

# Overview to the provider handbook for general practice For consultation



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

### Our purpose:

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

### Our role:

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

### Our principles:

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

# Contents

Foreword – Professor Steve Field .....	01
What are the key changes we are making? .....	03
Which services are covered in this consultation? .....	04
The Primary Medical Services (PMS) directorate .....	09
Conclusion .....	10
Consultation questions and how to respond to this consultation.....	11



## Foreword – Professor Steve Field

**In December, I set out CQC’s early thinking on how we will monitor, inspect and regulate GP practices and GP out-of-hours services, and our priorities for the sector. The document was called A fresh start.**

I was clear that I wanted to develop all of these changes by working closely with our partners, people working in general practice, key stakeholders and, most importantly, with the public and people who use services to make sure we get this right.

Since then, we have been working with a lot of people – a wide range of external stakeholders and our own staff – to get feedback on our thinking and to co-produce our new approach.

It is still early days and we will do much more engagement and discussion between now and October, as we continue to evolve our model and seek input on how to improve it. We also want to test and evaluate this approach to see if it works for general practice and for patients and the public.

We will shortly be starting to test our proposed methodology in GP practices in our ‘Wave 1’ inspections: between April and June we will be inspecting 200 GP practices within 12 CCG areas.

We have already been testing our approach to GP out-of-hours services, and will be applying our learning from these from April.

At the same time as we start to test our new approach, I am pleased to publish our draft GP practice and GP out-of-hours inspection handbook for consultation. The handbook is for providers to use – to understand how we will regulate and inspect GP practices and GP out-of-hours services, from registration and monitoring through to inspection and ratings.

The evidence and input from both the consultation and Wave 1 inspections will help us to refine our approach to GP practices for Wave 2 inspections, which will start in July. We will then refine and improve our approach and fully implement it from 1 October 2014.

We are also consulting on our human rights approach. Human rights have underpinned our development work all the way through. We know this is fundamental to everyone’s lives and this is something which is important to me, personally.

We have a further consultation to run in the summer. That will be on the guidance that will underpin the new regulations, as well as on our enforcement policy. The regulations will also come into force in October 2014. Our inspectors will use

the guidance to determine where services are in breach of the regulations, and the enforcement policy to guide what action we take in response.

Please take the time to respond to the current consultation. We would like your views by 4 June 2014. It is important and we need your help to get it right. Many people have helped us to get this far, and I'm really grateful to them.



**Professor Steve Field**

CBE FRCP FFPHM FRCGP

Chief Inspector of General Practice



# What are the key changes we are making?

As we have developed our new approach we have been focused on people and making sure they are at the heart of everything we do. We will ask five key questions about practices and services, are they:

- Safe?
- Effective?
- Caring?
- Responsive to people's needs?
- Well-led?

To make sure we ask those questions in the right way, with people's views and experiences at the heart of our approach, we have developed:

- Key lines of enquiry (KLOEs) as the overall framework for a consistent and comprehensive approach by our inspection teams.
- Things for our inspection teams to consider under each KLOE.
- Characteristics of ratings that describe the different levels of quality for each of the five key questions.

We are consulting on this framework in the provider handbook we have published with this document. The handbook describes the elements

of our regulatory model as they apply to GP practices and GP out-of-hours services:

- Registration
- Local relationships (how we keep in regular contact with practices, services and local representative groups)
- Intelligent monitoring (information we will gather and analyse to inform our regulatory work)
- Inspections
- Judgements and ratings
- Reporting, quality control and action planning.



## Which services are covered in this consultation?

The handbook for consultation covers NHS GP practices and GP out-of-hours services. We will consult later in 2014 on our plans for the other services that fall within the remit of the Chief Inspector of General Practice (for example, dentists). This is with a view to launching our new approach to them early in 2015.

Alongside the handbook we have also published:

- Our approach to human rights
- An equalities impact assessment
- A regulatory impact assessment.

We would like your views and comments on all of these documents. They each include consultation questions, and all the questions are repeated in a single list at the end of this document.

### Our approach to co-production

In A fresh start we said that we would develop the changes by working closely with our partners, providers, key stakeholders, and the public and people who use services.

