**NEXT PHASE METHODOLOGY (2017)**

**Operating Model area**: Inspection and rating

**Sector: Primary Medical Services**

**Product title: V0.5 Draft sector specific guidance for GP practices**

**Drafting notes: The content of this document has been developed from existing guidance, tools and templates that we currently have available for PMS inspectors to use. The purpose is to have one guidance document that can be used by inspectors carrying out comprehensive and focused inspections in the next phase. The content here aligns with the final content of the shorter report.**

**Inspection framework: GP practices**

**Service: GP Practices**

This includes NHS GP practices and independent GP practices, large scale models of primary care provision such as GP federations, super practices and multi-speciality community providers

This inspection framework does not consider urgent care services (which include NHS 111, GP out-of-hours and those services providing face to face patient care, such as walk in centres, minor injury units and urgent care centres), independent sector primary care services, and primary medical care delivered online.

| Safe |
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| **By safe, we mean people are protected from abuse\* and avoidable harm.**  \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse. |

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| Key lines of enquiry: **S1** | | | | |
| S1. How do systems, processes and practices keep people safe and safeguarded from abuse? | | | | |
| Report sub-heading: **Safety systems and processes** | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | | **Sector specific guidance** |
| **Safeguarding**   * S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? * S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? * S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. * S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? | * [[Nigel's surgery 33: Safeguarding children](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-33-safeguarding-children)](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-33-safeguarding-children) * [Safeguarding children and young people: the RCGP/NSPCC Safeguarding children toolkit for general practice” (2014)](http://img.medscape.com/images/870/798/RCGP-NSPCC-Safeguarding-Children-Toolkit.pdf) * [Nigel's surgery 25: Safeguarding adults at risk](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-25-safeguarding-adults-risk) * [Safeguarding vulnerable adults – a tool kit for general practitioners” (2011)](http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/safeguardingvulnerableadults.pdf) * [Nigel's surgery 80: Female genital mutilation (FGM)](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-80-female-genital-mutilation-fgm) * [GMC: Good medical practice code (2013)](http://www.gmc-uk.org/guidance/good_medical_practice.asp) * [NMC: The Code for nurses and midwives: Safeguarding](https://www.nmc.org.uk/standards/safeguarding/) | | | * Does the practice have policies in place covering adult and child safeguarding that are accessible, updated and reviewed? Can new and temporary staff (e.g. locums) access these? * Is there a system to highlight vulnerable patients on records e.g. children on child protection plans, female genital mutilation (FGM) victims, patients diagnosed with mental health or patients with mobility issues? Is there a risk register of specific patients? * Is information about people at risk of harm shared with other agencies such as local authority in a timely way? * Are reports and learning from safeguarding incidents available to staff? * Does the handover to out of hours/triage service incorporate safeguarding? |
| **Recruitment and training**   * S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). * S1.5 Do staff receive effective training in safety systems, processes and practices? | * [Safeguarding Intercollegiate Document: Roles and Responsibilities for Healthcare staff (2014)](http://www.rcoa.ac.uk/system/files/PUB-SAFEGUARDING-2014_0.pdf) * [Nigel's surgery 15: Chaperones](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones) | | | * Do staff have the necessary skills and competencies appropriate for their role to identify and raise safeguarding concerns e.g. level 3 competences for clinical staff including GPs and locums working with children and young people? * Are staff who act as chaperones trained for the role and have they received a DBS check? |
| **Working in Partnership**   * S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? | * [Working together to safeguard children: HM Gov. 2015](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf) | | | * Can the practice provide an example, where they worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect? |
| **Infection prevention and control**   * S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? * S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) | * [The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) * [NICE QS61 Statement 3](https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-3-hand-decontamination): People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. * [Nigel's surgery 27: Legionella](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-27-legionella) * [Legionnaires' disease: technical guidance (HSE)](http://www.hse.gov.uk/pubns/books/hsg274.htm) * [NPSA guidance on infection control](http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=75245%20) * [Nigel's surgery 7: Hand washing signs](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-7-hand-washing-signs) | | | * Are the key requirements from the Health and Social Care Act 2008 Code of Practice on the prevention and control of infection met? Have the requirements of the [Infection Prevention Control template](file:///Y:\CQC_Records\OPERATIONS\PPP%20SS%20and%20BI\Business%20Improvement\PMS%20New%20Approach%20Testing\Testing\Requirements%20of%20the%20Code%20of%20Practice%20-%20draft%20IPC%20template%20for%20Nov%202017%2020170810.docx) been met? |
| **Premises, facilities and equipment**   * S1.9 Do the design, maintenance and use of facilities and premises keep people safe? * S1.10 Do the maintenance and use of equipment keep people safe? | * [Nigel's surgery 52: Portable appliance testing and calibrating medical equipment](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-52-portable-appliance-testing-calibrating-medical) * [Managing Medical Devices - guidance for healthcare and social services organisations (MHRA)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf) * [Devices in practice: checklists for using medical devices (MHRA)](https://www.gov.uk/government/publications/devices-in-practice-checklists-for-using-medical-devices) * [Nigel's surgery 5: Carpets in GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-5-carpets-gp-practices) * [Nigel's surgery 6: Guidance about curtains](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-6-guidance-about-curtains) | | | * Does equipment (including equipment taken on home visits) conform to the relevant safety standards and manufacturer’s instructions? For example, is electrical equipment PAT tested? Is this equipment serviced and calibrated regularly? |
| Key line of enquiry: **S2** | | | | |
| S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe? | | | | |
| Report sub-heading: **Risks to patients** | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** | |
| **Staff mix**   * S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? * S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? * S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? | * [Nigel's surgery 50: GP locums](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-50-gp-locums) * [Nigel's surgery 77: General practice staffing levels](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-77-general-practice-staffing-levels) | | * Does the provider have an effective approach to managing staff absences and for responding to epidemics, sickness holidays, and busy periods? * What induction and checks are there for bank, agency and locum staff? Does it include for example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service? * How are staff kept safe during home visits: for example, Is there a lone worker policy? What equipment are staff given when working alone and how is their welfare monitored? | |
| **Managing risks to patients**   * S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? * S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations? | * [Nigel's surgery 1: Agreed principles for defibrillators, oxygen and oximeters](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-1-agreed-principles-defibrillators-oxygen-oximeters) * [Nigel's surgery 73: Cardiopulmonary resuscitation (CPR) in GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-73-cardiopulmonary-resuscitation-cpr-gp-practices) * [NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management](https://www.nice.org.uk/guidance/ng51?unlid=280104107201611917351) | | * When there are changes to services or staff, does the practice assess and monitor the impact on safety? * Is the practice equipped to deal with a medical emergencies and are staff suitably trained in emergency procedures? Are they clear on their roles and responsibilities? * Are panic alarms fitted and do administrative staff understand how to respond to the alarm and the location of emergency equipment? * Does the provider ensure prompt identification of people who have or are at risk of developing sepsis so that they receive timely and appropriate treatment? | |
| **Responding to risks**   * S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? |  | |  | |
| Key line of enquiry: **S3** | | | | |
| S3. Do staff have all the information they need to deliver safe care and treatment to people? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** | |
| Report sub-heading: **Information to deliver safe care and treatment** | | | | |
