

CQC, values and approach, and emerging lessons from 'outstanding' primary care services

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What will be covered



- Where are we now
- What do we know
- The future strategy
- Getting your input

Our purpose and role



Our purpose

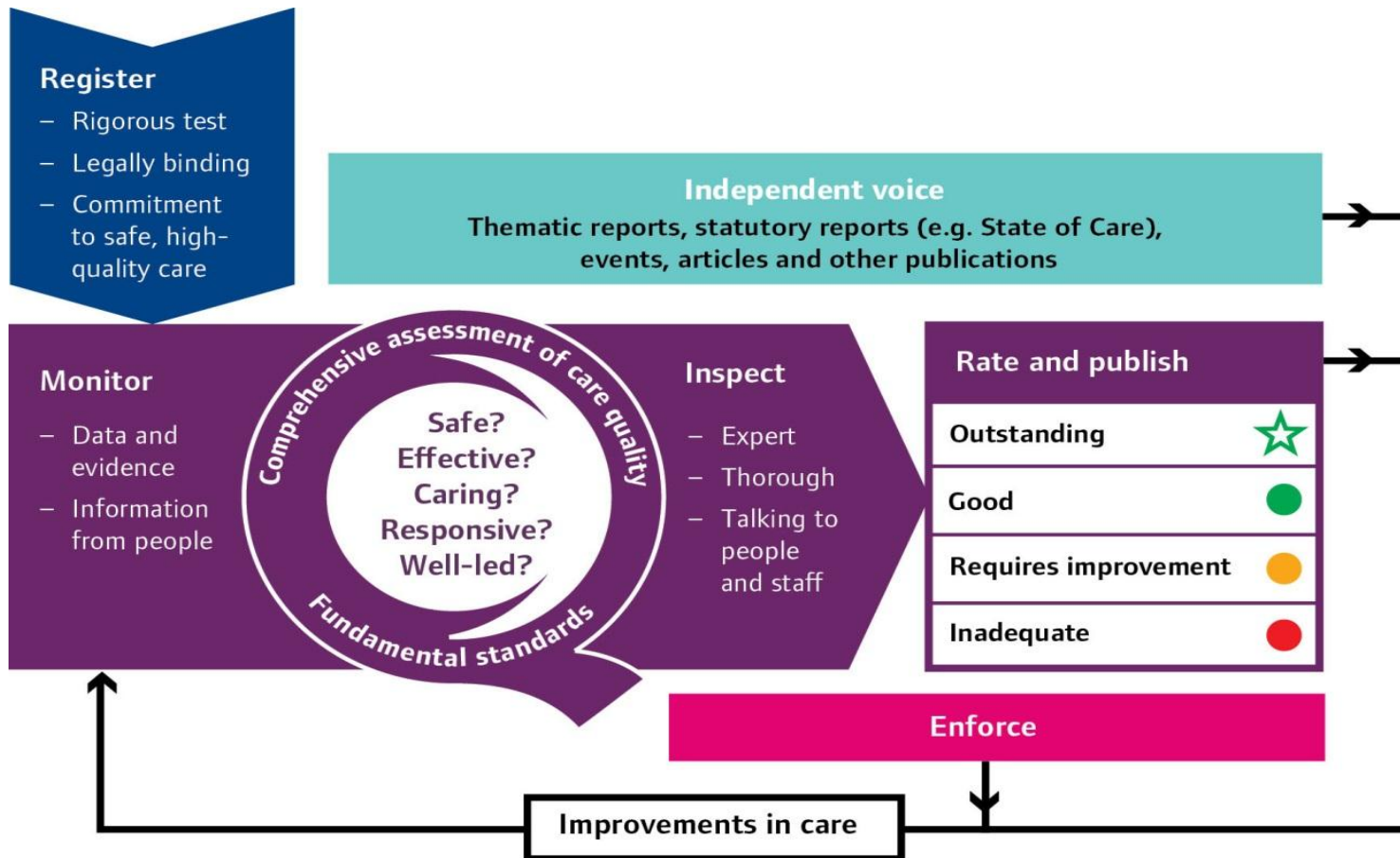
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

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.

We will be strong, independent, expert inspectorate that is always on the side of people who use services.