We have used a model of 'co-production' which has meant people have shaped our thinking as we have progressed.

We have created a GP Advisory Group, the purpose of which is to advise the Chief Inspector about key aspects of the new model as it is developed. Members include COGPED, the General Medical Council, the Medical Defence Union, NHS England, Royal College of GPs, Royal College of Nursing, Medical Protection Society, NICE, NHS Health and Social Care Information Centre, Nursing and Midwifery Council, Parliamentary and Health Service Ombudsman, BMA, General Practice Council – BMA, Healthwatch England and Public Health England

We have also set up a GP Reference Group, through which we engage with experts from the GP sector. This group supports us by providing expert advice, opinion and challenge to the design and development of our methods. Members include NHS England area teams, CCGs, LMCs, working GPs, the Family Doctor's Association, NHS Alliance, BMA and the Department of Health.

We also have a GP out-of-hours task and finish group. This group helps to support us by focusing on specific areas of out-of-hours services that need in-depth work. It includes CCGs, out-of-hours providers, NHS Alliance, BMA, NHS

England, Primary Care Foundation and the National Audit Office.

All three groups have worked with us on a number of things including:

- The overall approach to inspecting and regulating GP practices and GP out-of-hours services
- The key lines of enquiry
- What is 'good' general practice
- Intelligent Monitoring.

We have chaired two stakeholder/engagement events:

- With patient representative groups and GP stakeholders looking at 'what does good look like in primary care'.
- With key national organisations including the General Medical Council, NHS England and the Royal College of GPs, focusing on 'How we jointly respond to poor performing practices'.

We have continued to engage with patients, public and a wide range of stakeholders across England. We will continue with this engagement.

As well as working with the co-production group to inform our lines of enquiry and characteristics of ratings, we have incorporated the existing evidence base produced by other organisations, such as the Department of Health, the Royal College of GPs and NICE.

## Our priorities

In A fresh start we set out our top 10 changes we wanted to take forward. We have made good progress with many of the things we set out.

Below is a summary of what we are proposing in each of the key areas. More detail is included in the handbook.

## Better, more systematic use of people's views and experiences, including suggestions and complaints

The handbook sets out more detail about how we will use people's views and experiences in making judgements about the quality of care.

In all inspections, we will gather information about people's experiences from a number of sources including national patient surveys and individual comments that we receive from the public, partner organisations that hold information about people's views, local voluntary and community organisations, local Healthwatch, patient participation groups and carer groups and local NHS complaints advocacy service. We will also test approaches to gathering views from the public, including focus groups and listening events, questionnaires and surveys of local organisations. We will use the media to publicise our inspections.

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

## New expert inspection teams including trained inspectors, clinical input led by GPs, nurses and practice managers

Inspections will be led by specialist inspectors, with clinical input led by GPs. The teams will usually include specialist inspectors, GPs, nurses and/or practice managers. The team may also include GP Registrars so they can get a better understanding of a range of GP surgeries. While they are part of the team asking questions, we also hope that this will help us to create a sustainable workforce of GPs for inspections for the years ahead. Teams will vary in size, to reflect the size of the practice or out-of-hours provider.

An inspection manager will lead the inspections across a CCG area, and will be the main point of contact with the CCG and the area team throughout the inspection, supported by a GP.

Teams may also include Experts by Experience, who are people who use or care for someone who uses a GP or out-of-hours service. How we use Experts by Experience forms part of the pilot work.

### **A programme of inspections carried out systematically in each CCG area across England**

This is set out in our handbook. We will check the quality of NHS GP services within each clinical commissioning group (CCG) area. Over a two-year period, we will inspect a number of GP practices in each CCG every six months. We are not inspecting the clinical commissioning group itself.

Inspections will usually be announced. We will announce which CCG area we are visiting at least four weeks before starting inspections in that area. And we will usually give GP practices at least two weeks' notice of the date of their inspection. We will test whether this works between now and October. We will also carry out some unannounced inspections, for example if we have concerns about a practice or if we are following up on concerns identified in a previous inspection.