| **Recording of information**   * S3.1 Are people’s individual care records, including clinical data, written and managed in a way that keeps people safe? * S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) | | * [Nigel's surgery 22: Summary Care Records (SCRs)](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwiY6rDwiLbWAhVRKFAKHR58DOIQFggwMAI&url=http%3A%2F%2Fwww.cqc.org.uk%2Fguidance-providers%2Fgps%2Fnigels-surgery-22-summary-care-records-scrs&usg=AFQjCNEmuU7pTdY6KZpX6oYYOG8BQu1wig) | * Do referral letters contain specific information which allow appropriate and timely referrals in line with protocols and up to date evidence-based guidance? Are referrals to specialist services documented? * Did the practice have systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment e.g. Summary Care Records? * When appropriate, do records contain details of patients’   + mental health needs   + learning disability needs   + autism needs   + dementia needs   alongside their physical health needs? | |
| **Management of information**   * S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? * S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) | | * [Records management code of practice for health and social care](https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care) * [NICE QS15 Statement 12](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-12-coordinated-care-through-the-exchange-of-patient-information): Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. * [Nigel's surgery 41: SMARTcards](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-41-smartcards) * [Accessing medical records during inspections of GP practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-12-accessing-medical-records-during-inspections-gp-practices) | * How does the practice keep patient information secure, e.g. remove smart card when leaving a room or locking PCs? * Is information shared appropriately between in hours and out of hours general practice? * Is there sufficient storage for records to comply with data protection issues? * If I-pads and laptops are used are they encrypted and what happens if they are lost or stolen? * Are patient records transported between the practice and other services; if so, how are they kept safe and confidential?   **If you are inspecting a complex provider/partnership it is also important to ask the following:**   * How do staff access records remotely for example during home visits or at secondary sites (if there are several sites)? | |
| Key line of enquiry: **S4** | | | | |
| S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** | |
| Report sub-heading: **Appropriate and safe use of medicines** | | | | |
| * S4.1 How are medicines and medicines related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) * S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? * S4.7 Are people’s medicines regularly reviewed including the use of ‘when required’ medicines? * S4.8 How does the service make sure that people’s behaviour is not controlled by excessive or inappropriate use of medicines? | | * [Nursing and Midwifery Council NMC - Standards for Medicine Management](http://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf) * [Nigel's surgery 28: Management of controlled drugs](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs) * [Nigel's surgery 17: Vaccine storage and fridges in GP practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-17-vaccine-storage-fridges-gp-practices) * [Nigel's surgery 9: Emergency drugs for GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-9-emergency-drugs-gp-practices) * [Nigel's surgery 84: Managing high risk medicines in general practice](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-84-managing-high-risk-medicines-general-practice) * [Nigel's surgery 69: Business continuity - arrangements for emergencies and major incidents](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-69-business-continuity-arrangements-emergencies-major) * [NHS England Business continuity toolkit](https://www.england.nhs.uk/ourwork/eprr/bc/) * [NICE CG52](https://www.nice.org.uk/Guidance/CG52) Drug misuse in over 16s: opioid detoxification   [NICE CG100](https://www.nice.org.uk/Guidance/CG100) Alcohol-use disorders: diagnosis and management of physical complications | * Has the practice carried out an appropriate risk assessment to identify a list of medicines that are not suitable for their practice to stock, and how is this kept under review? * A system should be in place to audit prescribing of all prescribers including non-medical prescribers. Can non-medical prescribers demonstrate how they are competent to prescribe in their specific areas of expertise? * If medicines requiring cold storage are stored, is there an appropriate, secure and monitored medicines refrigerator available and the provider can evidence the cold chain is maintained? | |
| **Prescribing and supplying**   * S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? * S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence? * S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? * S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? | | * [Standards of proficiency for nurse and midwife prescribers - NMC](https://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-nurse-and-midwife-prescribers/) * [Prescribing Competency Framework - Royal Pharmaceutical Society](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework) * [GMC Good medical practice (2013)](http://www.gmc-uk.org/guidance/good_medical_practice.asp) * [Nigel's surgery 23: Security of blank computer prescription forms](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-23-security-blank-computer-prescription-forms) * [Nigel's surgery 11: Prescriptions in dispensing practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-11-prescriptions-dispensing-practices) * [Nigel's surgery 19: Patient Group Directions (PGDs) / Patient Specific Directions (PSDs)](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-19-patient-group-directions-pgds-patient-specific-directions) * [NICE QS121 Statement 3](https://www.nice.org.uk/guidance/qs121): People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record * [NICE QS121 Statement 5](https://www.nice.org.uk/guidance/qs121/chapter/Quality-statement-5-Data-collection-and-feedback): Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level * [NICE QS61 Statement 1](https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-1-antimicrobial-stewardship): People are prescribed antibiotics in accordance with local antibiotic formularies. * [NICE Guideline 15:](https://www.nice.org.uk/guidance/ng15) Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use | * If medicines are administered on the premises, is a contemporaneous record kept that is clear, accurate and auditable? * What are the provider’s governance arrangements for onsite dispensing? * If unlicensed and / or ‘Off-label’ medicines are used, are patients fully informed and the use of these medicines supported by evidence? * Is the provider using controlled stationery e.g FP10 for Controlled drugs or pro? What are the governance arrangements around these? * Is the provider aware of the process for highlighting Control drugs issues to the local Controlled drugs accountable officer? * Does the prescriber in the case of an urgent prescription, make a request to the pharmacy for an urgent supply? * Are electronic prescriptions signed with an ‘advanced electronic signature’ by the prescriber as set out in legislation ([The Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents/made) – see regulation)? How does the provider control this? * If remote or online prescribing is carried out are there strict protocols in place for identifying and verifying the patient? Is this done in accordance to GMC, NMC and Royal Pharmaceutical Society guidance? * If non registered health care staff are administering medicines, are appropriate Patient Specific Directions in use? * Does the provider clearly document allergies in the prescribing document used? * When people are prescribed an antimicrobial, when appropriate do they have a microbiological sample taken and is their treatment reviewed when results are available? * Where there are local microbiology protocols for the administration of antibiotics are prescribers using them? | |
| Key line of enquiry: **S5 & S6** | | | | |
| S5. What is the track record on safety?  S6. Are lessons learned and improvement made when things go wrong? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** | |
| Report sub-heading: **Track record on safety**  **Lessons learned and improvements made** | | | | |
| **Safety risk management**   * S5.1 What is the safety performance over time? * S5.2 How does safety performance compare with other similar services? * S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? * S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? * S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? | * [Nigel's surgery 24: Reporting patient safety incidents to the National Reporting and Learning System (NRLS) for GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-24-reporting-patient-safety-incidents-national) | | * Are arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS) and are these reviewed / acted upon promptly by clinical staff? | |
| **Safety improvements**   * S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations * S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? * S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? | * Serious Incidents (SIs) should be investigated using the [Serious Incident Framework 2015.](http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf) * [Nigel's surgery 3: Significant event analysis (SEA)](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-3-significant-event-analysis-sea) | | * Is there a policy for incident reporting? What’s the process (reporting /sharing/ investigating /recording) for reporting incidents?   + Are staff encouraged to report incidents?   + What examples of lessons learned have been shared within the practice?   + Any actions taken that have revised previous practice? * How does the practice record critical incidents/ near misses that have not been treated as significant events?   **If you are inspecting a complex provider/partnership it is also important to ask the following:**   * How many and what kind of incidents are reported in the other sites? Who maintains oversight of these? * How are lessons shared from incidents occurring across the sites? How well does this work? | |

