

The New CQC Inspection Format for General Practice

[Assessment - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

The Health and Social Care Act hasn't changed

The 5 KLOE remain the same

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well-led

6 Patient Groups Remain the same

1. People with long term conditions
2. Families, children, and young people
3. Older people
4. Working age people (including those recently retired and students)
5. People experiencing poor mental health (including people with dementia)
6. People whose circumstances may make them vulnerable.



Overview of what's changed

The Inspection is now split into 3 elements

1. Pre-Inspection Data/Document submission/upload via a portal
2. Online (Teams) GP Meeting and the PM meeting
3. The site visit

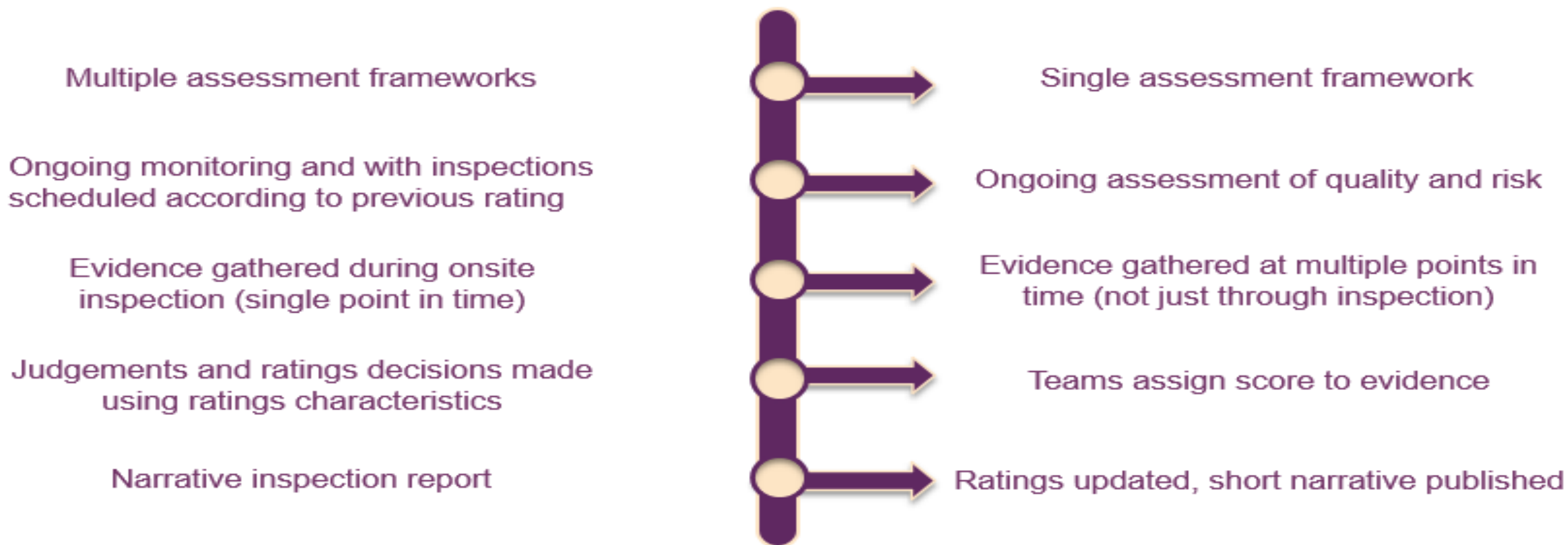
(All of the above will be carried out within a 3-4-day period)

The Report and the way they grade the Surgery has changed

1. The wordy reports have gone (I have not seen a new version as yet)
2. It's now a scoring grid
3. You will see where you are within the rating of Good, Requires Improvement or Inadequate – Are you just good, or are you excellent - good

The New CQC Inspection

Changes to our regulatory approach



Imagine the Credit Experian Report,

This may be what your rating will be like



Notification and Inspection

- Your registered manager will receive notification of the inspection as before via email. This will be followed up by a phone call to confirm receipt.

