PRACTICAL TIPS FOR THE NEW CQC SINGLE ASSESSSMENT FRAMEWORK (SAF)

A WEBINAR
WITH RATHAI THEVANANTH

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The New Single Assessment Framework from the CQC

The CQC's new framework will be implemented in phases to ensure providers understand how they will be affected.

The new Single Assessment Framework will be rolled out as follows:

- **21st November – 4th December:** 14 Early Adopter Assessments – South Region
- **5th December '23:** South Region
- **9th January '24:** London & East Region
- **6th February '24:** North & Midlands Region

BACKGROUND

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. The CQC's new Single Assessment Framework (SAF) will be introduced in November 2023 and will replace the current system of key lines of enquiry (KLOEs).

The CQC has stated that it will not look at the entire SAF during every inspection. Instead, inspectors will focus on selected priorities, depending on the key questions they are inspecting against.

WHAT DOES THIS MEAN FOR PRIMARY CARE?

Practices should start preparing for the change by;
- Familiarising themselves with the SAF and the five Key Questions.
- Reviewing their current quality assurance and risk management systems to ensure that they are aligned with the SAF.
- Identifying any areas where they need to improve.
- Developing a plan to make the necessary improvements.

Managers should also be prepared for the possibility of a more focused inspection. This means that inspectors may focus on a smaller number of areas in more detail.

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CQC CHANGES FROM NOV 2023

Single Assessment Framework

The CQC currently has different assessment frameworks for different types of providers (e.g. primary care, adult social care, local authorities, etc.) but will now change to a single framework that will apply to all health and social care providers.

Key Lines Of Enquiry (KLOEs) will be 'retired'

They will be replaced by 'Quality Statements', which will be under the Key Questions (Safe, Effective, Caring, Responsive and Well-Led). These are expressed as 'We' Statements, commitments that providers will need to live up to in order to deliver care.

Ongoing assessment of quality & risk

CQC will still carry out an inspection at the Practice, but they will also gather evidence from other sources at different times and in different ways as their new 'assessment';

- **Provider-submitted evidence**: Primary care managers will be required to submit specific evidence to the CQC, such as policies and procedures, patient feedback, and clinical data.
- **Direct contact with people using the service**: The CQC may contact people who use primary care services to get their feedback on the quality of care they receive.
- **Structured conversations with managers and other leaders:** The CQC may hold structured conversations with primary care managers and other leaders to learn more about the practice's culture, values, and governance.

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CQC CHANGES FROM NOV 2023

Ongoing evidence gathering (multiple points in time)

This is currently onsite evidence gathered at a single point in time, but after November 2023 the CQC will be able to re-assess your quality and safety without always physically inspecting the Practice. This could lead to a change in one or all your key ratings and the overall rating.

This is to ensure that they can provide an up-to-date view of the quality and safety of the care that patients receive from your Practice.

Scoring system on a scale of 1-4

Currently ratings are based on characteristics. The new framework will introduce a scoring system based on the Quality Statements and the Key Questions. This doesn't mean that the ratings system is being abolished, it is staying the same, but will be supplemented by this new scoring system - where 1= inadequate, 2 = requires improvement, 3=good, 4=outstanding.

Ratings updated; shorter report published on CQC website Providers page

There will be a move from a detailed, narrative inspection report to a shorter report published on the providers page on the CQC website.

The rationale behind this is based on what the public need - when looking for a GP provider they may opt to look at the CQC's rating of that provider and not necessarily read the whole report, so by including the shorter report, CQC hope it will draw people to read the reports.

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SINGLE ASSESSMENT FRAMEWORK 2023

Previous Inspection Assessment

- Separate frameworks for different types of providers
- Key lines of enquiry (KLOEs) used to assess Practices
- Ratings of outstanding, good, requires improvement, and inadequate

New Framework

- **Single framework** for all health and social care providers
- **Quality statements** used to assess providers
- Ratings will stay the same

Specific Changes for the new framework

- The new framework is **more focused on outcomes** and less on processes.
- It is **more flexible** and can be tailored to the specific needs of each provider.
- **More risk-based** and will focus on providers where there is the greatest risk of harm.

Benefits of the new framework

- The new framework is **simpler and easier to understand** for providers.
- It is **more transparent** and provides more information to the public.
- It will be more effective at **identifying and addressing risks**.