Key: CQC's core functions



Our Key Questions



- **Safe?** – people are protected from abuse and avoidable harm
- **Effective?** – people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
- **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect
- **Responsive?** – services are organised so that they meet people's needs
- **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture

For each of the five key questions there are between 3 and 5 Key Lines of Enquiry



- There are a standard set of KLOEs for GP practices and GP out-of-hours services
- For each KLOE we have provided characteristics of good
- They support consistency of what we look at under each of the five key questions and focus on those areas that matter most
- KLOEs are supported by guidance on the key things to consider as part of the assessment; these are called prompts
- There are a small number of differences under things to consider for GP practices and GP out-of-hours

Inspectors will judge how well services meet the needs of six different population groups:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people, those recently retired and students
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Published GP Inspection Reports with Ratings (1 October 2014 – 31 January 2016)



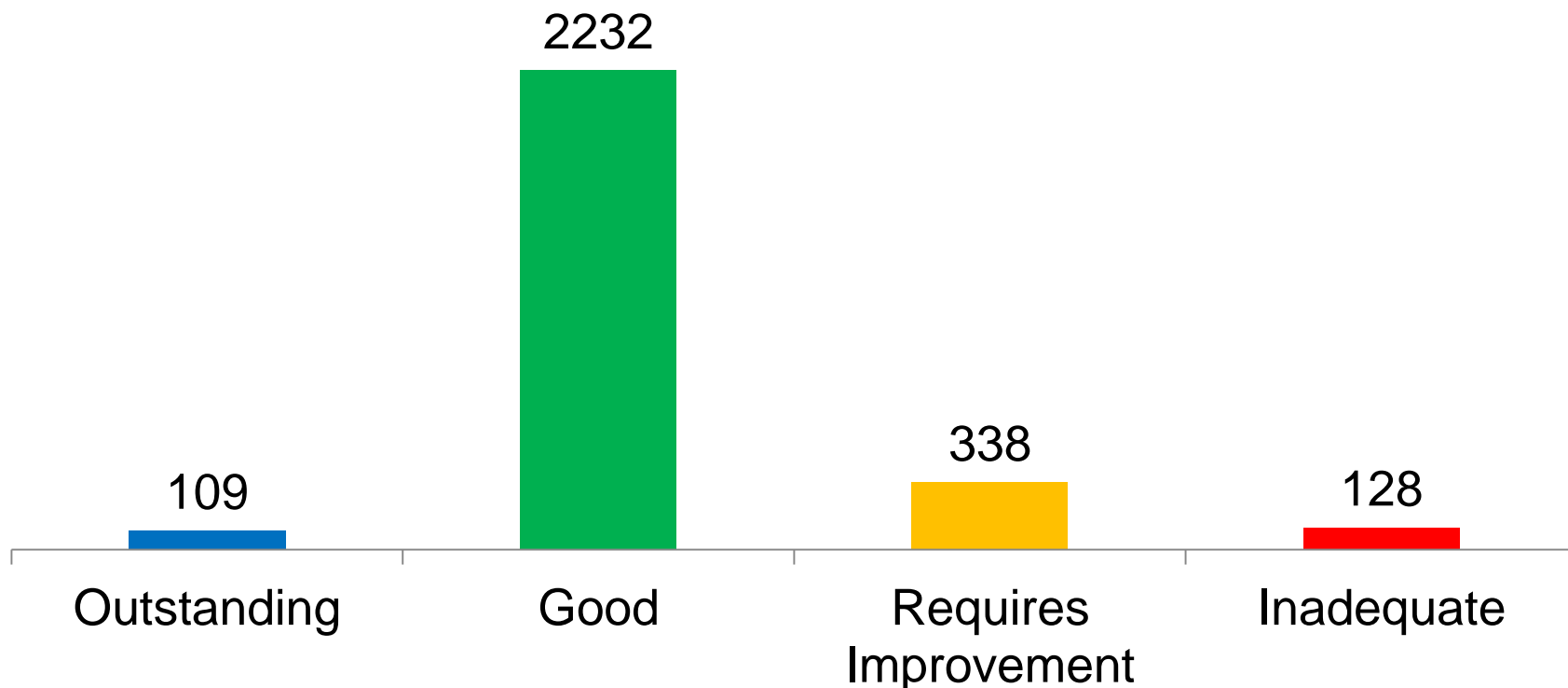
	Total	North	South	Central	London
Outstanding	109	36	27	37	9
Good	2,232	757	603	614	258
Requires Improvement	338	70	88	111	69
Inadequate	128	31	28	42	27
Totals	2807	894	746	804	363