### **Inspections of GP out-of-hours services to be incorporated into CCG area programmes**

We have already started testing our new approach to inspecting in GP out-of-hours services. These began in January. From April, out-of-hours services will be included in the programme set out above, of inspections within each CCG area.

We will publish an overview of our findings in the summer.

### **A focus on how general practice is provided to key patient groups, including vulnerable older people and mothers, babies and children**

As we set out in *A fresh start*, we intend to look at how well services are provided for specific groups of people and what good care looks like for them. The groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

By looking at services for these groups of people, we can make sure our inspections look at the outcomes of care provided for all people, including those who are particularly vulnerable.

We have provided more detailed definitions of these population groups in the handbook. We want to know whether you agree that these are the right groups for us to look at, and whether we are focusing on the right things for these population groups.

### **Tougher action in response to unacceptable care, including where necessary closing down unsafe practices**

We know that the majority of people receive good quality care from their GP. However, where we find poor or unacceptable care, we will use the full range of our enforcement powers to make sure they improve. This will include, where necessary, stopping a practice from providing services or prosecuting it. We will work closely with NHS England Area Teams when responding to poor practices.

We will be consulting on the full details of our enforcement policy in summer 2014, and we will welcome your views at that time.

### **Ratings of all practices to help drive improvement and support people's choice of surgery**

Our approach to ratings of GP practices and out-of-hours services is covered in the consultation handbook. Our ratings will be awarded on a four point scale; outstanding, good, requires improvement and inadequate.



We will roll out ratings formally from October 2014 for both GP practices and GP out-of-hours services. Before we do this, we want to thoroughly test and refine our approach to ratings and this consultation forms part of that development.

From April 2014, we will start to test our approach to how we will decide ratings for GP practices and GP out-of-hours services. From October 2014 we will fully implement our approach to rating GP practices and GP out-of-hours services, including formal ratings.

We will consider whether we can award shadow ratings as we get closer to October. Shadow ratings are ratings which we will award following an inspection and will be included in the inspection report, but which are subject to change as we develop and improve our approach.

We have already carried out some early tests of our approach in GP out-of-hours services. From July 2014, we will provide shadow ratings for all GP out-of-hours services.

By April 2016, we will have inspected and rated all NHS GP practices and GP out-of-hours in England.

### **Better use of data and analysis to help us to identify risk and target our efforts**

‘Intelligent monitoring’ is how we describe the processes we use to gather and analyse information about the risk to the quality and safety of care. Together with local insight and other factors, this information helps us to decide when, where and what to inspect. By gathering and using the right information, we can make better use of our resources by targeting activity where it is most needed. It also means that we can anticipate, identify and respond more quickly to practices at risk of providing unsafe care.

The handbook sets out the sources of information we have identified in our initial scoping work. We would like to know whether these indicators are the right sources for us to draw our information from.

We will be carrying out additional testing and engagement to determine the most useful indicators to inform our inspections and ratings.

### **Clear guidance to underpin the five key questions we ask of services**

The handbook sets these out in detail. We have developed key lines of enquiry for each of the five questions: is the practice or service safe, effective, caring, responsive and well-led? We have also developed descriptors that set out the characteristics of each rating level (outstanding, good, requires improvement and inadequate) for each of the five questions.

We want your feedback on whether the KLOEs are the right things for our inspectors to look at, and whether the characteristics properly reflect each rating level.

### **Close collaborative working CCGs and Area Teams of NHS England, to avoid duplication of activity**

We continue to work closely with NHS England nationally, and with CCGs and Area Teams locally.

Our proposed model of inspecting NHS GP practices and GP out-of-hours services will only be successful if we have good, ongoing relationships with NHS Area Teams as commissioners of NHS GP practices. We also need good, ongoing relationships with clinical commissioning groups, as they have a duty to support quality improvement in general practice. This will help ensure that improvements are made following our inspections.

Communication and information sharing with CCGs and Area Teams will be a key part of every inspection. It will take place every time we visit practices in each CCG area.

More information on this is in the handbook.

The Primary Medical Services (PMS) directorate

From 1 April 2014, we have a settled structure for our new Primary Medical Services Directorate within CQC. The Directorate not only involves general medical practice but also dentistry,

children and health & justice, integrated care and medicines management.