Specific Evidence and Quality Indicators

5 Key Questions

6 Evidence Categories

34 Quality Statements / 'We' Statements

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SINGLE ASSESSMENT FRAMEWORK 2023

Specific evidence

The specific evidence that providers will need to provide that will support their assessment will vary depending on the size, type, and complexity of the service. However, some examples of specific evidence that may be requested include:

- Policies and procedures
- Patient feedback
- Clinical data
- Staff training records
- Quality improvement plans

Specific Evidence and Quality Indicators

5 Key Questions

6 Evidence Categories

34 Quality Statements / 'We' Statements

Quality Indicators

The SAF also includes a set of quality indicators, a way to measure the quality of care and support that is being provided, grouped into 4 domains;

- Patient outcomes: the impact of care on patients' health and well-being.
- Safety and effectiveness: the safety of care and the effectiveness of treatments and interventions.
- Patient experience: the experience of patients and their carers.
- Leadership and governance: the quality of leadership and governance

Practices will be expected to collect data on the quality indicators and use this data to identify areas where they can improve.

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SINGLE ASSESSMENT FRAMEWORK 2023

5 Key Questions

Under the CQC Single Assessment Framework, primary care providers must demonstrate that they are providing Safe, Effective, Caring, Responsive, and Well-Led services.

This includes implementing measures to prevent harm, providing evidence-based care, treating people with respect, responding promptly to needs, and having a clear vision and strategy. Practices will need to gather evidence to support their assessment, including policies, patient feedback, clinical data, and staff training records.

6 Evidence Categories

These six categories assess how primary care providers lead and govern their services, provide person-centred care, ensure safety and effectiveness, respond to people's needs, offer effective care and support, and treat people with respect and compassion.

34 Quality Statements

Quality Statements will replace the KLOEs, setting clear expectations for what is needed to deliver high-quality and person-centred care based on people's experiences and the standards they expect.

Linked directly to the regulations, the statements also detail how services and providers should work together to plan and deliver high-quality care. These Quality Statements, expressed as "we statements," outline the commitments providers must uphold to deliver high-quality, person-centred care.

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The New CQC Scoring System

The Care Quality Commission (CQC) is introducing a new scoring system for the 2023 Single Assessment Framework (SAF). This system will replace the current system of four ratings (outstanding, good, requires improvement, and inadequate) with a more detailed and nuanced approach.

1	Evidence category scores are combined to give a score for the related quality statement.	**Evidence Rating 4:** Over 87% (Outstanding)
2	The quality statement scores are then combined to give a total score for the relevant key question	**Evidence Rating 3:** 63 to 87% (Good)
3	This generates a rating for each key question.	**Evidence Rating 2:** 39 to 62% (Requires Improvement)
4	The key question ratings are then aggregated to give the overall rating.	**Evidence Rating 1:** 25 to 38% (Inadequate)

How the New Scoring System Works

Each quality statement will be assessed based on evidence from a variety of sources, including inspections, patient feedback, and provider data. This evidence will be used to generate a score for each quality statement, ranging from 1 (significant shortfalls) to 4 (exceptional standard).

The scores for all quality statements will then be combined to give a score for each key question (safe, effective, caring, responsive, and well-led). Finally, the scores for all key questions will be combined to give an overall rating for the provider.

THE NEW SCORING SYSTEM WILL PROVIDE PRIMARY CARE MANAGERS WITH A MORE COMPREHENSIVE AND UP-TO-DATE VIEW OF THEIR SERVICE'S QUALITY.

Combined Evidence Categories

CQC calculate this as a percentage so that they have more detailed information at evidence category and quality statement level and can share this. In time, this will support benchmarking information.

Evidence category	Score	Existing or updated score
People's experiences	3	updated
Feedback from staff and leaders	2	updated
Observation	3	updated
Processes	3	existing
Total score for the combined evidence categories	**11**	

Scores

25% – 38% = 1
39% – 62% = 2
63% – 87% = 3
Over 87% = 4

To calculate the percentage, CQC divide the total (in this case 11) by the maximum possible score. This maximum score is the number of required evidence categories multiplied by the highest score for each category, which in this example is 4 –remember CQC scorings range from 1 to 4. In this case, the maximum score is 16. Here, it gives a percentage score for the quality statement of 69% (this is 11 divided by 16). That's a good rating

CQC then convert this back to a single score, so it is easier to understand and combine with other quality statement scores to calculate the overall related key question score.