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| **Effective** |
| **By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.** |

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| Key line of enquiry: **E1** | | | | |
| E1. Are people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** | |
| Report sub-heading: **Effective needs assessment, care and treatment** | | | | |
| * E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? | * [Nigel's surgery 75: Personalised care and support planning](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-75-personalised-care-support-planning) * [NHS England Personalised care and support planning handbook: The journey to person-centred care](https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care/) * [NICE QS100 Cardiovascular risk assessment and lipid modification](https://www.nice.org.uk/guidance/qs100) * [BTS/SIGN Asthma Guideline 2016](https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016/) * [Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2016](http://goldcopd.org). * [NHS England: Supporting routine frailty identification and frailty through the GP Contract 2017/2018](https://www.england.nhs.uk/ourwork/ltc-op-eolc/older-people/frailty/supporting-resources-general-practice/) * [NICE guideline NG12](https://www.nice.org.uk/guidance/ng12): Suspected cancer: recognition and referral * [NICE (Dementia: support in health and social care) Statement 1 and 10](https://www.nice.org.uk/guidance/qs1) * [NICE QS13:](https://www.nice.org.uk/guidance/qs13) End of life care for adults | | * Is there evidence of a comprehensive assessment with clear clinical care pathways and protocols, to help standardise and ensure evidence based care is provided? Do staff follow care pathways and protocols? * Can the practice demonstrate that they have provided care in line with some recent best practice guidance? Examples could include NICE, GOLD, Faculty of Family Planning and reproductive health care. A recent clinical audit may provide evidence of this. Consider the following NICE guidelines as well as any other guidelines relating to best practice:   + End of life care   + Prevention of CvD   + Sepsis and antimicrobial prescribing   + Cancer * What arrangements are there for end of life care? How many of the practice’s patients died where they wished to and in each setting? Of all the patients in the practice who died last year, how many of these had been included in the palliative care/GSF/QOF register and how many of these had non-cancer conditions? * Do **older people** who may be frail or vulnerable receive (or get referred for) a comprehensive assessment of their physical, mental and social needs? Does the provider use an appropriate tool to identify patients aged 65 and over who are living with moderate or severe frailty, for example the Electronic Frailty Index (eFI)? * Does the practice conduct a clinical review for patients identified as living with severe frailty? Does this include an annual medication review? And where clinically appropriate does the practice discuss whether the patient has fallen in the last 12 months? Do they provide any other clinically relevant interventions, and explain the benefits of the enriched Summary Care Record (SCR), seeking informed patient consent to activate it? * Does the practice carry out structured annual medication reviews for **older people and people with long term conditions,** and are levels of polypharmacy routinely reviewed and current medications are linked to a disease/problem. * For **older people**: Has cognition testing, including memory assessments been offered, taken up or declined in records? * **Mental health:** Do staff follow best practice for assessing and monitoring the physical health of people with severe mental illness? * **Mental health:** If a patient is assessed to be at risk of suicide or self-harm, what arrangements are put in place to enable them to remain safe? * **Mental health**: Are people at risk of dementia identified and offered an assessment to detect for possible signs of dementia. Where dementia is suspected, is there appropriate referral for diagnosis. In cases of diagnosis, does the practice provide advanced care planning * **Mental health**: For patients diagnosed with dementia, have they had their care reviewed in a face to face meeting in the last 12 months? How does this compare to the national average? If the practice is responsible for administering long term medication for patients, what system is in place to follow up on non-attendees? * **Children, families and young people**: Where there are newly pregnant women on long term medication, are there arrangements to identify and review their treatment? * **Vulnerable groups**: For people with life-limiting progressive conditions does the practice take into account the needs and preferences of patients and have early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning? | |
| * E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? |  | |  | |
| * E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence? | * [CQC: Safe data, safe care: Data security review](http://www.cqc.org.uk/sites/default/files/20160701%20Data%20security%20review%20FINAL%20for%20web.pdf) | | **Where practices use online services**: If a patient’s needs assessment is recorded using a technological tool, is this tool provided by an external provider or is this tool developed by the service? What procedures and policies are in place to ensure that the tool has up to date security measures to prevent cyber security attacks? | |
| * E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? | *To be added* | | *To be added* | |
| * E1.6 How is a person’s pain assessed and managed, particularly for those people where there are difficulties in communicating? | * [Core Standards for Pain Management Services in the UK](https://www.rcoa.ac.uk/system/files/FPM-CSPMS-UK2015.pdf) | | * Do staff have an appropriate tool to assess pain in patients? And do staff use an appropriate tool to help assess the level of pain in patients who have difficulties with communication? | |
| * E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? |  | | * Do staff know how to make an urgent referral? Do they get a timely response? * Does the practice have safe referral systems to secondary care? | |
| Key line of enquiry: **E2** | | | | |
| E2. How are people’s care and treatment outcomes monitored and how do they compare with other similar services? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** |
| Report sub heading: **Management, monitoring and improving outcomes for people** | | | | |
| * E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? * E2.2 Does this information show that the intended outcomes for people are being achieved? * E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? * E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes? | | * [Nigel's surgery 4: Quality improvement activity](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-4-quality-improvement-activity) * [RCGP: Clinical audit guidance](http://www.rcgp.org.uk/-/media/Files/CIRC/Urgent-and-emergency-audit/Clinical-Audit-Guidance-v2-29-07-14.ashx?la=en) * Refer to list of NICE guidelines and quality statements in E1 | | * Does the practice routinely review the effectiveness and appropriateness of the care provided? Is there evidence of clinical audit including how findings were actioned and reviewed and is quality improvement activity targeted at the areas where there are concerns? * When care has been delivered in accordance with NICE guidelines and quality standards, has this resulted in better outcomes for patients (e.g. referring people with a suspected cancer for an appointment within 2 weeks)? * How does the provider ensure ongoing oversight of clinical outcomes?   + How are staff involved in QOF?   + Is the monitoring shared with the practice? * Does the practice regularly review unplanned admissions and readmissions? What action is taken? |
| Key line of enquiry: **E3** | | | | |
| E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** |
| Report sub heading: **Effective staffing** | | | | |
| **Assessing staff competency**   * E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? * E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? * E3.6 Are volunteers recruited where required, and are they trained and supported for the role they undertake? | | * [Nigel's surgery 58: Practice induction packs](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-58-practice-induction-packs) * [NASGP online Standardised Practice Induction Pack (Spip)](https://www.nasgp.org.uk/spip/). * [Nigel's surgery 70: Mandatory training considerations in general practice](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice) * [The Green book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book): Immunisation against infectious disease * [Nigel's surgery 50: GP locums](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-50-gp-locums) * [Health Education England: The Care Certificate](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=17&cad=rja&uact=8&ved=0ahUKEwirkarnx7bWAhWGblAKHcvoACYQFgiPATAQ&url=https%3A%2F%2Fhee.nhs.uk%2Fcarecertificate&usg=AFQjCNF05CFuwWznSFbXy6DbjdRGhWxqlQ) | | * How does the provider ensure that staff who are responsible for the triage service, have the necessary skills and knowledge to direct patients to see the most appropriate clinician and to assess the urgency of need * Does the practice have a documented induction process which includes identification of training needs, orientation to the practice, and familiarisation of key policies, including for locums and agency staff? * Have Health Care Assistants employed since April 2015 been supported to meet the 15 standards of the Care Certificate? * Are staff providing immunisations trained and competent to do so? Do staff who immunise demonstrate that they use recognised resources such as the Green Book and Vaccine Update to maintain their knowledge? * Are staff carrying out cervical screening trained up to date and competent to do so? Do all sample takers audit their results? |
| **Staff development**   * E3.3 Are staff encouraged and given opportunities to develop? * E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) * E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? | | * [NMC: Guidance and information for Revalidation](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjLosulqbbWAhXGaVAKHVc6CecQFggxMAI&url=http%3A%2F%2Frevalidation.nmc.org.uk%2Fdownload-resources%2Fguidance-and-information&usg=AFQjCNHBlgvlem3qATnIXr6iBFtPJm3-9w) * [GMC: Revalidation guidance and regulations](http://www.gmc-uk.org/doctors/revalidation/14193.asp) * [Accountability and delegation | Royal College of Nursing](https://www.rcn.org.uk/professional-development/accountability-and-delegation) | | * Is there evidence of quality assurance of clinical decision making for those employed in advanced clinical practice i.e. nurses, pharmacists and paramedics, for example by review of consultation records? * Do staff recognise the particular needs of **older people** with multi-morbidities, frailties and complexities * Do staff have appropriate knowledge of treating **older people** including their physiological, mental and communication needs. * What arrangements are there for appraisal, revalidation, clinical supervision, other staff support, and performance management e.g. are nurses supported to undertake 35 hours of continuing professional development (CPD) for their NMC revalidation? * What opportunities are there for training and development? (Protected learning time and mandatory training?) Is there evidence of an effective appraisal process for employed clinical staff including identification of future learning needs? |