The letter will give you the outline of their plan to inspect and the dates for when this will happen, it will also include for the following:

1. The data request spreadsheet
2. Deadline date for you to upload all of your policies, procedures, statements and the datasheet onto the portal – This is usually 3 days before the GP/PM interviews
3. The GP interview & PM interview (ours was on the same day)
4. The onsite inspection
5. Feedback questionnaire process for Patients and staff

The Data Request Spreadsheet

This spreadsheet contains all of the documents, policies and evidence to support the 5 KLOE.

You can choose to upload them to the portal or have the document/s available on the day of the site inspection.

For our inspection there were 96 items to submit.

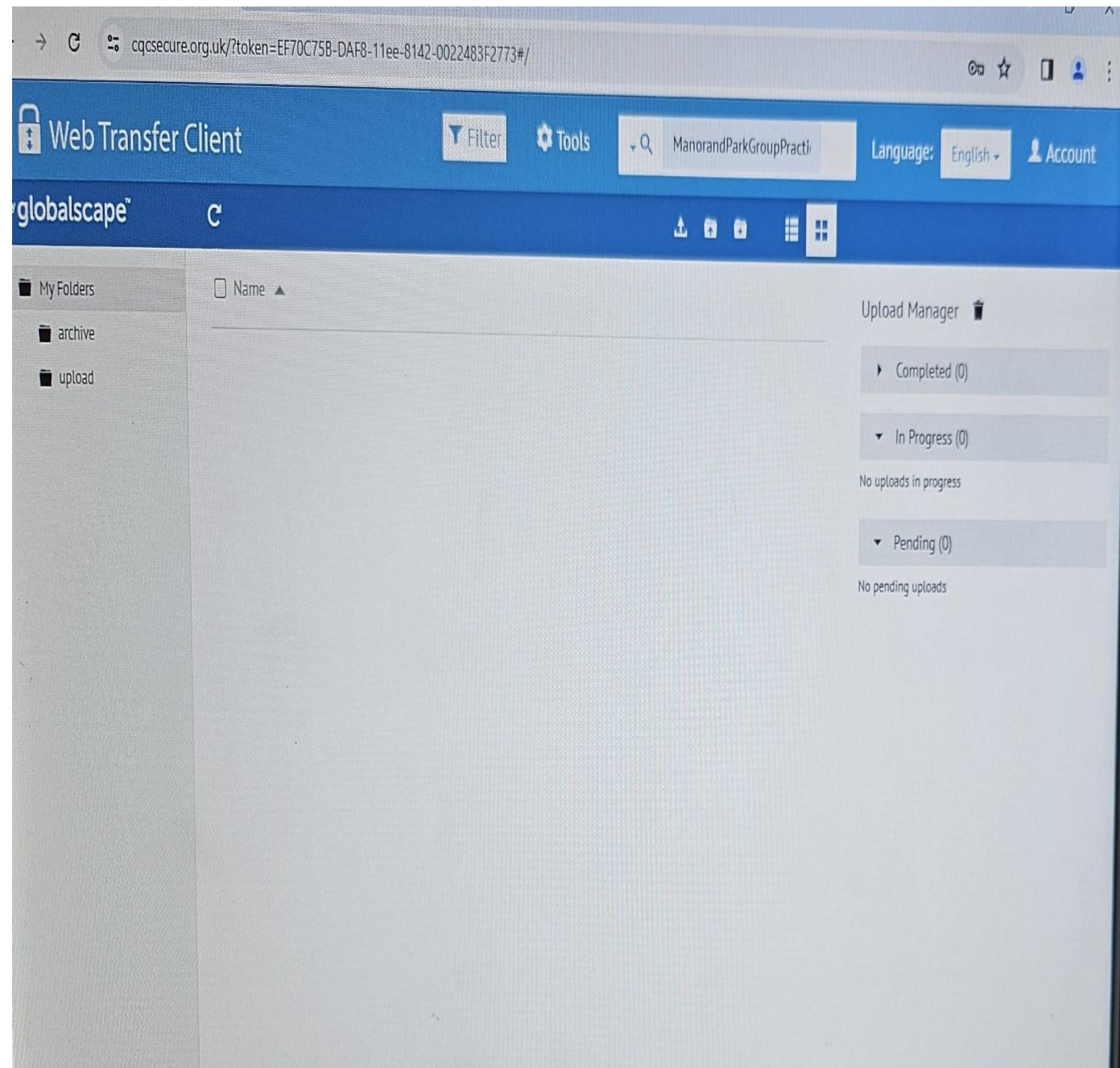
Key	Information	Sending Remote	Available Onsite	Not Available	Comments
1	Safe	Significant events policy	Yes		Uploaded 14.2.24
3	Safe	A summary of significant events within the last 12 months, including evidence of actions you have taken, learning you have applied, and improvements made as a result.	Yes		2 examples sent
4	Safe	Sample of meetings minutes where significant events have been discussed with staff/shared learning in past 12 months.	Yes		example uploaded 23.2.24
5	Safe	Duty of candour policy	Yes		uploaded 14/2/24
6	Safe	Examples of how the practice has demonstrated duty of candour (eg, through training support for staff, policy, audits, SEA, complaints)	Yes		See SAE examples sent
7	Safe	A summary of clinical audits from the last two years.	Yes		HRT Audit uploaded 13.2.24 & hydroxy audit on 14.2.24 7 & bath emollient audit
8	Safe	Details of two complete full-cycle audits including actions taken and outcomes achieved	Yes		uploaded
9	Safe	A summary of nursing audits from the last two years	Yes		Smear Audit uploaded 21.2.24
10	Safe	Audit of controlled drug prescribing in the past 12 months	Yes		uploaded 23.2.24
11	Safe	A summary of medication audits undertaken in the past 2 years	Yes		1 in progress uploaded 23.2.24
