

The outstanding characteristics of general practices providing services to the vulnerable

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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.



Our current model of regulation



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.

Display of ratings

A screenshot of a CQC provider rating page. At the top left is the CQC logo and 'CareQuality Commission'. At the top right, it says 'Last rated 5 January 2015'. Below this is the heading 'A Provider'. The main section is titled 'Overall rating' and shows five boxes: 'Inadequate', 'Requires improvement', 'Good' (highlighted with a green speech bubble), and 'Outstanding'. Below this is a section titled 'Are services' with five rows: 'Safe?' (Outstanding), 'Effective?' (Good), 'Caring?' (Good), 'Responsive?' (Requires improvement), and 'Well led?' (Good). At the bottom, there is a text box for feedback and a link to find out what has changed since the rating.

Why? Public able to see rating of service quickly and easily

Where? Providers should display in prominent area in public view and on website

CQC will send a template for completion and display

CQC will check this during inspections

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.”

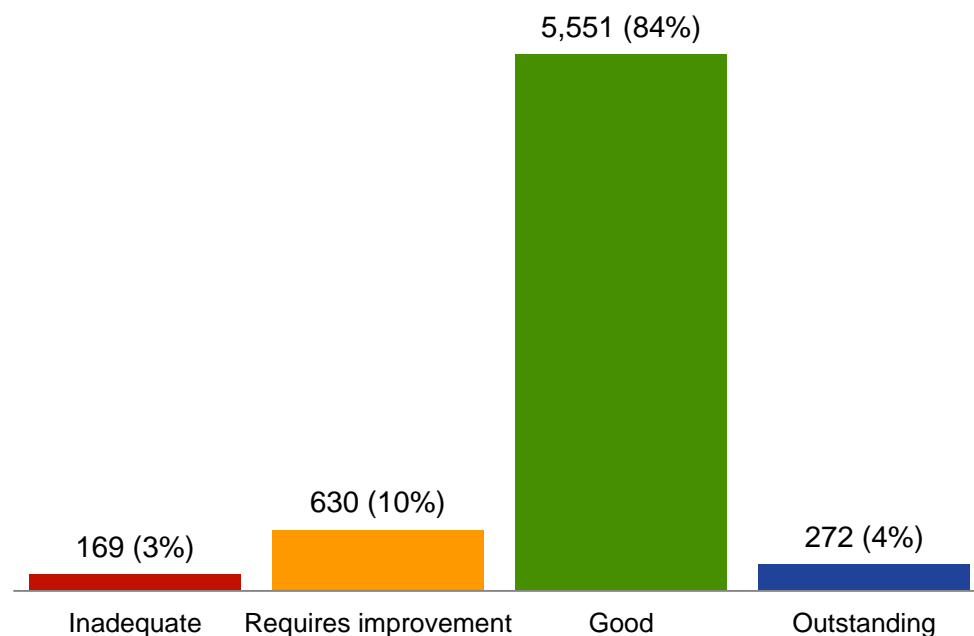
“For the first time in our lives, we feel that our work has been recognised and appreciated.”

“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.”