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CALCULATING YOUR FINAL RATINGS

CQC CALCULATE THIS AS A PERCENTAGE SO THEY HAVE MORE DETAILED INFORMATION AT EVIDENCE CATEGORY AND QUALITY STATEMENT LEVEL.

Combined Quality Statement scores to give a Key Question Rating

Quality Statement	Score	Existing/Updated Score
Learning Culture	2 out of 4	Existing
Safe Systems, Pathways and Transitions	3 out of 4	Existing
Safeguarding	3 out of 4	Existing
Involving People to manage Risks	2 out of 4	Existing
Safe Environments	3 out of 4	Existing
Infection Prevention & Control	3 out of 4	Existing
Safe and Effective Staffing	2 out of 4	Existing
Medicines Optimisation	3 out of 4	Existing
Total Score	**21/32 = 65.6%**	

The percentage score is calculated by dividing the total (in this case 21) by the maximum possible score.

For the Safe key question, this is 8 quality statements multiplied by the highest score for each statement, which is 4 (maximum score is 32).
This gives us a percentage score of 65.6% (this is 21 divided by 32).

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

25 to 38% = inadequate
39 to 62% = requires improvement
63 to 87% = good
over 87% = outstanding

Therefore, the rating for the safe key question in this case is **Good.**

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THE 6 EVIDENCE CATEGORIES

People's experience of health and care services

- Phone calls, emails and feedback on care forms
- Interviews with people and local organisations
- Survey results.
- Feedback from the public and service users in community and voluntary groups
- Groups representing people who are more likely to have poorer outcomes / with protected equality characteristics, and unpaid carers

Feedback from Staff and Leaders

- Evidence from people who work in a service, local authority or integrated care system, and groups of staff involved in providing care
- Evidence from leaders
- Results from staff surveys individual interviews or focus groups with staff
- Feedback from people working in a service sent through our Give feedback on care service
- Whistleblowing

Feedback from Partners

- Evidence from people representing organisations that interact with the service or organisation that is being assessed.
- Gathered at interviews and engagement events.
- Organisations include commissioners, other local providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies.

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THE 6 EVIDENCE CATEGORIES

Observation

- Observing care and the care environment is crucial
- Carried out on the premises by CQC inspectors and Specialist Professional Advisors (SpAs).
- External bodies may also carry out observations of care and provide evidence
- All observation is carried out on site.

Processes

- Any series of steps, arrangements or activities that enable a provider or organisation to deliver its objectives.
- Assessments focus on how effective policies and procedures are. To do this, we may consider processes to:
  - *measure and respond to information from audits*
  - *look at learning from incidents or notifications*
  - *review people's care and clinical records.*

Outcomes

- How care has affected people's physical / psychological status.
- Outcomes measures in context of the service
- Examples of outcome measures are mortality rates, emergency admissions / re-admission rates to hospital, infection control rates, vaccination and prescribing data.
- Information is sourced from patient level data sets, national clinical audits, initiatives such as the Patient Reported Outcome Measures (PROMs) programme.

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EVIDENCE FOR QUALITY STATEMENTS

THE 34 QUALITY STATEMENTS - HOW DO YOU EVIDENCE THEM?

SAFE

1. Learning Culture
2. Safe Systems, Pathways & Transitions
3. Safeguarding
4. Involving people to manage risks
5. Safe Environment
6. Safe & Effective staffing
7. Infection, Prevention & Control
8. Medicines Optimisation

EFFECTIVE

9. Assessing Needs
10. Delivering evidence-based care and treatment
11. How staff, teams and services work together
12. Supporting people to live healthier lives
13. Monitoring and improving outcomes
14. Consent to care and treatment

CARING

15. Kindness, compassion and dignity
16. Treating people as individuals
17. Independence, choice and control
18. Responding to people's immediate needs
19. Workforce wellbeing and enablement

RESPONSIVE

20. Person-centred care
21. Care provision, integration and continuity
22. Providing information
23. Listening and involving people
24. Equity in access
25. Equity in experiences and outcomes
26. Planning for the future

WELL-LED

27. Shared direction and culture
28. Capable, compassionate and inclusive leaders
29. Freedom to speak up
30. Workforce equality, diversity and inclusion
31. Governance, management and sustainability
32. Partnership and communities
33. Learning, improvement and innovation
34. Environmental sustainability – sustainable development

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INSPECTION GUIDE & CHECKLIST

PREPARING FOR A SUCCESSFUL CQC INSPECTION

A Care Quality Commission (CQC) inspection is a critical opportunity to showcase the quality of care provided by your GP practice. Learning from the experience of others can significantly enhance your preparation process. This guide outlines key recommendations, tips, and a comprehensive checklist to ensure your practice is well-prepared for a successful CQC inspection.

