of this report in another language or format.

CQC-220