12	Safe	Summary of any other quality improvement work undertaken over the last two years.	Yes		Scanning & Coding Process uploaded 23.2.24
13	Safe	Medicines management policy. Additional policies below if not included in this	Yes		uploaded 23.2.24
14	Safe	Repeat prescribing policy	Yes		uploaded 23.2.24
15	Safe	Medicines review policy	Yes		uploaded 20.2.24
16	Safe	Prescribing of high risk medicines	Yes		uploadaed 23.2.24
17	Safe	Emergency medicines policy	Yes		uploaded 23.2.24
18	Safe	Controlled drug operating procedures	No	No	No controlled drugs onsite
19	Safe	Safety and medicine alert policy	Yes		uploaded 23.2.24
20	Safe	Evidence of management of safety and medicine alerts	Yes		2 examples uploaded 14/2/24
21	Safe	Policy and process to ensure practice oversight of other staff not directly employed by the practice who have access to patients or their records (for example those employed through the PCN)	Yes		CAB & PCN data sharing agreements 21.2.24
22	Safe	Policy and process to monitor delayed referrals	Yes		Cases info sent
23	Safe	Policy and process to deal with incoming letters/discharge summaries from secondary care/other providers	Yes		uploaded 23.2.24
24	Safe	Policy for summarizing/coding patient medical records. Number of patient records awaiting summarising. Enter number in comments column	Yes		uploaded 21/2/24 (134 patients)
25	Safe	Policy and process for ensuring staff are recruited safely including DBS and registration checks (including any locum staff)	Yes		uploaded 20.2.24
26	Safe	Staff induction policy	Yes		uploaded 13.2.24
27	Safe	List of staff by role and WTE/sessions for staff. To include DBS reference number and date	No		emailed to Kathryn Haggart 14/2/24
28	Safe	Policy for training staff and the process to manage and monitor	Yes		uploaded 20.2.24
		Matrix of staff training, and the data last completed which should include (where appropriate for staff member). List to include all clinical and non-clinical staff and the			

The Portal

In your inspection notice letter you will receive a link to the portal

The Portal is where you will upload all of the documents, policies, protocols that they have requested from you.

