

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 31 MARCH 2015

CARE QUALITY COMMISSION APPROACH TO INSPECTION OF GP SERVICES

Report from: Barbara Peacock, Director of Children and Adults

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Summary

This report is to inform the Committee of the Care Quality Commission's (CQC) approach to the inspection of GP Services.

1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. Since April 2014 the Care Quality Commission has had the responsibility of inspecting GP Services. This covers general practice, independent doctors, dentists, health care in the health and justice system (including prisons and police custody suites) and children's care. The inspections in this region commenced six months ago.
- 2.2. The Head of General Practice Inspection South Region from CQC will attend the meeting and give a powerpoint presentation (attached to this report) setting out what is involved in the inspection of the 8000 general practices in England.

3. Risk management

3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1. There are no legal or financial implications for the Council.

5. Recommendations

5.1. Members are asked to consider and comment on the presentation.

Background papers:

None.

Lead officer:

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Care Quality Commission

Michele Golden Head of General Practice

31 March 2015

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The landscape of care



General public

53 million (35 million adults)

Private hospital

1.4 million people receive treatment in a private hospital / year

Dentists

- 22 million on a dentist list
- 15 million NHS
- · 7 million private

Health & social care staff

- 1.7m NHS staff
- 1.5m in adult social care

Care homes

- **565,000** residents
- 165,000 going into care per year
- 39,000 people with learning disabilities in residential care
- 18,000 in a care home or care in their own home with no kith or kin

GP practices

- 52 million registered with a GP
- 150m appointments / year

Home-care

700,000 people receiving home-care support per year

NHS hospitals

- 90 million outpatient appointments / year
- 11 million inpatients / year
- 18 million A&E attendances
- 5 million emergency admissions / year
- 600k maternity users
- 42,000 detained and treated against their will

Stroke 1m Diabetes 3m Arthritis 8.5m Cancer 2m Dementia 0.7m 个25% by 2020 个67% by 2025 个100% by 2030 个100% by 2032 个100% by 2040

Our purpose and role



Our purpose

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

Our role

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



What are we doing differently?



- Larger inspection teams including specialist inspectors, clinical experts, and Experts by Experience
- Intelligent monitoring to decide when, where and what to inspect
- Inspections will focus on five key questions about services
- We have developed services/groups and pathways that we focus on in each sector
- **EXECUTE: KLOEs (key lines of enquiry)** form the overall framework for a consistent and comprehensive approach
- Ratings compare services and highlight where care is outstanding, good, requires improvement or inadequate

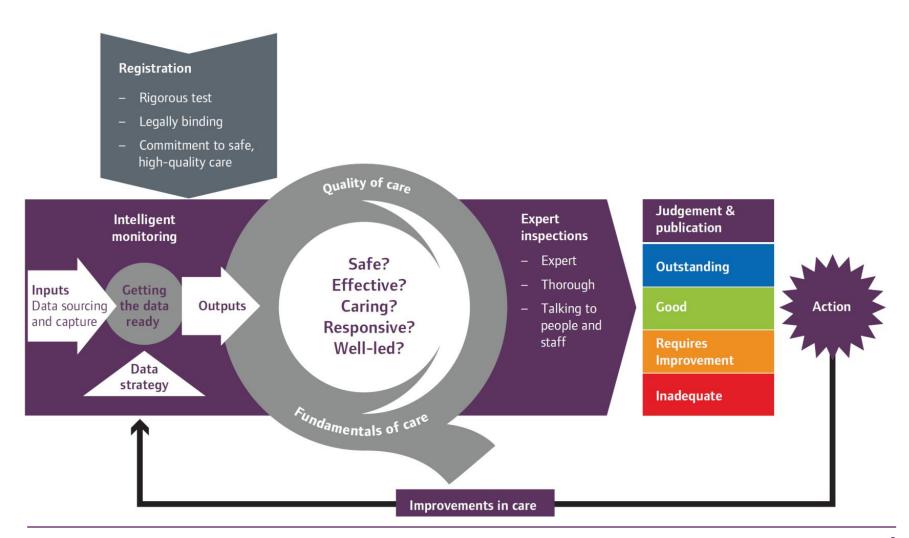
The 5 key questions we ask





Our new approach





Inspection process



Questions to answer

Key lines of enquiry (mandatory plus additional **KLOEs** identified from information held)

