



CQC Inspections of General Practice

Contracts and Regulations

The LMC met with CQC North area acting manager and lead inspector in June 2014 to receive an update on inspections so far and information regarding the changes proposed to general practice CQC inspections. The area covered by this CQC team includes 14 CCGs and 440 practices and a number of practices have been inspected in the local area.

From October 2014 the new methodology for inspections will commence. This will involve inspections under five domains which will ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

By April 2016 all GP practices will have been inspected. There are pilot inspections taking place at the moment in Cumbria, West Yorkshire and Lincolnshire that have received positive feedback and lessons learnt from these pilots will be incorporated into the new methodology.

Under the new regime the inspection team will consist of the lead inspector for each CQC area, a GP, an Expert by Experience e.g. for MIND, Age Concern or PPG, a practice manager and/or practice nurse.

The practice will be given notice prior to a visit and information in general terms as to what to expect on the day. The Practice Manager should be available on the day of the visit and CQC emphasise that the visit is aimed to be non-disruptive to the delivery of care.

CQC Q&A

- 1. Can the CQC clarify that they are inspecting every single practice under the new regime, even those who have been inspected and met all the standards?**

Yes the CQC will be revisiting those practices that have had a previous visit. Practices will be selected randomly regardless of when their last visit was.

- 2. What is the notice period for a visit?**

All practices to be visited will be given a minimum of two weeks' notice

- 3. Will the inspection team of 5 visit small practices e.g. single handed practices with say a list of 2000-4000 patients?**

The team size will depend on the size of the practice to be inspected but will always include a lead inspector and GP.

4. What data are the CQC collecting pre visit and where from?

Prior to visits CQC will compile data packs which will be used to inform the visits and determine focus. These will consist of information regarding QOF and quality outcomes from NHS information systems as well as information supplied by practices. NHSE and CCGs will also be asked to supply any relevant information to CQC which will include the number of complaints received and any areas of concern.

Comment cards will also be supplied to the practice for patients to complete prior to the visit and will include questions about whether they thought the service was good or bad, were the staff caring, was the environment safe and hygienic, were they listened to and shown respect and dignity and were their needs responded to in a timely and appropriate way.

5. Will the CQC arrive with a grading based on the data collected prior to the visit?

No rating or grading will be made prior to the visit. It will be based on the findings of the visit. Currently GP practices are not rated but this will commence in October 2014. The ratings are likely to be Outstanding, Good, Requires Improvement and Inadequate.

Practices that have been involved in pilot visits have been given shadow ratings but these will not be published.

6. Is the patient lay person in the inspection team drawn from a national panel?

They are likely to be selected from Choices Support which links in with organisations such as MIND and Age Concern. CQC endeavour not to put a local person on this panel. They are known as experts by experience.

7. Will the length of the inspection vary upon the list size and building?

The length of the visit depends on the size and layout of the site. Practices should expect the visit to last all day and allow approximately 7 hours. CQC will visit branch surgeries as well.

8. Is the reporting to be done the same way as before e.g. Standard met, not met, or at varying levels etc.

The reporting format will be different and new. The front of the report will include any recommendations and any breaches of regulations found. The main body of the report will be under the five inspection domains and will be in the format of free text.

9. Will a practice be advised at the 2 week notice period of the inspection team, the estimated inspection time and the areas of interest?

It is unlikely that the practice will be notified of the names of the team visiting. They will not be notified in advance of the areas of interest for the visit. The practice will be given

information in general terms as to what to expect on the day. The Practice Manager should be available and CQC emphasise that the visit is aimed to be non-disruptive to the delivery of care. The visit is likely to last all day.

10. If a practice is satisfactory/good, what frequency do the CQC expect to visit?

This is not yet confirmed. It may be 18 months – 2 years.

11. If a practice is not satisfactory what will the frequency of the CQC visits be?

If a compliance action is issued then the practice will be given a definitive timescale for follow-up which will be dependent on the action plan and might be 3 months.

12. Practices have concerns about access to patient records during a visit.

CQC will not look at patient records as a matter of routine. They will only request to look at patient records if something has been uncovered that requires it. The GP member of the inspection team would inspect the records. The CQC has the power to look at patient records but will never abuse that power. They don't need to know any identifying information or detail about the patient and can therefore possibly look at an anonymised record. They are interested in the quality of the record and whether the content is satisfactory and relevant.

13. What if a practice disagrees with the grading and outcome of their CQC visit?

The practice is able to challenge the factual accuracy of the report. They are also able to challenge how the decision contained within the report has been reached. They do not have a right of appeal to the NHSLA.

14. What happens if a practice is issued with an action plan?

The practice is asked to comply with the action plan and given timescales in which to do so. If these are not met then the CQC will start on their enforcement pathway with resultant possible fines etc.

15. What happens to the report?

A copy will be sent to the provider and once it has been agreed it will be published on the internet as a public document.



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