REVIEW PREVIOUS CQC VISIT

- Review notes from your previous CQC visit to identify points of action and areas of improvement.
- Demonstrate the progress made in addressing previous deficiencies and implementing changes.

PATIENT FEEDBACK & IMPROVEMENT

- Gather evidence of instances where patient feedback led to tangible improvements within the practice.
- Showcase how you engage with patient concerns to enhance your services and demonstrate a patient-centric approach.

PATIENT SURVEYS

- Use patient surveys to collect direct feedback from patients.
- The CQC will receive survey answers, reflecting your commitment to transparency and patient engagement.

ADDRESS RECURRING ISSUES

- Prepare to discuss recurrent issues raised in previous visits.
- Highlight proactive measures taken to address these issues and showcase your dedication to ongoing improvement.

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INSPECTION GUIDE & CHECKLIST

PREPARING FOR A SUCCESSFUL CQC INSPECTION

ESSENTIAL DATA & DOCUMENTATION

- Organise immunisation and cervical screening data as indicators of your practice's commitment to preventive care.
- Compile GP patient surveys and relevant prescribing data to demonstrate your practice's performance and patient focus.

HIGH-RISK DRUG MONITORING

- Collaborate with your prescribing lead to implement changes to high-risk drug monitoring policies and procedures.
- Showcase your commitment to patient safety and effective medication management.

MANAGING NON-ATTENDERS

- Develop a protocol for managing non-attenders and showcase the steps taken to engage and support patients who miss appointments.

STAFFING LEVELS & HR COMPLIANCE

- Ensure your practice has appropriate staffing levels to provide quality care.
- Address any historic employment issues, such as missing interview notes or outdated CVs.

COMPLAINTS & PATIENT ACCESS

- Prepare your complaints protocol and demonstrate how you actively address and learn from complaints.
- Showcase your patient access and signposting processes, emphasising patient-centred care.

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INSPECTION GUIDE & CHECKLIST

PREPARING FOR A SUCCESSFUL CQC INSPECTION

HISTORICAL HR INFORMATION

- For staff hired before 2010, consider creating a risk assessment to address missing HR information.
- Demonstrate your commitment to compliance, even with staff who have been employed for an extended period.

BUILDING ELECTRICAL CHECKS

- Ensure that building electrical checks have been conducted within the required timeframe.
- Highlight your commitment to maintaining a safe and suitable environment for patients and staff.

CARE PLANS & DNACPR FORMS

- Organise and demonstrate your approach to creating and maintaining patient care plans.
- Showcase your processes for completing and storing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms.

CQC CLINICAL SEARCHES

- Download the CQC clinical searches relevant to your practice to ensure you have a comprehensive understanding of required criteria.

By implementing these recommendations, your practice will be well-equipped to navigate a CQC inspection successfully. This guide, along with the provided checklist, will help you ensure that your practice's commitment to delivering high-quality care is evident to inspectors.

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INSPECTIONS : SUPPORTING DOCUMENTS

SAFETY

- A summary of significant events within the last 12 months, including action taken & how learning was implemented
- Safeguarding policies and procedures
- Policy for dealing with Medical Safety Alerts & Formulary Guidance
- Recruitment policies and procedures
- Fire procedure
- Number of current staff by role and WTE (including qualifications and details of any training provided in the last 3 years e.g., safeguarding, fire, infection prevention and control, equality and diversity, medical emergencies/sepsis awareness, mental capacity, chaperones etc.)
- Fire and premises, health and safety, risk assessments (including action plans)
- Cleaning schedule & most recent Infection Prevention & Control audit and action plan
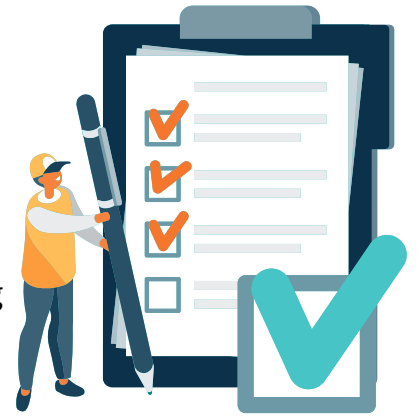
EFFECTIVE