Outstanding (4%); **Good** (79.5%), **Requires Improvement** (12%); **Inadequate** (4.5%)

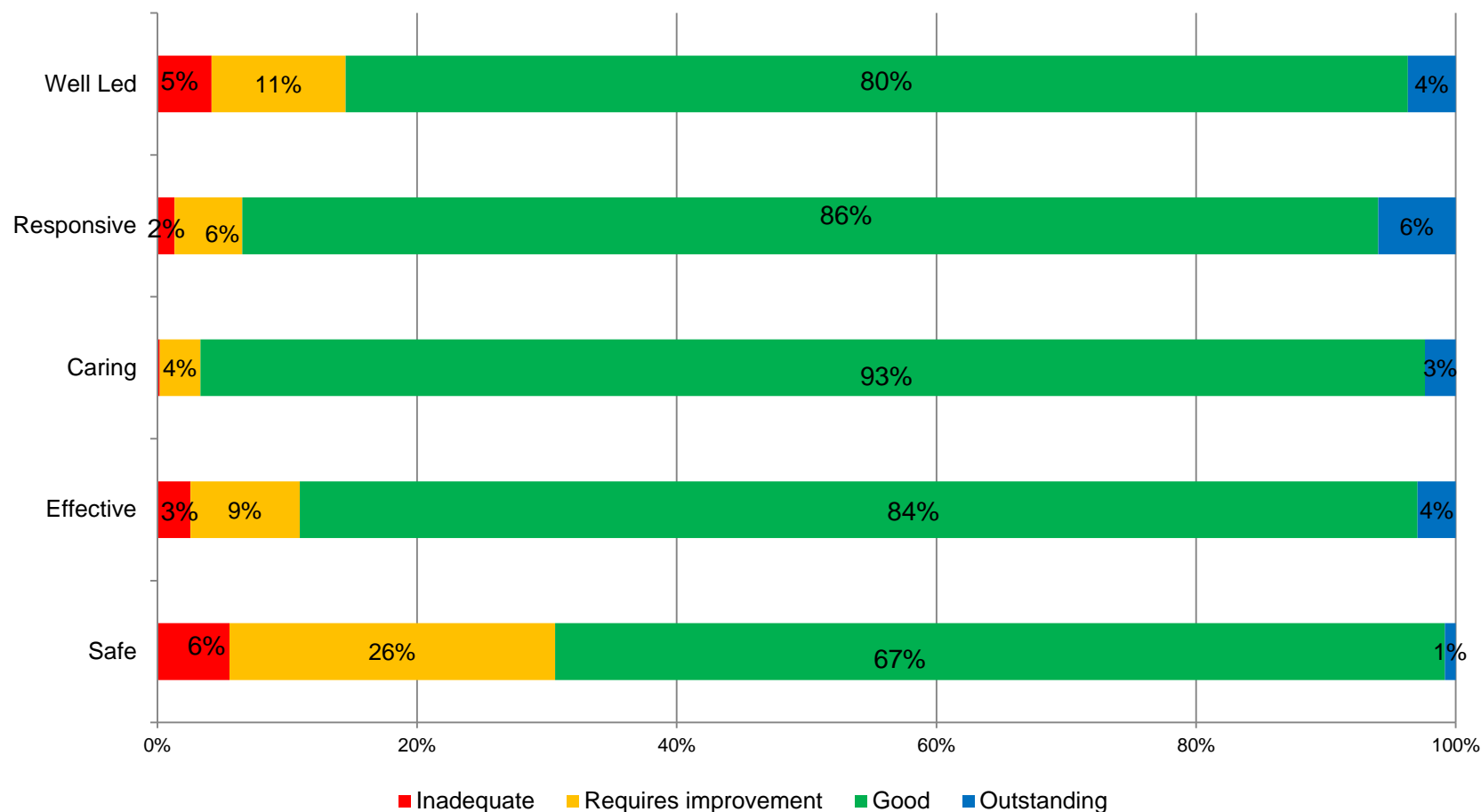
Overall ratings



As at 31 January 2016, there have been 2,807 PMS ratings published. Overall; 79.5% were rated as good, 12% as requires improvement, 4% as outstanding and 4.5% as inadequate.