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| Key line of enquiry: **E4** | | | | | |
| E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment? | | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | | | **Sector specific guidance** |
| Report sub-heading: **Coordinating patient care and information sharing** | | | | | |
| * E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? * E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? * E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? | | * [NICE QS15 Statement 12](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-12-coordinated-care-through-the-exchange-of-patient-information): Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. * [RCGP Quality Practice Award: essential criteria](http://www.rcgp.org.uk/revalidation/~/media/Files/CIRC/QPA/QPA%2015%20Essential%20Criteria.ashx)  [Gold Standard Framework - Primary Care Training Programme](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwiv5be4yrbWAhXRa1AKHcbbAv0QFggrMAE&url=http%3A%2F%2Fwww.goldstandardsframework.org.uk%2Fprimary-care-training-programme&usg=AFQjCNG1pbY1K_ACAQA7yJZ1jpqSzM5ijg) | * How is information shared between the practice and other providers (e.g. district nurses, midwives, secondary care, CPNs and community nurses) * Does the provider have arrangements to share information about patients with out-of-hours, 111 and ambulance services, including special patient notes, care plans, DNACPRs? How is the provider alerted to new OOH consultations? How have patient outcomes been improved by information sharing? * How does the practice ensure safe management of incoming documentation from other services and specialists e.g. secondary care? * Does the provider do follow up consultations following discharge from hospital and are patient records updated to reflect any additional needs? Particularly for **older people** and **people with long term conditions.** * **Children, families and young people**: Does the provider have arrangements for auditing and following up failed attendance of children’s appointments following a referral or an appointment in secondary care or for immunisation? * How do practice staff work with staff from other health and social care services to assess, plan and deliver care and treatment? * Including working with local care homes, working in multi-disciplinary forums for people receiving end of life care; * Including working with specialist services such as tissue viability, diabetes nurses, community mental health team, in house CPN or other specialist mental health support that they refer to if they are concerned about risks associated with a patient’s mental health * How does the practice use their register and team meetings to improve co-ordination and communication with others involved in care? * What is the process for handling 2 week waits? Do referral letters contain adequate information? * Are there established links with the following services, to enable practice staff to seek advice from, or refer patients to:   + mental health services   + learning disability services   + autism services? * Are patients with **poor mental health**, including dementia, referred appropriately to enable them to access a variety of treatments (including listening and advice, IAPT and counselling)? | | |
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| E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population? | | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | | | **Sector specific guidance** |
| Report sub-heading: **Supporting patients to live healthier lives** | | | | | |
| * E5.1 Are people identified who may need extra support? This includes: * people in the last 12 months of their lives * people at risk of developing a long-term condition * carers * E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary * E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? * E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people’s care or treatment discussed and followed up between staff, people and their carers where necessary? * E5.5 How are national priorities to improve the population’s health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.) | * [Nigel's surgery 60: NHS health checks](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-60-nhs-health-checks) * [National Voices Guide to care and support planning](http://www.nationalvoices.org.uk/what-care-and-support-planning) * [Department of Health: The complete routine immunisation schedule](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) * NHS England cardiovascular disease prevention pathway <https://www.england.nhs.uk/rightcare/products/pathways/cvd-pathway/> * [NICE QS100 Cardiovascular risk assessment and lipid modification](https://www.nice.org.uk/guidance/qs100) * [NICE QS28 (Hypertension in adults): Quality statement 4: Blood pressure targets](https://www.nice.org.uk/guidance/qs28/chapter/quality-statement-4-blood-pressure-targets) * [NICE guideline CG180: Atrial fibrillation: management](https://www.nice.org.uk/guidance/CG180) | | | * How does the practice identify patients in need of extra support? For example, those receiving end of life care, those at risk of developing a long term condition, people with a LD and carers? What support is offered to them, including health checks, specialist clinics, and referrals to other support organisations? * Does the practice have registers for people with learning disabilities, mental health conditions, long term conditions, receiving palliative care, carers etc.? How is this used? * Are there comprehensive and effective screening programmes, including following up people who do not attend? * Are there comprehensive and effective vaccination programmes, including following up people who do not attend? This includes for: * **Children and young people**, * Meningitis vaccinations for eligible patients such as **students**; * Flu, pneumococcal and shingles vaccinations for **older people and whooping cough for pregnant women**. * How does the practice follow up on people who fail to attend for immunisation programmes and screening tests for cervical, breast/bowel cancer programmes? * If immunisation rates for the childhood programme fall below 90% or cervical screening uptake below 80%, what measures has the practice put in place to address? * What is the practice’s approach to improving its patients’ health, including in relation smoking cessation and obesity? * What is the practice’s approach to the prevention of ill health? For example in relation to the prevention of cardio vascular disease through primary prevention through advice to support behaviour change (smoking cessation, weight loss) and secondary prevention to diagnose and treat high risk conditions such as high blood pressure? * Do people have access to appropriate health assessments and checks? (This includes health checks for new patients and NHS health checks for people aged 40–74.) * Is there appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors are identified? (For NHS health checks this includes where the GP practice is not carrying out the health check.) | |
| Key line of enquiry: **E6** | | | | | |
| E6. Is consent to care and treatment always sought in line with legislation and guidance? | | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | | **Sector specific guidance** | |
| Report sub-heading: **Consent to care and treatment** | | | | | |
| **Competency**   * E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004 and other relevant national standards and guidance? * E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? * E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate? | * [BMA Children and young people tool kit](http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/children%20and%20young%20people%20toolkit/childrenyoungpeopletoolkit_full.pdf) * [Gillick competence](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3d%3d&_t_q=Gillick+competence&_t_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667&_t_ip=212.250.23.69&_t_hit.id=Nspcc_Web_Models_Pages_TopicPage/_aff42e87-87ef-4383-9a88-612b6cecf5b3_en-GB&_t_hit.pos=1) * [Nigel's surgery 8: Gillick competency and Fraser guidelines](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-8-gillick-competency-fraser-guidelines) * [MHA Code of Practice](http://16878-presscdn-0-18.pagely.netdna-cdn.com/wp-content/uploads/2015/01/Code_of_Practice.pdf) (including children and young people - chapter 19) * [Nigel's surgery 49: Consent for minor surgery in GP surgeries](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-49-consent-minor-surgery-gp-surgeries) * [Nigel's surgery 10: GPs and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-10-gps-mental-capacity-act-2005-deprivation-liberty) * [Monitoring the Deprivation of Liberty Safeguards](http://www.cqc.org.uk/publications/major-report/monitoring-deprivation-liberty-safeguards) * [Mental Capacity Act Code of Practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) * [NICE QS34 (Self harm) Statement 2](https://www.nice.org.uk/guidance/qs34/resources/selfharm-2098606243525) - initial assessments | | | * Are staff able to demonstrate understanding of ‘best interests ‘decision making and when this is applicable e.g. Gillick competencies, Fraser guidelines, involvement of carers/advocates? | |
| **Procedure to obtain and record consent prior to care and treatment**   * E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? | * [BMA Consent Toolkit](https://www.bma.org.uk/advice/employment/ethics/consent) * [Nigel's surgery 62: Photography and making and using visual recordings of patients](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-62-photography-making-using-visual-recordings-patients) * [Making and using visual and audio recordings of patients](http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp) April 2011 (GMC) | | | * How does the service ensure that consent is sought appropriately? * What is done by the practice to support and enable people with learning disabilities and /or poor reading skills to make informed decisions and take an active role in their planned care? * How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance? * In the case of minor surgery how does the practice obtain and record consent? For more invasive procedures i.e. coils, does the practice obtain written consent? What is the number of excisions that are sent to pathology following procedure and audits? | |
| **Consent to treatment and care**   * E6.2 How are people supported to make decisions in line with relevant legislation and guidance? * E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? * E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan? | * [Consent: patients and doctors making decisions together (GMC)](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp) * [Consent - The basics (Medical Protection)](http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-consent-the-basics) * [Department of Health reference guide to consent for examination or treatment](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)   [Nigel's surgery: consent in minor surgery](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-49-consent-minor-surgery-gp-surgeries) | | | * What training have staff received in MCA/DoLS/restraint? * How is consent obtained for interventions with risks and side effects, such as minor surgery? | |