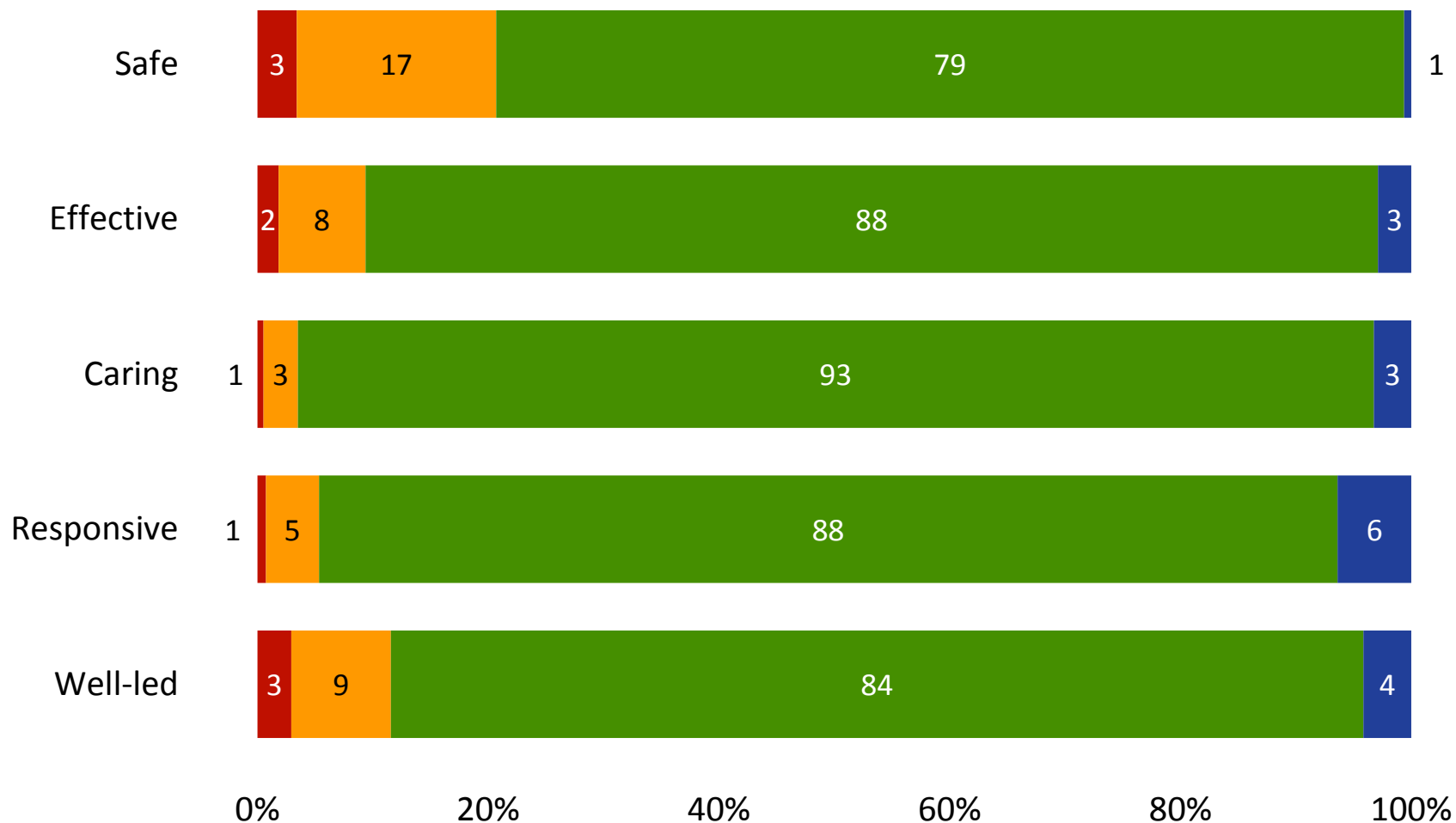
So far we have found...

- We have published 6,662 inspection reports since we launched our approach to inspecting GP practices in October 2014. What have we found?



88% of GP practices we have inspected are providing a good or outstanding standard of care