Overall rating by domain*

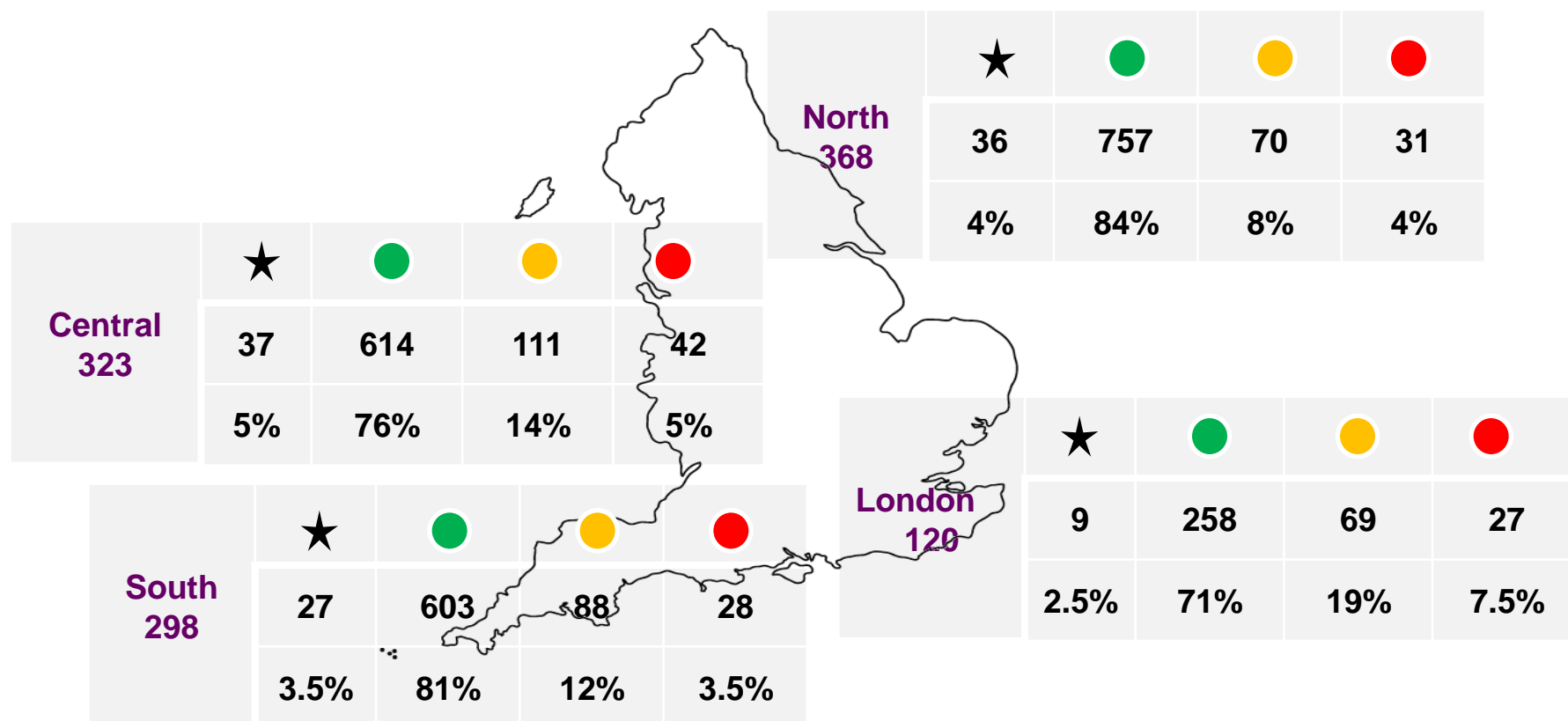


* Data as at 31 Jan 2016

Ratings by region

The graph below breaks the ratings down by region.