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| **Caring** |
| **By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.** |

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| Key line of enquiry: **C1, C2 & C3** | | |
| C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?  C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?  C3. How is people’s privacy and dignity respected and promoted? | | |
| **Generic prompts** | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** |
| Report sub-heading**: Kindness, respect and compassion**  **Privacy and dignity** | | |
| * C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? * C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? * C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? * C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? * C1.5 Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? * C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? * C3.1 How does the service and staff make sure that people’s privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? * C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? | * [NICE QS15 Statement 1](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-1-respect-for-the-patient): Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. * [NICE QS15 statement 2](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-2-demonstrated-competency-in-communication-skills): Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills. * [NICE QS15 Statement 3](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-3-patient-awareness-of-names-roles-and-responsibilities-of-healthcare-professionals): Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team. | * Do staff members display understanding and a non-judgemental attitude towards (or when talking about) patients who have * mental health, * learning disability, * autism, * obesity diagnoses? * How does the provider ensure that consultations cannot be overhead or conversations with receptionists are not overhead by patients in the waiting room? * What are the results from comment cards and other forms of feedback such as patient survey in relation to GP services? |

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| Report sub-heading**: Involvement in decisions about care and treatment** | | |
| **Understanding information about care and treatment**   * C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? * C2.2 Do staff seek accessible ways to communicate with people when their protected and other characteristics make this necessary to reduce or remove barriers? | * [NICE QS15 Statement 4](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-4-giving-patients-opportunities-to-discuss-their-health-beliefs-concerns-and-preferences): Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. * [NICE QS15 Statement 5](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-5-understanding-treatment-options): Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. * [GMC Guidance and resources for people with communication difficulties](http://www.gmc-uk.org/learningdisabilities/333.aspx) * [Nigel's surgery 20: Making information accessible](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-20-making-information-accessible) * [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) * [Nigel's surgery 75: Personalised care and support planning](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-75-personalised-care-support-planning) * [NHS England Personalised care and support planning handbook: The journey to person-centred care](https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care/) * [National Voices Guide to care and support planning](http://www.nationalvoices.org.uk/what-care-and-support-planning) * [Nigel's surgery 38: End of life care](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-38-end-life-care) * [Treatment and care towards the end of life: good practice in decision making (GMC guidance)](http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp) * [Care of Dying Adults in the Last Days of Life (NICE Guideline)](https://www.nice.org.uk/guidance/ng31) * [End of life care for adults (NICE Quality Standard)](http://www.nice.org.uk/Guidance/QS13) * [Gold Standards Framework](http://www.goldstandardsframework.org.uk/) | * How does the practice record discussions about patients’ needs, wishes and preferences and ensure that they are fulfilled? * How does the practice ensure that the information and support provided is in a suitable format to help patients become partners in their care and treatment? For example, is there evidence that they use the patient’s own preferred methods, are communication aids available or are easy read materials available (and used)? |

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| **Patient and carer involvement**   * C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? * C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? * C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered? * C2.6 Are people’s carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care? * C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? * C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information? | * [Nigel's surgery 44: Caring for carers- what does outstanding care look like?](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-44-caring-carers-what-does-outstanding-care-look) * [NICE QS15 Statement 2](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-2-demonstrated-competency-in-communication-skills): Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills. * [NICE QS15 Statement 13](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-13-sharing-information-with-partners-family-members-and-carers): Patients’ preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. * [Nigel's surgery 16: The Friends and Family Test](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-16-friends-family-test) | * How many carers are on the register? (Any good practice re carers?) What percentage of the practice list is this? * For those with learning difficulties or complex social needs; Are the family, carers or social workers appropriately involved in developing their care plan? |

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| **Responsive** |
| **By responsive, we mean that services meet people’s needs** |

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| Key line of enquiry: **R1 & R2** | | |
| R1. How do people receive personalised care that is responsive to their needs?  R2. Do services take account of the particular needs and choices of different people? | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** |
| Report sub-heading: **Responding to and meeting people’s needs** | | |
| * R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? * R1.2 Where people’s needs and choices are not being met, is this identified and used to inform how services are improved and developed? * R1.3 Are the facilities and premises appropriate for the services that are delivered? | * [NICE guideline CG138:](https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance#continuity-of-care-and-relationships) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services * [NICE QS15 Statement 11:](https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-11-Continuity-of-care) Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care. * [NICE guideline NG56:](https://www.nice.org.uk/guidance/ng56) Optimising care for adults with multimorbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. * [Nigel's surgery 78: Same gender doctors](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-78-same-gender-doctors) * [Nigel's surgery 38: End of life care](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-38-end-life-care) * [Nigel's surgery 42: Caring for people with dementia](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-42-caring-people-dementia) | * Has the practice done any analysis of the needs of the local population? What did they do as a result? * How does the service reflect the needs of patients? E.g. choice/flexibility or longer appointments? * Can patients who are in vulnerable circumstances register? Are there any currently registered? E.g. gypsies, travellers, vulnerable migrants and sex workers? |