- Remote consultations / digital / online services policies
- Evidence that the quality of treatment and services has been monitored within the last 12 months (includes 2 completed clinical audit cycles and a summary of any other audits, inc. evidence of actions / outcomes taken)
- Staff performance / capability policy

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INSPECTIONS : SUPPORTING DOCUMENTS

WELL-LED

- Up to date statement of purpose
- Practice vision & values & strategic business development plans
- Major incident plan
- Business Recovery plan
- Information Governance policy and evidence that the provider is registered as a data controller with the information commissioner's office
- Programme of quality improvement and evidence of any recent quality improvements work / initiatives
- Recent examples of clinical governance, MDT, PCN, practice staff and PPG meeting minutes
- Governance structures and systems including staff delegated roles and responsibilities
- Practice accreditation or evidence of any quality awards
- Please include details of any information that you feel is relevant such as challenges you have experience or that you feel us unique or innovative together with supporting evidence, audited data, patient outcomes etc.

CARING

- Complaints policy
- A summary of complaints received in the last 12 months, action taken & how learning was implemented

RESPONSIVE

- Accessible information standard policy
- Findings and action plan following findings from any patient survey carried out in the last 12 months if any have been carried out

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PREPARING FOR A SUCCESSFUL CQC INSPECTION: GUIDE & CHECKLIST

CQC INSPECTION PREPARATION CHECKLIST

Review notes from previous CQC visit and track improvements. ☐

Gather evidence of patient feedback-driven improvements. ☐

Administer patient surveys and collect responses. ☐

Address recurrent issues raised in previous visits. ☐

Organise immunisation, cervical screening, and prescribing data. ☐

Compile GP patient surveys and relevant prescribing data. ☐

Collaborate on high-risk drug monitoring policies. ☐

Develop protocol for managing non-attenders. ☐

Ensure appropriate staffing levels and HR compliance. ☐

Prepare complaints protocol and patient access plan. ☐

Address historical HR information gaps. ☐

Verify building electrical checks within 5 years. ☐

Organise patient care plans and DNACPR forms. ☐

Download CQC clinical searches for comprehensive preparation. ☐

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FPM CORE FOR YOUR CQC COMPLIANCE

FPM CORE, IN PARTNERSHIP WITH BLUE STREAM ACADEMY, PROVIDES A COMPREHENSIVE AND INTEGRATED ONLINE LEARNING & DOCUMENT MANAGEMENT SYSTEM.

FPM's market-leading healthcare compliance system helps you and your staff to be CQC-inspection ready!

- View policies from FPM and display within **Blue Stream** to aid setup and deliver training.

- Efficient tracking of regulatory changes, while making sure that your teams are notified and involved.

- Manage your policy communication and creation.

- Quality Statements and Regulations **pre-loaded and ready** for the new Framework

First Practice Management

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Integrated with the systems of our partner organisation Blue Stream Academy, our new **FPM Core** online Document Management System is a compliance platform that combines all of our policies and procedures in one place, ready and loaded with the new Quality Statements and Regulations that CQC will be reviewing from November 2023.

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CQC TRAINING AND PREPARATION

THORNFIELDS HAS PROVIDED HIGH QUALITY, RELEVANT AND INTERACTIVE PRIMARY CARE TRAINING COURSES TO THE PRIMARY CARE SECTOR SINCE 1993

We are committed to helping GP Practices stay ahead of the latest CQC changes and provide the best possible care for your teams and patients.

- ✓ Courses to understand how to effectively prepare for a CQC inspection under the new Framework
- ✓ ILM/City & Guilds/Ofsted/ESFA approved courses available
- ✓ Online, face to face or blended training available
- ✓ Tailored and personalised training for your Practice, PCN or ICB groups

Some of our CQC-related courses available to support you

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
Bitesize – Mandatory Awareness	Clinical Coding	Chaperone Training	Continuous Improvement	Leading People in Primary Care
Health & Safety	Medical Terminology	Customer Service	Social Prescribing	Staff – Self Care and Wellbeing
How to Handle Violent & Aggressive Patients	Total Teamworking	Improving the Patient Experience	Bitesize – Care Navigation	Managing Change

To book your place on one of our CQC courses (or to discuss your specific organisation requirements), **Scan the QR code** or **click here** to find out more

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Do you have to review all policies annually or is a longer period acceptable?

Annual reviews of policies and procedures is usually a sensible approach, however some policies may state that they should be reviewed in a longer or shorter time. An effective policy management system or software will be a good way to manage your compliance, as long as you keep everything up to date.