Outstanding ★ Good ● RI ● Inadequate ●



First Outstanding ratings for General Practices



SALFORD HEALTH MATTERS, ECCLES:



What has made practices outstanding



- There is good leadership and a strong learning culture within all staff, with quality and safety being their top priority. Staff respond to change and are encouraged to bring suggestions for improvement.
- We saw excellent examples of close working partnerships with other health and social care professionals, which included care planning and a view to avoid unplanned hospital admissions.
- The practice reaches out to the local community, with practice nurses voluntarily carrying out an annual stroke awareness clinic at a local supermarket for the last five years. All of the staff proactively follow-up vulnerable patients.
- Significant events are recorded and shared with multi-professional agencies. We saw evidence that lessons are learned and systems changed so that patient care improves.
- All patients who require an appointment with a GP are seen on the day their request is made. Requests can be made at any time of day, and the practice has late night and weekend opening so patients who are not unavailable during working hours can access appointments easily.
- The practice proactively seeks feedback from patients and sends a text message to all patients following an appointment to ask about their satisfaction. They contact patients who are not satisfied to discuss areas for improvement.

Source: Irlam Medical Practice, Salford & Salford Health Matters, Eccles

Common examples of outstanding practise for each domain



Safe

- Conducting **robust significant event analysis** and sharing learning with other practices, the CCG and other external bodies
- Having a **strong safety culture** in the whole MDT

Effective

- **Offering additional training** to staff so that they can deliver extra services for patients close to home – e.g. complex leg ulcer management

Caring

- Providing a range of **compassionate additional services** to support patients and carers emotional needs e.g. Inclusion Healthcare paying for a dying homeless man to visit the beach

Responsive

- Providing a service which **proactively reaches out** to meet the needs of people in vulnerable situations.
- Offering flexible, longer, or guaranteed same-day **appointments**

Well-Led

- Cultivating a **strong working relationship** with the Patient Participation Group
- Offering strong **personal and professional development** opportunities for staff

Examples of outstanding practise can be found in all practices, even those not rated as outstanding overall



- CQC are **actively looking for examples of outstanding practise** which we can celebrate and disseminate to help spread best practise.
- It is **common** for practices which are rated as 'Good' or even 'Requires Improvement', to have some specific examples of innovative and outstanding practise.
- It is most common for practices to have outstanding examples in the **Effective** and **Responsive** domains.
- **Caring** is the most underrepresented domain – possibly because this is harder to demonstrate to inspection teams, and is more subjective in nature.
- In general, examples of outstanding practise are often:
 - ❖ Innovative solutions to inequalities, problems or unmet patient needs
 - ❖ Show tangible improvements for patients
 - ❖ Scalable, sustained and robust
 - ❖ Involve the whole practice, and possibly other practices in the area.

- All specialist services rated good or outstanding (4/6 OS)
- Highly motivated teams with a clearly articulated underlying philosophy
- strong MDT and cross agency working
- Highly accessible
- Often academic links with outcome data - >life expectancy or reduced hospital admissions
- Strong local needs assessment

Common examples of inadequate for each domain



Safe

- Not undertaking any **analysis of significant events**
- **Storing medicines** and vaccines in an unsafe way (e.g. not refrigerated)
- Not ensuring that staff have been properly **screened in the recruitment process**

Effective

- Not undertaking any **clinical audits** or **evaluation** of the service
- Not using **up-to-date best practise** in patient care

Caring

- Little concern for **privacy and dignity** for patients at the reception desk and waiting area
- Not holding lists of people at the **end of life** or sharing their information with OOH services

Responsive

- **Poor availability** of **appointments** at times which suit patients
- **Difficult** to **contact** the practice via telephone
- No provision of **same-sex clinicians**

Well-Led

- Absence of **vision** for the organisation and lack of clarity in **roles and responsibilities** for day-to-day running of the practice
- **Poor visibility** of leaders and lack of whole practice meetings

- Unaware/ Deny existence of need
 - Especially of 'sofa surfing' , new arrivals etc
- Refusal of registration
 - Especially if local homeless service
- Lack of training and support for staff
- Professionally and practically isolated

what now?

Why a new strategy?



We are working in a changing environment

The way that services regulated by CQC are used and delivered is changing

CQC must deliver its purpose with fewer resources

We aim to adapt and improve

We want to become a more efficient and effective regulator so that we stay relevant and sustainable for the future

The public, and organisations that deliver care, have told us that the way we regulate has improved over the last three years but we know there is more to do

PMS landscape – why a new strategy?