My experience = Rather clunky!!



Online Interviews With the GP and the PM

GP Interview

- The GP assessor will access your clinical system on the morning of the meeting
- They will run the inbuilt searches and identify 5 patients from each chosen area to discuss live time whilst your GP shares their screen.
- The areas they looked at for us were:
 1. Medication Reviews
 2. Meds usage
 3. Meds monitoring
 4. DMARDS
 5. Teratogenic drugs (valproate, Pregab, Gaba etc)
 6. LTC's
 7. Will also ask to see Pathlinks and documents LIVE TIME

PM interview

- The inspector will go through all the documents that you've uploaded to the portal and ask questions on how the policies work in practice.
- **It's much more thorough –My advice - ensure that all of your policies, procedures and processes are still fit for purpose.**

The Onsite Inspection

Set agenda for the day as before.

- Fridge Checks
- Clinical Stock Check
- Emergency Drug Box
- Crash trolley
- Interview staff
- Speak to Patients in the waiting room
- Look at recruitment/Staff Files
- Complaints
- SAE's
- PGD's

Onsite Inspection – New Elements

- They'll ask to look at your policies real time – Give examples
- They looked at our appointment system
- They'll follow up on any patients identified at the online GP Meeting – To see if they been reviewed/actioned since,
- Coding
- Summarising
- C the Signs
- Referrals
- AARs roles – who is responsible i.e. who holds their employment contract
- Clinical meeting minutes
- Staff Meeting Minutes

What are they hot on?

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- Medical Alerts – What's your process for actioning, recording and circulation to the wider team
 - Document Workflow – Are all letters actioned effectively and efficiently
 - Clinical support for non-medical prescribers – PA,s Nurses, ACPs, Pharmacists etc
 - Audits, especially in prescribing
 - DNAR Respect process
 - Summarising process – how many patients notes require summarising – live time
 - Clinical staff training – (Nurses – Diploma's for LTCS)
 - Do all staff know:
 - A) Who are you safeguarding leads
 - B) Who is the Freedom to speak up guardian

Training – What are they looking for

They are hot on the following training

- All clinical staff - proof of training for the job that they are doing (e.g. Nurse diploma in COPD, Asthma, Diabetes)
- Safeguarding Level 3 (minimum) GP's, Nurses, Pharmacists, ACPs, PA's etc
- Sepsis awareness – All Staff
- Autism awareness – All Staff (Tier 1 for clerical and admin, tier 2 for all clinical staff)
- Equality and Diversity
- GDPR and information governance
- BSL and AED
- Vax and Imm's updates – Nurses
- Cytology update – Nurses
- DBS – does everyone who needs one, have one???

What didn't they look at?

- Infection Control audit/action plan
- Cleaning cupboard – Cleaning schedules
- Health and Safety
- Fire Risk Assessments
- Legionella
- Building Security

Disclaimer: This does not mean that they won't ask for it at your inspection

Intelligence that I gathered during our inspection

- The inspection team is now 3 people –1, Lead inspector (Katherine Haggart) 2, an Assessor (remote, reviews all uploaded documents) 3, GP
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- They do read and scrutinise all of your uploaded documents – So review and update them all – Example = my SAE policy still said “CCG” and not “ICB” she pulled me up on it and made me update it...
 - **Their rational around inspections this year**
 1. Apparently all Practice’s that are rated as Inadequate are all done
 2. Apparently all Practices that Requires Improvement (us) are being finished off now
 3. From April – **ALL** historic “Good” will be fully inspected starting with the oldest first – 2016 onwards – Get Ready!!
 - Make sure that your registration is up to date – Correct Partners etc,
 - Regulated activities – Are you still delivering what is registered with them – Go onto the CQC website portal and check (also sign up to the new CQC portal, it’s changing at the end of this month)
 - Make sure that your website is up to date
 - It’s currently taking around 2-3 weeks to receive the draft report
 - Then a further 3-4 weeks to be published, She admitted it’s quite slow at the moment.



Thank you

Any Questions?