| * R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people’s consent to do so? * R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? * R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[[1]](#footnote-1) * R2.3 How are people, supported during referral, transfer between services and discharge? * R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? * R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? * R2.8 How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? | * [Nigel's surgery 20: Translation and interpretation services](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-20-translation-interpretation-services) * [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/): The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services. * [Nigel's surgery 53: Care of people with a learning disability in GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-53-care-people-learning-disability-gp-practices) * [Nigel's surgery 29: Looking after homeless patients in General Practice](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-29-looking-after-homeless-patients-general-practice) * [Nigel's surgery 67: Reasonable adjustments for disabled people](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-67-reasonable-adjustments-disabled-people) * [Nigel's surgery 36: Registration and treatment of asylum seekers and refugees](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-36-registration-treatment-asylum-seekers-refugees) * [Access to health care for asylum seekers and refused asylum seekers – guidance for doctors](http://c/Users/Smithn3.IMS/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/O1OUK3JX/•http:/bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/asylumseekeraccessguidancenovember2012.pdf) * [A refreshed equality delivery system for the NHS (NHS England, 2013)](https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf): To help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. * [NICE QS15 Statement 9](https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-9-tailoring-healthcare-services-to-the-individual): Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions * [NICE QS15 Statement 12](https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-12-Coordinated-care-through-the-exchange-of-patient-information#what-the-quality-statement-means-for-each-audience-12): Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. | * Has the practice identified any barriers to patients accessing care? What have they done to address these barriers? * Are there arrangements in place for people who need translation services? * Are there suitable arrangements in place for people with learning disabilities (for example longer appointments available)? * Does the provider comply with Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability/sensory loss? * How well does the service care for people with other complex needs, e.g. substance misuse deaf/blind/wheelchair access? * Are people easily able to register with the practice, including those with “no fixed abode” care of the practice’s address * What examples of responsive care does the practice have for older people? For example, does an older person have a named GP who supports them at home or at an adult social care service? * Does the practice have systems to identify and follow up children living in disadvantaged circumstances and who are at risk, for example, **children and young people** who had a high number of accident and emergency (A&E) attendances? * Can staff demonstrate a good understanding of how to support patients with **mental health** needs and dementia? For example, does the practice hold a GP led dedicated monthly mental health and dementia clinic? For patients who fail to attend are they proactively followed up by a phone call from a GP? |
| Key line of enquiry: **R3** | | |
| R3. Can people access care and treatment in a timelyway? | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** |
| Report sub-heading: **Timely access to the service** | | |
| * R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? * R3.2 Can people access care and treatment at a time to suit them? * R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? * R3.4 Do people with the most urgent needs have their care and treatment prioritised? * R3.5 Are appointment systems easy to use and do they support people to access appointments? * R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? * R3.7 Do services run on time, and are people kept informed about any disruption? * R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? | * [NICE guideline NG12](https://www.nice.org.uk/guidance/ng12): Suspected cancer: recognition and referral * [Department of Health: Referral to treatment consultant-led waiting times Rules Suite](https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks) * [RCGP: Patient access to general practice ideas and challenges from the front line](http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z-policy/Patient-access-to-general-practice-2015.ashx) * [Nigel's surgery 71: Prioritising home visits](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-71-prioritising-home-visits) * RCN: [Personal safety when working alone: guidance for members working in health and social care](https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2016/september/005716.pdf) * [NHS Employers: Improving safety for lone workers - a guide for managers](http://www.nhsemployers.org/~/media/Employers/Documents/Retain%20and%20improve/Managers%20guide_Le0882_3.pdf?dl=1) * [Nigel's surgery 46: Safe and reliable management of test results](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-46-safe-reliable-management-test-results) * [Nigel's surgery 55: Opening hours](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-55-opening-hours) | * Does the provider have a documented approach for the management of test results that every member of the practice team is familiar with? * What are the core hours of the practice? What arrangements are in place for patients to access care when the practice is closed during core hours? How are patients directed to out of hours services? * How does the appointments system work and is it effective in ensuring people have timely access to care and at times that suit them where appropriate? (Triage, choice of time, length of time, running on time ,emergency appointments, cancellation, home visits, telephone consultations etc.) * Is there online access to appointments and repeat medication? * Are same day appointments available for children and those patients with medical problems that require same day consultation? If not, when is the next available urgent and routine appointment? Any evidence of planned longer appointments for those who need them? Any evidence from the recent GP survey? * Are early/late appointments with the nurse(s) and/or GP available to accommodate working people and school-age children? * How long do patients have to wait for a blood test or other appointments with nurses? * How is the need for short-notice nurse appointments managed, e.g. for patients recently discharged from hospital? * How does the practice decide whether a home visit is necessary and how do they prioritise home visits? * What measures are in place if the urgency of need is so great that a GP home visit is not appropriate? * How does the provider ensure that all staff are aware of their responsibilities when managing requests for home visits e.g. reception staff have an understanding of red flag symptoms such as chest pain? * How do staff attending home visits document and seek help when required? |
| Key line of enquiry: **R4** | | |
| R4. How are people’s concerns and complaints listened and responded to and used to improve the quality of care? | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** |
| Report sub-heading: **Listening and learning from concerns and complaints** | | |
| * R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? * R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? * R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? * R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? * R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? | * [NHS constitution](http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx) * [Principles of Good Complaints Handling](https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling) * [My expectations for raising concerns and complaints and NHS England Complaints policy](https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints) * [NHS England Complaints policy](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) | * How does the practice process complaints? Any examples where complaints have resulted in actions taken to improve the practice and/or outcomes for patients? * How many complaints have been referred to the Parliamentary and Health Service Ombudsman?   **If you are inspecting a complex partnership/federation, it is also important to ask the following:**   * Does the main provider analyse complaints from third party providers? Is there evidence of how this links to service improvements? * How complaints are triangulated across the federation and where is this done e.g. corporate headquarters within teams etc.? * Are trends, learning and changes to practice monitored and reviewed as part of the complaints process and is this shared across the federation/complex partnership? |