- Over the next five years primary care will undergo a number of changes to how it is organised and delivered
- Our assessment of the quality of care needs to be flexible to respond to the structural changes resulting in care being provided by a much broader spectrum of provider models
- We need to develop our approach so that we are focusing on the right things in primary care so that people who use services know how good their services are, and are protected from poor care. We want to actively encourage good primary care
- We recognise the challenges that the sector is facing and we need to work closer with GP practices, NHS England and the GMC to minimise regulatory duplication on general practice

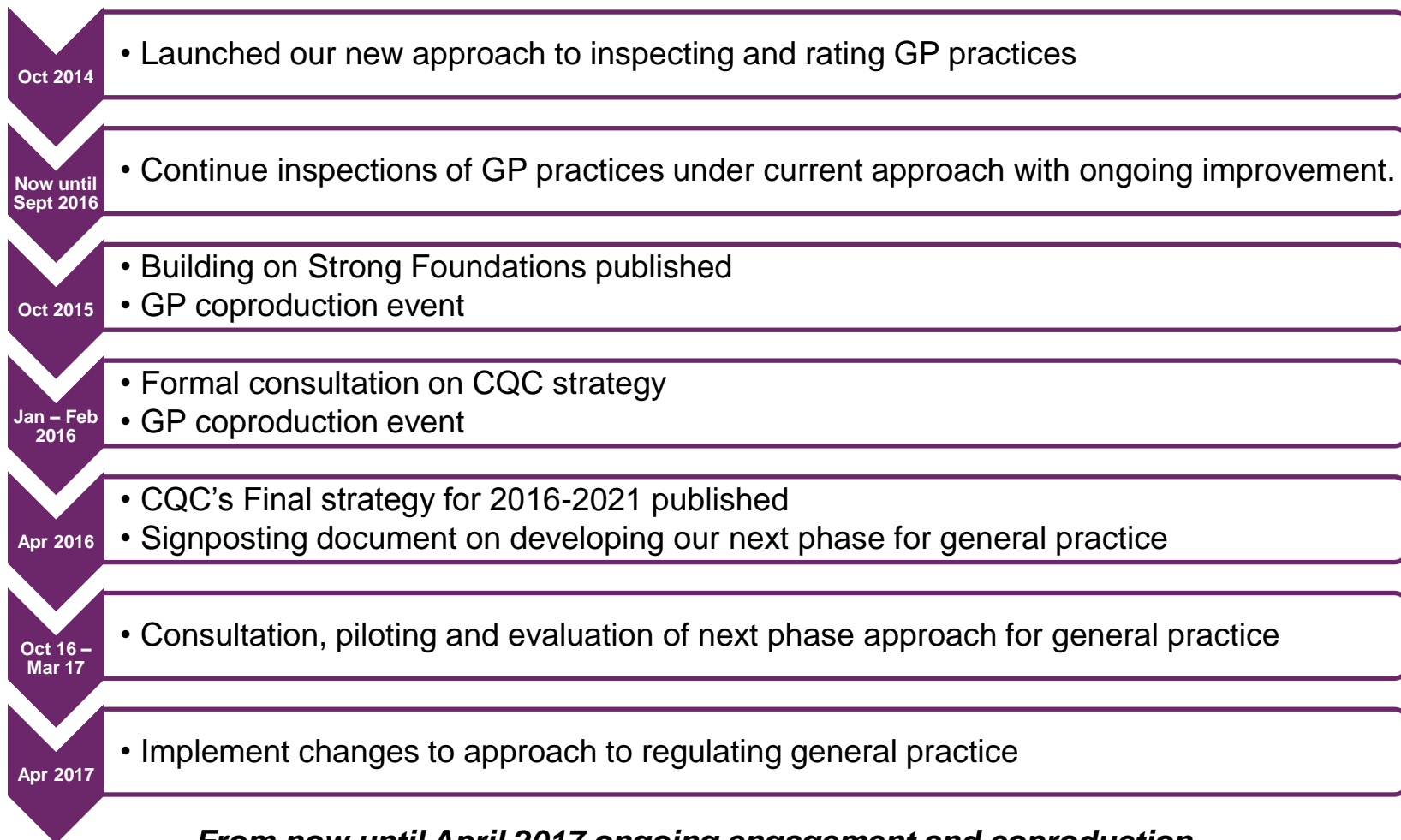
Our vision for quality regulation in 2021