Under the Chief Inspector of General Practice, there will be four Deputy Chief Inspectors - one for each region: North, Central, London and the South. A range of senior managers will work to the Deputies, four of whom (one for each region) will be focused on general practice.

There will be 28 inspection managers under the Heads of General Practice.

The General Practice inspection managers will manage around 200 General Practice inspectors.



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## Conclusion

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Since we published A fresh start in December, we have been working hard to develop the new regulatory approach and take forward the ideas we set out.

We know there is much more to do and we are enormously grateful for the help and support

people have given us in co-producing the new approach.

Whether you've helped us get this far or not we are interested in hearing everyone's views. Please do take the time to respond.



# Consultation questions and how to respond to this consultation

This section repeats the consultation questions we have asked throughout the provider handbook, human rights approach and impact assessments.

You can give us your views and comments by post, email or via our website using the addresses below, **by Wednesday 4 June 2014**.

## Consultation questions

1. We have identified the population groups that we will inspect and rate during our inspections of NHS GP practices.

Do you agree that these are the right groups for us to look at?

Do you understand what we mean by these population groups? If not, what is unclear?

Do you agree that we should rate and report on each of these population groups for GP practices?

2. Do you feel confident that the key lines of enquiry and the list of prompts will help our inspectors judge how safe, effective, caring, responsive and well-led NHS GP practices and GP out-of-hours services are? Is there anything we are missing?

Do you agree that the key things we have highlighted for each population group are the right things for our inspectors to consider when they are inspecting GP practices?

3. Do you agree that the characteristics of 'outstanding' (in appendix C) are what you would expect to see in an outstanding NHS GP practice or GP out-of-hours service?

Do you agree that the characteristics of 'good' (in appendices B and C) are what you would expect to see in a good NHS GP practice or GP out-of-hours service?

Do you agree that the characteristics of 'requires improvement' (in appendix C) are what you would expect to see in an NHS GP practice or GP out-of-hours service that required improvement?

Do you agree that the characteristics of 'inadequate' (in appendix C) are what you would expect to see in an NHS GP practice or GP out-of-hours service that was inadequate?

4. We want to know whether you agree with our approach to human rights. Please see our separate human rights approach document, in which we are asking a number of questions.

We would also like your comments on our equality and human rights duties impact analysis.

5. How best do you think we can ensure that providers improve the way they conform with the Mental Capacity Act?

a) Make sure we give sufficient weighting to this in our characteristics of good?

b) If providers do not meet the requirements of the MCA, apply limiters (meaning a service could not be better than requires improvement) in a proportionate way to ratings at key question level?

c) In other ways?

6. How confident are you that the sources of information we plan to look at will identify risks of poor quality care and good practice?

7. During our inspections of NHS GP practices and GP out-of-hours services, we will use a number of methods to gather information from the public about their views of the services provided.

Do you agree that the proposed methods of doing this are the right ones to use?

Will they enable us to gather views from all of the people we need to hear from?

8. Are there ways in which we could promote learning between providers and services, particularly where we have identified outstanding care?

9. Do you agree that with the grounds on which practices and services can challenge their inspection reports and ask for a review of their ratings?

10. Do you agree that the five key questions are equally important and should be weighted equally in our aggregation method?

11. Do you agree that in general the population groups should be weighted equally?

12. Do you agree with the principles for aggregating ratings? Is there anything else that we should include?

## How to respond to this consultation

You can respond to our consultation in the following ways. Please send us your views and comments by **Wednesday 4 June 2014**.

### Online

Use our online form at:  
[www.cqc.org.uk/InspectionsConsultation](http://www.cqc.org.uk/InspectionsConsultation)

### By email

Email your response to:  
[CQCchanges.tellus@cqc.org.uk](mailto:CQCchanges.tellus@cqc.org.uk)

### By post

Write to us at:  
CQC consultation:  
How we inspect, regulate and rate  
CQC National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA



## How to contact us

Call us on: **03000 616161**

Email us at: **[enquiries@cqcc.org.uk](mailto:enquiries@cqcc.org.uk)**

Look at our website: **[www.cqcc.org.uk](http://www.cqcc.org.uk)**

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

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