Gather and record evidence

Intelligent monitoring and local information

inspection

gathering

Pre-

information

On-site inspection

> Speak to staff and people using the service

Make judgements and build ratings

Apply consistent principles, build ratings from the recorded evidence

Write report and publish with ratings

Outstanding >





Requires improvement





Four point scale



Judgement & publication

High level characteristics of each rating level

Outstanding



Good

Requires Improvement

Inadequate

Innovative, creative, constantly striving to improve, open and transparent

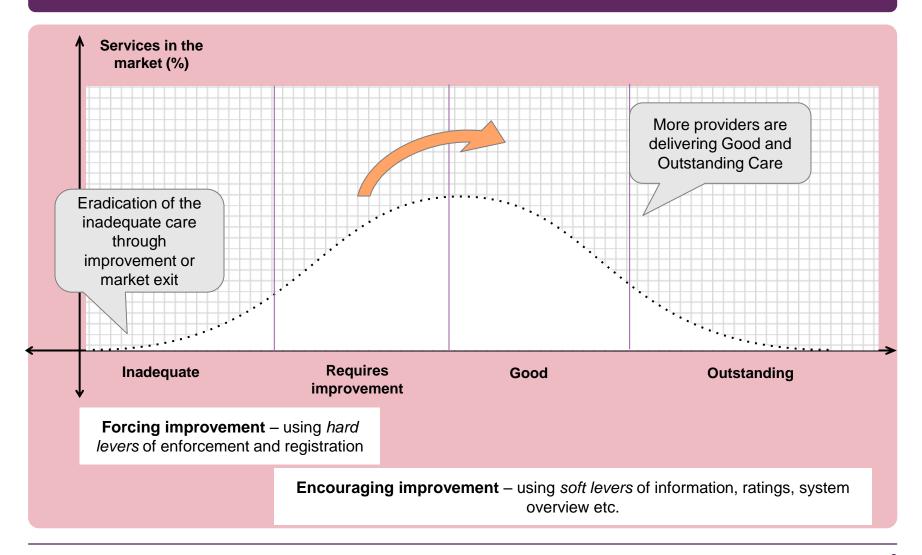
Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong

May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong

Severe harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

What we are trying to achieve





Recent facts and figures



2013/14: OUR YEAR AT A GLANCE

30,334 LOCATIONS INSPECTED

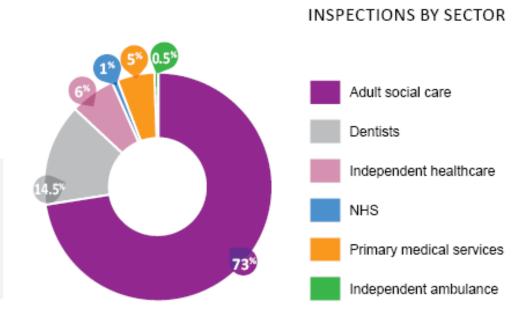
9,473
WHISTLEBLOWING
CONTACTS



IN NUMBERS

1,456 WARNING NOTICES SERVED





Safety and leadership



There are two areas where we've found variation in quality that particularly stand out

Safety

The principle of keeping people safe from harm is fundamental.

Variation in basic safety is a serious problem:



- lack of effective safety processes
- lack of a culture that learns from mistakes and near misses

Leadership

Strong, effective leadership at all levels in an organisation is vital.

Our new inspections of NHS trusts show:



good leadership drives up quality and safety overall

Thank you





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