



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

Date of Meeting: 21<sup>st</sup> March 2018

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**Report of:** Chief Nurse Sheffield CCG

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**Subject:** Overview of CQC Ratings for Sheffield General Practices

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**Author of Report:** Maggie Sherlock- Senior Quality Manager

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### Summary:

All Providers are required to register with the CQC and all partners must be included in the registration. 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

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**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	
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.

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**Category of Report:** Open

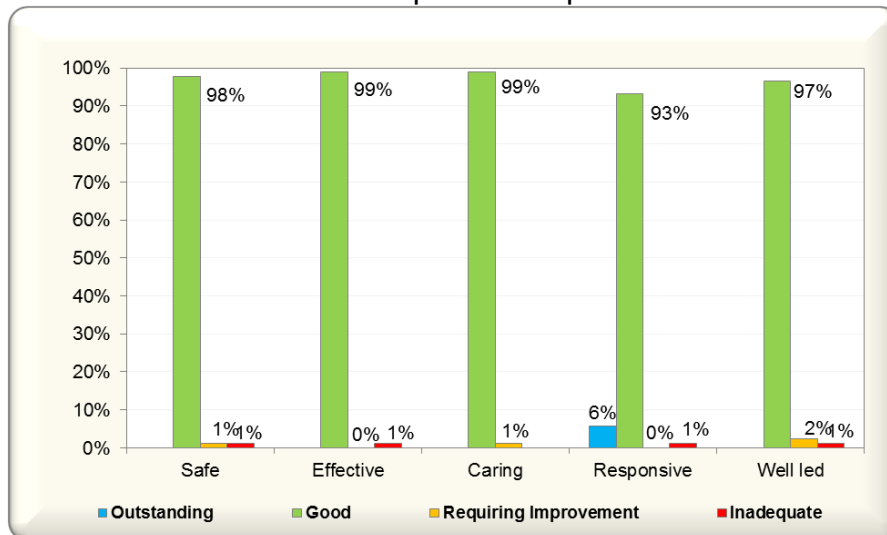
# **Report from NHS Sheffield Clinical Commissioning Group** **Overview of CQC Ratings for General Practices in Sheffield**

## **1. Introduction**

- 1.1. All Providers are required to register with the CQC and all partners must be included in the registration. 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 now completed all their inspections of Sheffield General Practice. A dashboard providing an overview of the CQC ratings, incorporating trends and themes of non-compliance has been developed by Sheffield CCG. The dashboard also shows the support offered to practices by Sheffield CCG Quality team.
- 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.**

SHEFFIELD GPs CQC Inspection Reports 2016: outcomes



Accessed 11/01/2018

- 2.1 To date the CQC, 85 (100%) of practices (including the GP HUBS) have been inspected; 83 (97.7%) have been rated as 'Good'; 1 (1.1%) has been rated as 'Requiring Improvement' and 1 (1.1%) has been rated as 'Inadequate'.
- 2.2 For practices that have either been rated as 'Requiring Improvement' or 'Inadequate' the CCG Quality team have supported practices to ensure the practice CQC action plans meet the requirements identified in the CQC report and identify resources where available.
- 2.3 The Quality team have worked alongside practices and NHSE to gain assurance the action plan has been implemented. This has been achieved by ongoing review of the evidence 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?; Are services well led?. There are 4 practices that have been rated as 'Outstanding' against the standard 'Are services responsive?'

3.2 Table 1 below represents 3 practices which have been rated as 'requiring improvement' or 'inadequate' against the 5 KLOE. Please note that a practice may be represented against more than 1 KLOE.