What data will CQC be looking at before the inspection and what should we do to ensure that this patient data is well managed and Safe?

The CQC will look at a variety of data prior to an inspection, including:

- **Patient outcomes** : data on patient outcomes, such as mortality rates, hospital readmission rates, and patient satisfaction scores. This data will be used to assess the quality of care that a practice is providing.
- **Practice data** : reviewing data on practice operations, such as staffing levels, complaints, and incidents, can be used to assess the safety and effectiveness of a practice's systems and processes.
- **Staff data** : staff training, qualifications, and performance. information can be used to assess the competence and capability of a practice's staff.

To ensure patient data is well managed and safe, practices should be able to show that they take the following actions;

- Implement data governance policies & procedures
- Train staff on data protection
- Secure your patient's data
- Monitor data access and usage
- Data Breaches and how you report/monitor them

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I have concerns around how GP practices will be rated when we are struggling to meet demand due to lack of GPs, high locum costs and financial squeezes

The CQC is aware of the challenges that GP practices are facing, and they have stated that they will take these challenges into account when assessing practices under the new framework, and they would probably focus on the following areas when assessing practices:

- **How a practice meets the needs of its patients** : how the practice uses its resources to provide care, manage demand, and respond to patient feedback.
- **How a practice provides safe and effective care** : the quality of care the practice provides, the safety of its systems and processes, and the competence and capability of its staff.
- **How a practice is learning and improving** : how the practice identifies and addresses areas for improvement, how it learns from its mistakes, and how it is embedding learning into its culture.

What are the implications of the new framework for our practice's registration and ongoing compliance?

Practices will need to register with the CQC under the new framework. The CQC will continue to monitor and assess practices to ensure they are meeting the requirements of the framework.

Will CQC inform patients about this new framework?

Practices will need to create their own communication plan for both staff and patients, which should include how they can provide feedback, available training and information on the new framework and its implications.

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CQC : YOUR QUESTIONS ANSWERED

Is there a list of searches we should be running? What are the CQC looking to see in terms of searches?

The CQC could ask for anything from patient records or a discharge summary, so make sure your workflow is working properly, and everything is being acted on in a timely manner. The CQC will look to see that you are acting on things in good time. You should also have a policy for this which you should follow.

How should practices manage supervision of PCN staff that may be working in their practices?

Practices should make sure that staff and their work are audited and supervised correctly, and that this supervision and auditing is evidenced correctly.

We used to have an active PPG but since Covid nobody is coming any more. I have put notices up but with no response - what do you advise?

You could try getting feedback virtually or by text. You could also try contacting certain cohorts of patients one by one, perhaps using different methods of communication accordingly. Also don't forget outreach activities - perhaps you could go and visit certain people/groups face-to-face.

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CQC : YOUR QUESTIONS ANSWERED

Do we need separate policies if everything is already included in our Staff Handbook?

Staff handbooks are useful and staff should be encouraged to refer to them for important matters, but they will probably not contain the full text of certain key policies, especially long ones, so we would recommend you have them on a separate system, for example something like **FPM Core**, so they are available in full.

Does the CQC have bad/good practice examples for each topic it could share?

Not specifically, but we would advise you to search for CQC reports online which have been written for practices who may have done well or may have required improvement, and to see the sorts of comments and analysis that was made about them.

Do we need Legionella testing if we have water that comes directly from the mains, without a tank?

We would advise that you ask the CQC directly and give them your particular circumstances. You may also consider seeking advice from a Legionella or environmental health expert.

Are we responsible for the ARRS Staff monitoring?

If you have PCN/ARRS staff on site or based in your Practice(s) like paramedics, pharmacists, physician associates etc. the Practice still has a responsibility to check and audit their work. The performance monitoring must still be carried out, and you should document the arrangements agreed (e.g. Practice will be responsible for the staff audit and training, while the PCN will manage their HR records).

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Will PCNs be inspected individually?

Under the new Single Assessment Framework, Primary Care Networks (PCNs) will not be subject to individual CQC inspections. Instead, the CQC will focus on inspecting the individual GP Practices which form part of the PCN. This means they will look at how the GP Practices in the PCN are working together and how they are delivering integrated services and protecting the safety and well-being of their patients.

The CQC's decision not to inspect PCNs individually is based on a number of factors. Firstly, they believe it is more effective to inspect the individual GP Practices because it allows them to see how they are working together and how they are delivering integrated services.