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| **Well-led** |
| **By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.** |

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| Key line of enquiry: **W1 & W3** | | | | |
| W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?  W3. Is there a culture of high-quality, sustainable care? | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** | |
| Report sub-heading: **Leadership capacity and capability; Culture** | | | | |
| * W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? * W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? * W1.3 Are leaders visible and approachable? * W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? * W3.1 Do staff feel supported, respected and valued? * W3.2 Is the culture centred on the needs and experience of people who use services? * W3.3 Do staff feel positive and proud to work in the organisation? * W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? | * [Nigel's surgery 31: Fit and Proper Persons Requirement (FPPR)](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-31-fit-proper-persons-requirement-fppr) * [Nigel's surgery 18: Registration and partnerships](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-18-registration-partnerships) * [NMC and GMC: Openness and honesty when things go wrong](http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-when-things-go-wrong--the-professional-duty-of-candour.pdf): the professional duty of candour * [GMC: Good medical practice code (2013)](http://www.gmc-uk.org/guidance/good_medical_practice.asp) * [General Pharmaceutical Council: Standards for pharmacy professionals](https://www.pharmacyregulation.org/spp) * [NRLS - Being Open Communicating patient safety incidents with patients, their families and carers](http://www.nrls.npsa.nhs.uk/resources/?entryid45=65077) * [Duty of Candour](http://www.cqc.org.uk/content/regulation-20-duty-candour) – CQC guidance * [Nigel's surgery 32: Duty of Candour and General Practice (regulation 20)](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-32-duty-candour-general-practice-regulation-20) | | * Do leaders have the experience, capacity and skills to deliver the practice strategy and address risks to it? * Were leaders knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them? * What succession planning has taken place? * Is there evidence in incident investigations that duty of candour has been applied?   + If a patient has been affected by an incident, how has this been handled?   + Did the patient receive a verbal and written apology? * Does the provider have a lead accountable for serious incidents?   + How many SEAs in the last year?   + Have these been discussed, minuted and actioned with lessons learned?   + Have SEAs been shared with NHS England/NRLS/other practices?   **If you are inspecting a complex provider/partnership it is also important to ask the following**   * How are the different practices linked to the leadership and governance of the headquarters? Is there leadership at all levels? * Do the different practices feel part of the partnership? Are leaders visible to staff? * Are leader champions encouraged within the each practice? If so, can the provider demonstrate examples of active leadership for these roles? | |
| * W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? * W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? | * [NHS Improvement - Freedom to speak up: raising concerns (whistleblowing) policy for the NHS](https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_final.pdf) | | * What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits. * How does the provider enable staff to report concerns/whistle-blow? * How do leaders promote a culture that is free from bullying and which supports the freedom of every worker to speak up without fear of the consequences? * Are the speaking up policies and procedures in accordance with the [NHSI national raising concerns policy](https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_final.pdf)? | |
| * W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? * W3.7 Is there a strong emphasis on the safety and well-being of staff? |  | | * How do leaders promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training? * Do clinical staffs have protected time for non-patient facing responsibilities e.g. attending clinical meetings? * Are staff supported to learn and develop and do they feed back that their appraisal supports their development? Are there development plans created following appraisals and are these followed up? * Do staff have access to occupational health services? For staff who have had significant illnesses, does the provider have procedures for phasing staff back into work i.e. risk assessments in place for manual handling/VDU assessments etc.? | |
| * W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? |  | | * Can the provider evidence staff undertaking Equality and Diversity training, in the last 2 years? Using an anonymised example can the provider demonstrate how the practice has dealt with an issue to ensure protected characteristics are maintained? | |
| Key line of enquiry: **W2** | | | | |
| W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver? | | | | |
| **Prompts** | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** | |
| Report sub-heading: **Vision and strategy** | | | | |
| * W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? * W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? * W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? * W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? * W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? * W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? | * [Nigel's surgery 48: Well-led – vision and strategy](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-48-well-led-%E2%80%93-vision-strategy) | | * How would staff describe the vision and values of the practice and their role in achieving them? * Does the practice have a realistic strategy and business plans to achieve priorities? * Is the practice’s strategy in line with health and social priorities across the region? Has the practice planned its services to meet the needs of the practice population? * How does the practice monitor progress against delivery of the strategy? | |
| Key line of enquiry: **W4, W5 & W6** | | | | |
| W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?  W5. Are there clear and effective processes for managing risks, issues and performance?  W6. Is appropriate and accurate information being effectively processed, challenged and acted upon? | | | | |
| **Generic prompts** | **Relevant professional guidelines and other internal guidance** | | **Sector specific guidance** | |
| Report sub-heading: **Governance arrangements; Appropriate and accurate information; Managing risks, issues and performance** | | | | |