Are services safe?	2
Are services effective?	1
Are services caring?	1
Are services responsive?	1
Are services well led?	3

Table 1: The 5 KLOE - Requiring improvement or inadequate

### 4 Areas of outstanding practice

4.1 The CCG would like to acknowledge the good work that is undertaken within general practice which has also been recognised by the CQC. For example:

- To improve communication a practice offers those with learning disabilities pictorial information and easy to read letters.
- A practice holds a drop in clinic at an outreach centre one day a week providing easy access to chronic disease management and opportunistic screening to homeless patients.
- A practice responded to the needs of the practice population when they identified that 23% of the had caring responsibilities. The lead GP is the carer's champion; the practice has a carer's notice board and works closely with the community support workers to improve the holistic package of care received by patients with mental health needs and those living with dementia, offering advocacy and carer support. The practice also undertakes opportunistically housebound visits to check the health and wellbeing of the patients and carers.
- One practice has linked with schools and organisations to encourage young carer to register as carers with the practice. This will alert practice staff, who can then offer flexible appointments and signposting to appropriate support services as well as an annual invitation for a health check.
- A practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and offered signposting to resources and local support groups if appropriate.

## 5 CQC Trends and Themes

5.1 Since the Scrutiny Report 2016, 21 practices have been re-inspected. Table 2 provides a summary of the main themes for areas for improvement during the CQC inspections.

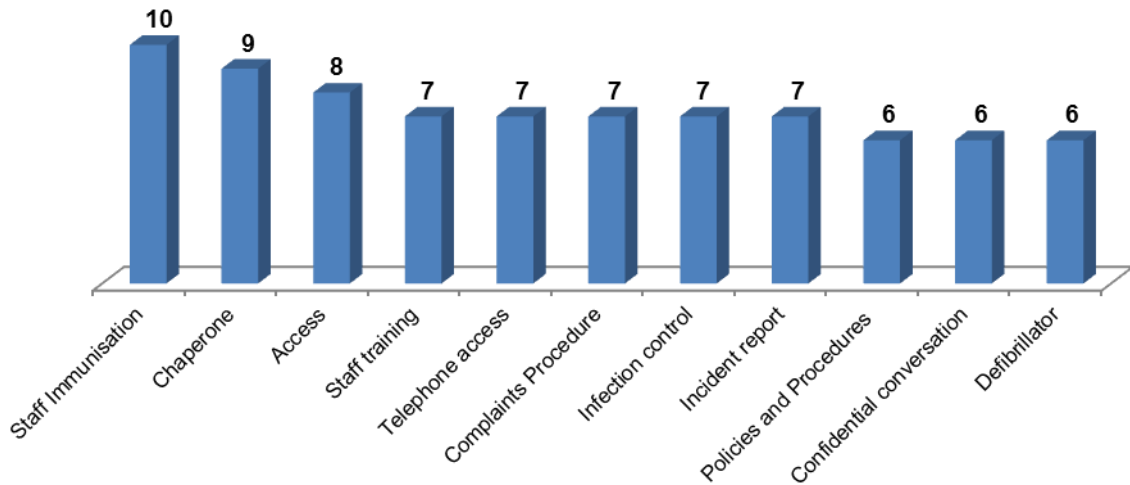


Table 2: Areas for Improvement: trends and themes (No. of occurrences)

5.2 Since the previous scrutiny report there has been an improvement across all areas. The areas for improvement that have been identified above will remain until the CQC have re-inspected the service.

## 6.0 Areas Improved

6.1 Where areas for improvement have been identified by the CQC, Sheffield CCG Quality team have contacted each GP practices to gain assurance that these areas have been actioned. Practices have confirmed that:

- DBS checks have been undertaken
- Chaperone training has been completed and included in the practice policy
- Immunity status is recorded within staff files
- Access problems are being addressed, for example; Employing nurse practitioners and pharmacists; Triaging patients and utilising the HUBs; Opening on Thursday afternoon; Increasing receptionists during busy times to answer calls and care navigation to direct patients to other points of care; Monitoring and reviewing appointment systems

## 7.0 What does this mean for the people of Sheffield?

7.1 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.

## 8. Recommendation

8.1 The Committee is asked to note the report