Secondly, the CQC believes that it is important to focus on the safety and well-being of patients. By inspecting the individual GP Practices in the PCN, the CQC can be sure that all patients are receiving safe and high-quality care.

If you have PCN staff on site or based in your Practice(s), or ARRS staff like paramedics, pharmacists, physician associates etc. the Practice still has a responsibility to check and audit their work. The performance monitoring must still be carried out, and you should document the arrangements agreed (e.g. Practice will be responsible for the staff audit and training, while the PCN will manage their HR records).

You can find out more at the following links;

Registration guidance: primary care networks, federations and GP services working in collaboration : ***https://bit.ly/3TlM7yt***

Guidance on Primary Care Networks, Federations and GP Services working in collaboration (CQC 2023): ***https://bit.ly/4aaBqF3***

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Can we see the list of CQC documents that will be requested 7 days after being notified of a visit?

The CQC states that Practices will be sent a list of documents that the inspector will need. This will include the CQC framework to inspect your service, as well as;

- key areas that the inspector will be focusing on
- specific documents that the inspector will require
- the deadline for providing the documents

If you do not have all of the documents that the inspector has requested, you should contact them as soon as possible to arrange for their provision.

These are some examples of what you may be asked to provide;

- Complaints log (including acknowledgement & responses, if upheld or not and reasons)
- Minutes from meetings for the last 3 - 12 months
- Training Matrix/records for all staff
- HR Policies, e.g. Recruitment
- Significant Events Log
- Risk Assessments e.g. Fire, Health & Safety
- Infection Control Audit (twice yearly) and any action plans from them
- Patient Survey results (e.g. National GP Survey), Staff Survey results

(check the sections on *Inspections Checklists* and *Supporting Documents*)

Check your documents and remember that an inspector will pick up on the actions that the Practice should be carrying out, e.g. if your Policy says "*Risk Assessments results will be reviewed at quarterly meetings*", they may ask to see the minutes from those meetings to see if the review was carried out, what the action plans look like, responsibilities, proof they have been carried out etc.

Please note that the CQC may also request additional documents during the inspection process, so it is important to be prepared to provide them.

Is Sepsis training mandatory for clinical bodies? Is there any mandatory courses information on CQC website for clinical and non clinical staff ?

Training in sepsis does not currently form part of statutory mandatory training for healthcare staff in England. However, *a report from the Health Ombudsman in October 2023 ("Spotlight on Sepsis")* stated that medical staff need to be sepsis-aware, especially when dealing with vulnerable patients such as young children or the elderly.

Inspectors may review this as part of checks under Regulations 12 (Safe Care and Treatment) and Regulation 18 (Staffing), so it may be prudent to include staff training on this, at least once a year is a good starting point.

The CQC's Mythbuster section (*GP mythbuster 88: Identifying and responding to sepsis*) has more information on Sepsis review and training.

Is there a specific / approved IPC audit that we should be using?

The *NHS England Infection Control Toolkit* is a key reference document, and it is great to be used as a training tool for Practice staff as well.

This is the reference for IPC audits, so you may find it easy to use that as a source, and it is also a very comprehensive document.

The NHS and our ICB withdrew occupational health services - where do we stand with that? Do we have to pay privately?

This is an issue in many areas, depending on availability and needs. It should be escalated within your network or ICB to start with, looking for any recommended providers in the area. Be prepared to discuss the situation with the CQC inspector - they will want to understand why the service was withdrawn and what the practice is doing to address the situation. Be ready to provide clear and concise answers.

The following actions could also be taken;

- **Document the withdrawal of occupational health services:** Get written confirmation from the NHS and ICB regarding the withdrawal of occupational health services. This documentation will be important for CQC inspectors and will help the practice demonstrate that you are taking steps to address the situation.
- **Identify alternative occupational health providers**: Start identifying alternative occupational health providers. This may involve contacting other GP practices, local hospitals, or independent OH companies.
- **Develop a plan for providing access to occupational health services:**
- This plan should outline the process for staff to access occupational health services, including how they will be referred to a provider and how they will be reimbursed for the costs of their appointments.
- **Communicate the plan to staff:** This should be done in a timely manner and in a way that is easy for staff to understand. The practice should also provide staff with the contact information for the alternative occupational health providers.
- **Monitor the use of occupational health services:** This may involve tracking the number of referrals made to occupational health providers and the outcomes of these appointments.
- **Review the practice's occupational health policy:** Make sure that it is up-to-date and reflects the new arrangements for providing occupational health services, and ensure the practice is meeting its legal obligations.