Quality regulation can and does make a real and positive difference – it helps to achieve a health and care system where:

1. People trust and use expert, independent judgements about the quality of care
2. People have confidence that good and poor care will be identified and action taken where necessary so they are protected
3. Organisations that deliver care are encouraged to improve quality
4. Organisations are encouraged to use resources as efficiently as possible to deliver high-quality care

Timeline – what we've done and what we're developing



Six themes will develop our model of regulation:

- Theme 1** Improving our use of data and intelligence
- Theme 2** Implementing a single shared view of quality
- Theme 3** Targeting and tailoring our inspection activity
- Theme 4** Developing a more flexible approach to registration
- Theme 5** Assessing how well hospitals use resources
- Theme 6** Developing methods to assess quality for populations and across local areas

Theme 1: Improving our use of data and information



Using information more effectively to identify risks of poor care and target our inspection activity

- We will use more information from people who use services, their family and advocates
- We will use the indicators that best tell us about quality
- We will use data to prioritise inspections of higher-risk providers
- We will invest in new technologies to improve the way we capture and analyse data
- We will lead work with our partners to collect, use and share information more effectively

Theme 2: Implementing a single shared view of quality



Supporting providers to understand their own quality and identify improvements in the care they provide

- We will develop a shared framework for measuring quality, based on our five key questions and key lines of enquiry, for all providers and oversight bodies
- We will enable providers to tell CQC more about the quality of care they provide and how they are improving it
- We will always check what providers tell us against the information we already have and the things that the public tell us

Theme 3: Targeting and tailoring our inspection activity



Improving the way we inspect services so we can tailor our approach and target our resources more effectively

- We will improve the processes that underpin the way we work e.g. how we report on inspections
- We will focus inspections where risk is greatest and improvement is most needed
- We will develop how we regulate different types of providers e.g. new models of care, or providers that deliver services from several different locations

Theme 4: Developing a more flexible approach to registration



Tailoring the registration process to the different needs of different providers

- We will continue to protect people from services that are unsafe or poor quality by preventing these services from registering
- We will offer a streamlined, less intensive and less costly process for high-quality services making minor changes to registration
- We will link complex or integrated services at registration to understand the risks to quality across multiple services or locations

Theme 5: Assessing how well hospitals use resources



Ensuring that hospitals use their resources as efficiently as possible to deliver high-quality care

- We will focus on how services are planned and structured to provide economical and efficient care
- We will align our work with other organisations to prevent duplication and avoid placing unnecessary burdens on providers
- We will encourage trusts to see good use of resources as a key component of high-quality services
- Pilot from April 2016, full roll-out from 2017

Theme 6: Developing methods to assess quality for populations and across local areas



Looking at how organisations work together to coordinate care around people's needs

- We will maintain our focus on provider-based inspection
- Alongside this, we will look at how we can register, monitor, inspect and rate new models of care that span multiple providers
- We will build on our population group approach to assess how well care is coordinated around the needs of specific groups
- We will continue to develop how we assess care quality overall in a local area

What people have said so far



- We felt positively that this shared framework would enable practices to take greater ownership of their own quality and improvement
 - Many of us felt strongly that information from the provider should not be relied upon in isolation, and corroborated with other sources of evidence, including feedback from patients
 - We all felt that CQC must work with all stakeholders to ensure that this model is objective and consistent to maintain the credibility of its judgments
 - Many of us felt that patients do not understand what standards they should expect from their provider
 - Some of us wanted to see CQC working more collaboratively with other regulatory and commissioning bodies to promote a single shared view of quality
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What people have said so far cont.



- A lot of us felt that there is a need for more support for quality improvement in the system (whether from regulators, or elsewhere)
 - Many of us felt that CQC could play a role in encouraging improvement by sharing what it has found from its inspections with providers (locally and nationally), using the wealth of information it has about services and places to inform providers and commissioners
 - Some of us suggested that as more attention is focussed on new models of care, CQC inspections of individual locations should also pay more attention to how the practice provides services that are integrated with the local health and social care system
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Key questions?



- Have we got the population groups right?
- Should we be focussing on General Practice or using pathways and place to assess the whole system?
- How can we strengthen the evidence base especially in safe and effective?
- What about non-specialist practices - how can we help them to improve?

Discussion