GP ratings by key question



Outstanding characteristics

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



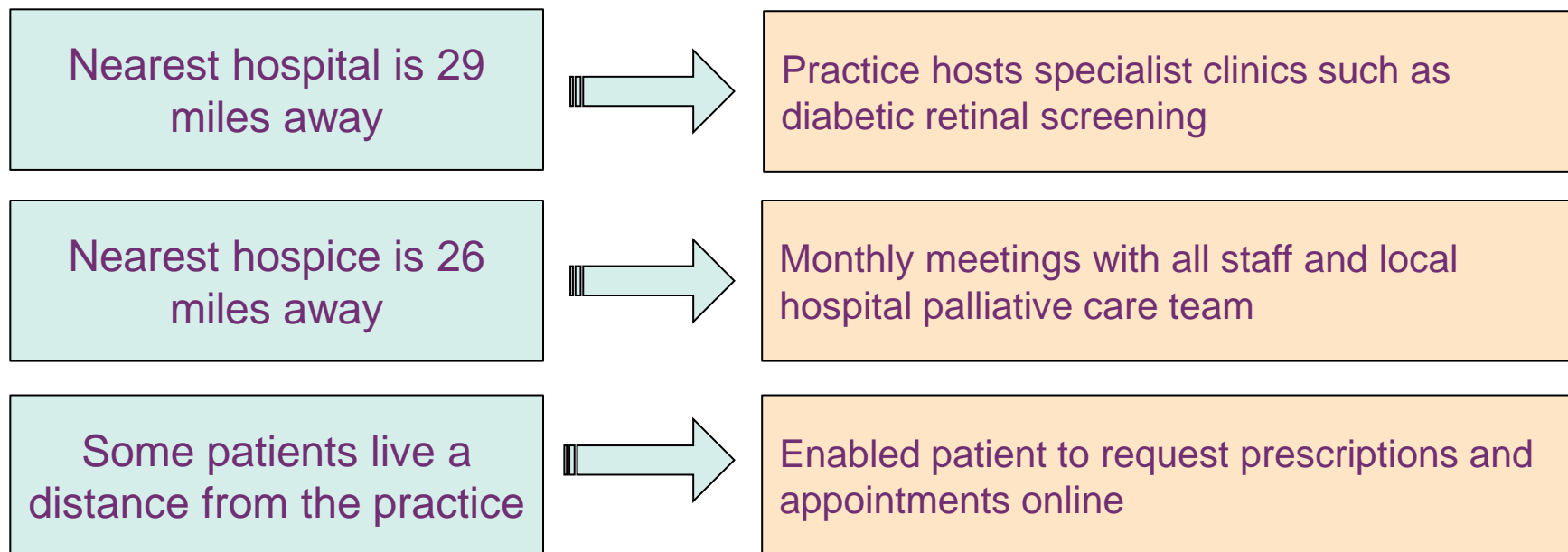
Overall
Inadequate

- **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

Outstanding case study: Holsworthy Doctors

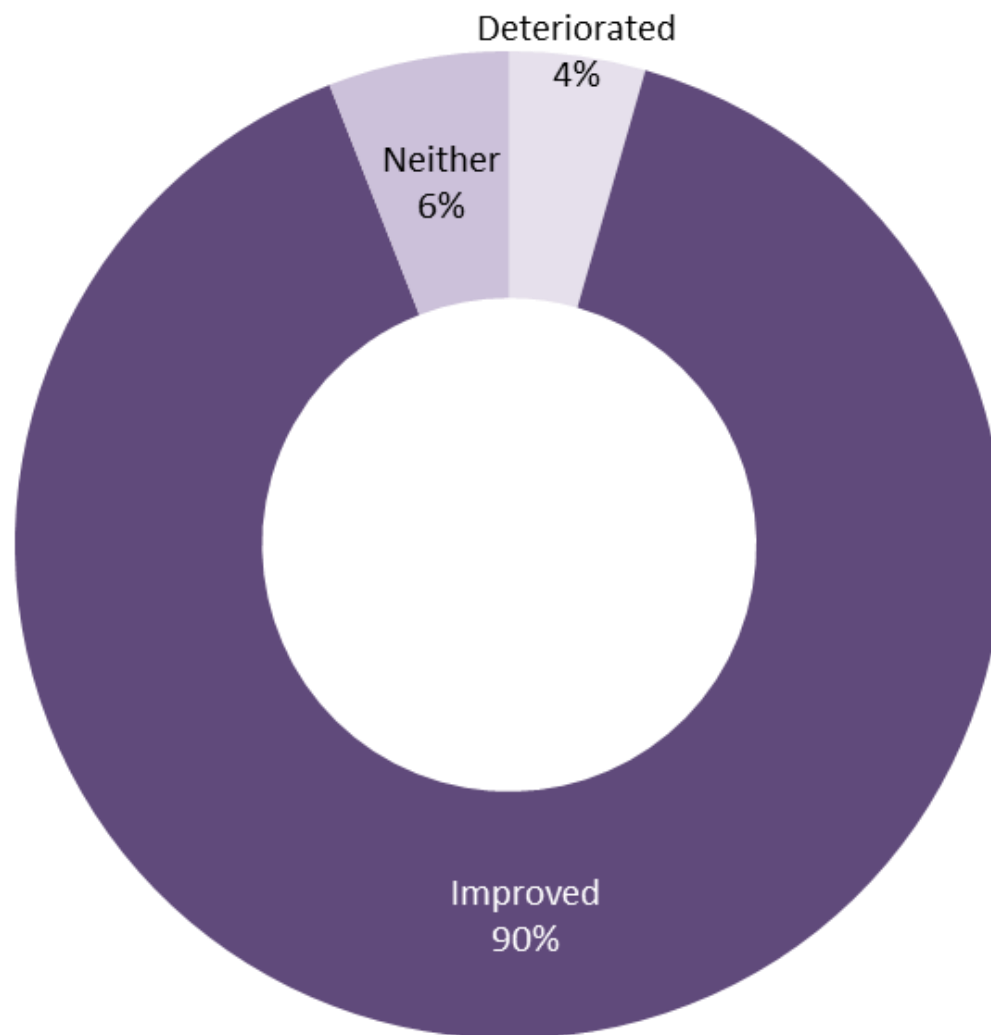


Holsworthy doctors in Devon has the largest catchment area of any practice in England. The practice was rated **outstanding** in April 2015