CQC : INSPECTION TIPS AND REMINDERS

Practice Policies in a CQC Inspection process

- The CQC will not tell organisations how often their policies must be updated. Best practice is that they must be reviewed a minimum of 12 months - if there has been no major update, then it should show as being reviewed by the Practice and unchanged from the previous version.
- Inspectors will want to see that policies are relevant and up to date.
- Some documents may not need to be reviewed for 2 to 3 years, but this should be marked on the document and if there are any changes made before that, then it should be recorded.
- When a policy is updated, staff should be made aware of an update and to read the policy, and a record made of the date it was done.
- Staff should be aware of where policies are stored and made easy to access and available.
- If you have a central location, database or software in use, staff should be aware of how to access it if an inspector asks them during their visit.

The Importance of Action Plans and follow-ups

- Action plans provide a clear and concise overview of your approach to addressing identified concerns and making improvements.
- Inspectors can assess the effectiveness of the service's risk management and quality improvement processes.
- Action plans also demonstrate the Practice's commitment to learning from its mistakes and taking steps to prevent future problems. This is important because it shows that the service is taking responsibility for its actions and is proactive in addressing any issues that arise.
- Action plans can also be helpful in identifying areas where the service may be at risk or where improvements could be made. This information can then be used to inform subsequent inspections and to target resources more effectively.

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Evidencing : Minutes from Practice Meetings

Practices will hold different types of meetings, from Partners meetings to Significant Events, Safeguarding or staff meetings. Minutes can be particularly useful for CQC inspections if they:

- Demonstrate how the practice is meeting its legal obligations.
- Show how the practice is managing risks and improving the quality of care.
- Provide evidence of the practice's commitment to continuous improvement.

Anonymised Meeting Minutes can be provided as evidence, and while there is no specific CQC guidance on this, there is best practice to providing meeting minutes as evidence;

- Meeting minutes should be clear, concise, and easy to read.
- Written in a factual manner and not include opinions or personal views.
- They should be accurate and up-to-date.
- They should be signed by the meeting chairperson or secretary.
- They should be distributed to all attendees and all relevant staff.
- They should be kept on file for future reference.

Additional Guidance for CQC Inspections

When preparing meeting minutes for CQC inspections, it is important to focus on the following areas:

- **Policies and procedures:** record any decisions made about policies and procedures, as well as any updates to existing policies and procedures.
- **Quality improvement**: record any discussions about quality improvement initiatives, as well as any progress made on these initiatives.
- **Risk management**: record any discussions about risks that have been identified, as well as any plans for mitigating these risks.
- **Staff training**: record any decisions made about staff training, as well as any updates to existing training plans.
- **Patient safety**: record any discussions about patient safety incidents, as well as any action taken to prevent future incidents.

CQC : WHAT NEXT? ACTIONS & LINKS

Join **Thornfields Connect** - our primary Care Focus group - _email Gerry for details_

Join FPM Connect - our group for FPM members to connect, gain HR & business support, access exclusive content and receive advice on making the most of your FPM subscription.

Contact the team here about anything else you'd like to talk about

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ABOUT RATHAI THEVANANTH

Passionate about primary care and a respected voice in seminars for her knowledge and expertise, Rathai is an experienced Practice Manager & Managing Partner in a practice in North London. She became a commissioner for her local CCG in 2011, and became a specialist CQC Advisor in 2013.

She is a Quality Improvement Fellow with UCL as of 2017, and set up her own company Quality Compliance Consulting Ltd in 2018.

YOUR HOSTS FROM THORNFIELDS

GERRY DEVINE

Training Delivery Manager (Thornfields)

Gerry has a wealth of experience as a Practice Manager and as a trainer and HR Manager in industry. He advises and trains practices across a broad range of topics and subject matter to ensure our practice clients are 'inspection ready'.

HELEN MURRAY

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Helen has worked within NHS secondary and primary care since 1996. She understands the pressures that general practice face and enjoys supporting managers and teams. Helen works collaboratively with clients across the UK to ensure our services meet their needs.

PETER HOBDEN

Partnership Manager (FPM Group/Thornfields)

Peter has worked in the NHS both with trusts and primary care organisations for the last 4 years.
He knows the pressures that NHS organisations are under and is passionate about helping their teams and Managers find solutions to resolve their current challenges.

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