



Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Report of: Chief Nurse Sheffield CCG

Subject: Overview of CQC rating for Sheffield General Practices

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Summary:

All General Practitioners are required to register as a provider with the CQC. The CQC will carry out inspections and will rate the provider against 5 key lines of enquiry. Ratings are graded as 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

This briefing paper was requested by the Committee

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to note the contents of the briefing paper.

Category of Report: open

Report from NHS Sheffield Clinical Commissioning Group **Overview of CQC ratings for General Practices in Sheffield**

1. Introduction

- 1.1. All General Practitioners are required to register as a provider with the CQC. The CQC will carry out inspections and will rate the provider against 5 key lines of enquiry. Ratings are graded as 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.
- 1.2. The CQC have been inspecting Sheffield based general practices and are expected to complete all inspections by the end of December 2016. A dashboard providing an overview of the CQC ratings, incorporating trends and themes of non-compliance has been developed. The dashboard also shows the level of support offered to the practices by the CCG Quality team when the practices have been assessed and rated as either 'inadequate' or 'requiring improvement in all 5 domains.
- 1.3. This paper is being submitted to the Committee following a request from a previous Committee meeting.

2. Overview of CQC rating in Sheffield General Practices.

- 2.1 To date the CQC has inspected 61 (74%) practices, 57 (93%) have been rated as 'Good', 3 (5%) have been rated as 'Requiring Improvement' and 1 (2%) has been rated as Inadequate.
- 2.2 For those practices that have either been rated as 'Requiring Improvement' or 'Inadequate' the CCG Quality team have been supporting practices ensuring that the practice action plans meet the requirements identified in the CQC report. Additionally the Quality team have worked alongside both the practices and NHSE to gain assurance that the actions within the action plan have adequately been implemented. This has been achieved by reviewing the evidence required to achieve the action and by verbal assurance from the practices

3. Trends and Themes

- 3.1. The CQC rate the inspection against 5 key lines of enquiry (KLOE) these form the categories of: Are services safe, Are services effective, Are services caring, Are services responsive and Are services well led. There are 4 practices that have been rated as 'Outstanding' against the standard 'Are services responsive. Table 1 below shows how many practices have been rated as 'requiring improvement' against the 5 KLOE. Please note that a practice may be represented against more than 1 KLOE.

Are services safe?	13
Are services effective?	2
Are services caring?	2
Are services responsive?	2
Are services well led?	7

Table 1: Number of practices rated as requiring improvement in the 5 KLOE

Additionally, 1 practice has been rated as 'inadequate' against 'Are services well led', 'Are services effective' 'Are services well-led'.

4 Areas of outstanding practice

- One practice had embraced a number of innovative approaches to providing integrated patient-centred care. For example they hosted a Health Trainer and encouraged patients to participate in the 'Move More' Olympic Legacy programme to increase physical activity. The practice also worked collaboratively with a local District Forum around a 'Keeping People Well' public health agenda which forms part of the local authorities work in Active Support and Recovery.
- A practice had trained its GPs to use specialist equipment to perform a procedure, normally carried out by a practice nurse for a patient who worked away all week so they could offer the patient the regular monitoring treatment they required on a Saturday at the extended hours clinic (when there was no nurse on duty).
- A practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.
- A practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting in-patient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients and ensure patients wishes were respected.
- A practice had reviewed referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism.

5 Areas for improvement - themes noted

- DBS checks of staff was noted as not being carried out on some staff at 23 practices, and adequate recruitment checks weren't carried out in at least 12 practices (NB, 3 practices are included in both the aforementioned)
- Practice governance, record keeping and policy maintenance has been identified as an issue at 16 practices.
- The staff immunity status was not recorded at 6 practices
- Staff training was out of date or requiring further training, noted at 11 practices
- References to defibrillators noted at 9 practices and oxygen noted at 8 practices. In addition there was a lack of risk assessments where emergency equipment was not available on site.
- References to fridge temperatures, noted at 6 practices (lack of temperature records or not following the public health guidance).
- References to poor PPG, noted at 5 practices (lack of public engagement and communication about Patient Participation Groups)
- References to lack of fire drills and fire alarm servicing was noted in 11 practices
- Lack of recording or maintaining staff appraisals was recorded and noted within 9 practices
- Issues relating to prescriptions and medicine management were noted at 7 practices.
- Issues relating to infection prevention and control were noted within 18 practices. This ranged from inadequate floor coverings to missing/lacking infection control training for staff and inadequate infection prevention and control audits.

6 What does this mean for the people of Sheffield?

- 6.1 This report outlines the quality of current provision of general practice within the city of Sheffield as measured by the Care Quality Commission inspection teams.

7. Recommendation

- 7.1 The Committee is asked to note the report