Other examples: Comprehensive business plan progress is regularly discussed with staff and Patient Participation Group (PPG) members. The practice facilitated a virtual PPG to receive feedback and ideas to improve the service.

Looking at improvement



Effective: key themes in good care



- We've found many examples of good, effective clinical practice, **meeting the needs of local populations**, for example:
 - Quality improvement programmes
 - Coordinated referral processes
 - Joined up care with other healthcare providers
- **Strong relationships** with local schools, universities, fire and benefits advisory services
 - These relationships support practices to deliver enhances services
- **Joined up models of working**, benefits observed include:
 - Appointments outside normal working hours
 - Wider range of services

Caring: key themes in good and poor care



- 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

Responsive: key themes in good care



- 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 their home address 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.

Our challenge to the primary medical sector



- 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
- **KNOW and WORK WITH your population – including knowing who is not there.**

Helpful resources for practices



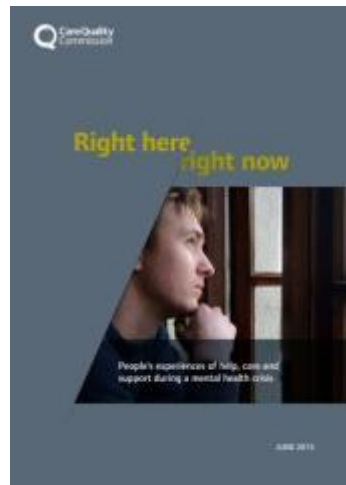
- ✓ Make sure you've read our **provider handbook**, and understand the **key lines of enquiry** our inspectors will focus on
- ✓ Read our **mythbusters** for tips and further guidance
- ✓ Read our **outstanding practice web tool kit** and consider what would make care for people who use your services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

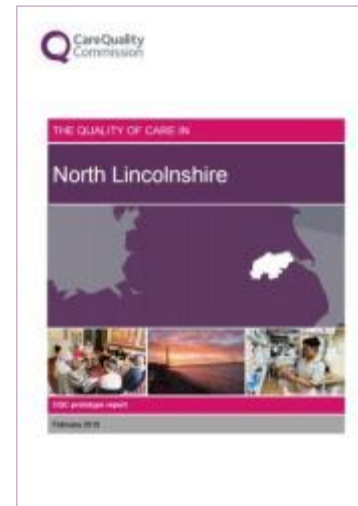
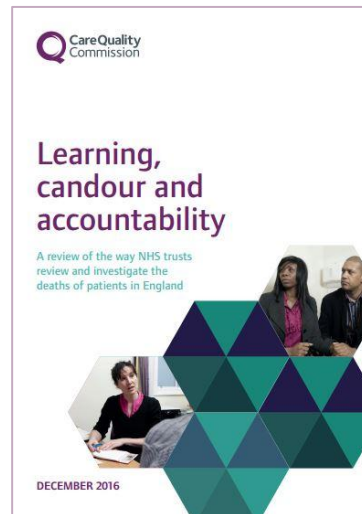
What happens when a practice enters special measures?

- We will inform the NHS clinical commissioning group, and NHS area team
- The Royal College of GPs provides peer support to practices, using a local turnaround team
- The RCGP helps practices identify and deliver an improvement plan

Reviews of care



Reviews of care



More to come....

- Integrated urgent care
- CAMHS
- Think Piece on homelessness and EOLC

Not seen, not heard: Our findings



- **2 out of every 3** young people we spoke to said they didn't feel involved in their care
- Most areas unable to prove they are making a difference in young people's lives
- Sharing information with the right people at the right time needs to be improved
- A young person's pathway from children's care to adult services can be very difficult



Not seen, not heard: Our recommendations

- Children and young people must be **actively engaged** in their care
- Services must ensure their focus is on outcomes
- More is done to **identify children at risk of harm**
- Children and young people must have **access to the emotional and mental health support** they need



- 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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