| **Cooperate/Clinical governance**   * W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? * W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? * W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? * W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? * W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? | * [Nigel's surgery 64: Effective governance arrangements in GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-64-effective-governance-arrangements-gp-practices) * [Nigel's surgery 26: Practice Nurses](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-26-practice-nurses) * [Nigel's surgery 66: Advanced Nurse Practitioners (ANPs) in primary care](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-66-advanced-nurse-practitioners-anps-primary-care) * [Nigel's surgery 57: Health Care Assistants in General Practice](https://www.cqc.org.uk/content/nigels-surgery-57-health-care-assistants-general-practice) * [Nigel's surgery 51: The role of a registered manager](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-51-role-registered-manager) * [Nigel's surgery 31: Fit and Proper Persons Requirement (FPPR)](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-31-fit-proper-persons-requirement-fppr) | | | * Can staff describe the governance arrangements for the practice? Responsibilities etc. Do all staff understand their roles and responsibilities? * Does the practice hold regular staff meetings? What is discussed and how are any actions followed up? Do nursing & other clinical staff e.g. paramedics, pharmacists have protected time for attending clinical meetings? * What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? * What is the leadership structure for the practice, including clinical lead areas, and overall clinical leadership/oversight of processes such as MHRA alerts, incidents, and complaints?   **If you are inspecting a complex provider/partnership it is also important to ask the following:**   * How would practices within the partnership manage increased capacity if required? For example, if a practice in the partnership is closed? * What arrangements are in place in the case of suspension/closure of a practice within the partnership? |
| **Information governance**   * W6.5 Are information technology systems used effectively to monitor and improve the quality of care? * W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? * W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches? | * [Information Governance Toolkit](https://www.igt.hscic.gov.uk/) | | | * For staff whose responsibilities include making statutory notifications, do they understand what their role entails? |
| **Auditing, planning and improvement**   * W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? * W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? * W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is ‘on their worry list’? * W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? * W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? * W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? * W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? * W6.3 Are there clear and robust service performance measures, which are reported and monitored? * W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? | * [Nigel’s surgery 4: Clinical audits](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity) * [Nigel's surgery 65: Effective clinical governance arrangements in GP practices](http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-65-effective-clinical-governance-arrangements-gp) * [NICE QS61 Statement 2](https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-2-organisational-responsibility): Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. | | | * What major incident awareness and training takes place in the practice for example, EBOLA, pandemic flu episode? * What plans are in place for severe weather conditions? * What do staff think the main challenges to good quality care are? And what action is being taken to address them? * Is there effective oversight of performance regarding antimicrobial prescribing and stewardship? Are CCG Medication Management reviews meeting minutes available? What action is taken when issues are identified?   **If you are inspecting a complex provider/partnership it is also important to ask the following:**   * Is there a specific governance dashboard for the partnership/complex provider which monitors risk, safety and performance issues? * Do the different practices participate in the overall partnership audits, if so, which ones and what were the outcomes? * Does each practice within the partnership conduct their own audits, what are they; and how are these acted upon? * If guidelines are modified or tailored to each provider within the partnership, are staff able to explain why they have been modified for their practice, is this documented clearly and justified e.g. responding to specific local circumstances? |
| Key line of enquiry: **W7** | | | | |
| **Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?** | | | | |
| **Generic prompts** | **Relevant professional guidelines and other internal guidance** | | | **Sector specific guidance** |
| Report sub-heading: **Engagement with patients, the public, staff and external partners** | | | | |
| * W7.1 Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? * W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? * W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? * W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? * W7.5 Is there transparency and openness with all stakeholders about performance? | * [Nigel's surgery 64: Effective governance arrangements in GP practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-64-effective-governance-arrangements-gp-practices) * [Nigel's surgery 65: Effective clinical governance arrangements in GP practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices) | | | * What are the opportunities for the public and staff to be engaged in the service? * How are the views of people obtained? What does it tell you about the service? * How does the leadership take an inclusive approach to involving staff? Are other staff e.g. nurses involved in liaison with the PPG? * Have any changes been made as a result of patient survey results/PPG feedback/patient feedback? |
| Key line of enquiry: **W8** | | | | |
| W8. Are there robust systems and processes for learning, continuous improvement and innovation? | | | | |
| **Prompts** | | **Relevant professional guidelines and other internal guidance** | **Sector specific guidance** | |
| Report sub-heading: **Continuous improvement and innovation** | | | | |
| * W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? * W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? * W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? * W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? * W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work? | | * [Nigel's surgery 4: Quality improvement activity](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity) | * Are staff encouraged to develop the service and not just provide the service are there good examples of development? * Does the practice understand and use quality improvement methodology? * Are there any examples of innovative practices initiated by the provider which excel in any of area of the key questions?   **If you are inspecting a complex provider/partnership it is also important to ask the following**   * What opportunities exist for learning from other practices in the partnership e.g. site visits, joint meetings to review incidents/share learning from complaints or safeguarding reviews etc.? * Are they engaged in Sustainability Transformation Partnerships (STP)? | |

1. . For example, people living with dementia or people with a learning disability or autism. [↑](#footnote-ref-1)