Emergency support framework: discussion questions for GP practices (May 2020)

The conversation with your inspector will focus on four areas, and the discussion prompts will help them to answer some questions to understand whether you need support with anything. Your inspector may not need to cover all the questions as things may already be clear, so you don't need to spend time preparing for them.

As the emergency situation changes, the questions for inspectors and the data indicators that we look at will evolve, so we will update them as needed.

1.   Safe care and treatment

1.1   Had risks related to infection prevention and control, including in relation to COVID-19, been assessed and managed?

- Are you managing to keep up to date with current infection prevention and control (IPC) methods?

- What challenges have you faced?

Also consider (where relevant):

- changes to IPC practice (for all locations) in line with guidance
- lead clinician for IPC
- dissemination of guidance to staff/additional training
- IPC suitable for how they are delivering services e.g. face-to-face, home visits, hot site etc
- waste management (e.g. disposal of PPE)
- SEAs relating to IPC.

1.2   Were there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19?

- Are you managing to access supplies of PPE and equipment?
  - appropriate standard?
  - sufficient amounts?
- If no, what could be improved?
- Do you know where to access support?

1.3   Was the environment suitable to containing an outbreak?

- What issues have you identified within your environment in relation to managing the pandemic?

- What changes have you made to the layout/environment to manage the situation?

Also consider (where relevant):

- alternative use of premises or part of premises e.g. as hot site

- how are waiting areas organised to promote safety?

- ensuring COVID/non-COVID patients are not coming into contact with each other where possible

1.4 **Were systems clear and accessible to staff, service users and any visitors to the service?**

- Where you have made changes to how you operate to manage patients with COVID-19 symptoms and non-COVID patients:
  - o were health and safety risks clear to staff, patients and visitors to the service?
  - o how do you ensure staff and patients understand the arrangements?
  - o how have you taken into consideration vulnerable people and those with communication requirements i.e. accessible information needs?

Also consider (where relevant):

- information on website

- signage within premises

- additional communication with care homes/pharmacies etc.

1.5 **Were medicines managed effectively?**
(including prescribing and management of medicines)

- Have you experienced any problems with responding to medicines alerts?

- Have you made any changes to your systems?
  - o to support patients to obtain repeat prescriptions?
  - o to manage patients who require support with the administration of ongoing medicines (e.g. contraception/B12)?
  - o to manage patients who are being prescribed medicines for which they require ongoing monitoring (e.g. methotrexate, lithium)?

- Have you encountered any challenges when working with your local community pharmacies?

If a dispensing GP practice:

- How have your dispensing arrangements changed?

- Have you identified any issues in relation to dispensing and how are these being addressed?

- What are the arrangements for high-risk patients, or those who are shielding?

1.6 **Had risk management systems been able to support the assessment of both existing and COVID-19 related risks?**

- Have there been any significant events/complaints related to COVID-19? If yes, how is learning from these being identified and shared?

- What challenges have you faced in managing emerging and existing risks? e.g. assessment of risk in relation to services that have been paused due to the pandemic?

- How are you meeting challenges/managing risk in relation to how you provide services?
    - face-to-face services (including home visits)
    - risks relating to care and nursing homes
    - remote services (including online, telephone, video)
    - management and shielding of patients

2. Staffing arrangements

2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the COVID-19 pandemic?

- Have there been significant changes to staffing arrangements?

- If yes, what challenges has this presented?
    - changes to staffing structure (including staff being furloughed, made redundant, recruitment of staff/volunteers)
    - staff support where roles and responsibilities have changed, and new ways of working have been adopted (e.g. in relation to technology)
    - supervision/training/oversight arrangements for staff
    - arrangements for new staff and volunteers (including induction and employment checks)
    - ensuring people get care and support from workers with the right knowledge and skills

2.2 Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?

- How has the pandemic affected your ability to staff the service?
    - what has this meant for patients who use your services?
    - what have you needed to do to mitigate any impact on staffing levels?
    - where do you go to seek support?

- Have you been able to engage with local system arrangements to share staff where required?

3. Protection from abuse

3.1 Were people using the service being protected from abuse, neglect and discrimination?

- How have you responded to issues that may affect the equality, diversity and human rights of your patients?

- How do you ensure people continue to receive individualised assessments and are a part of the decision-making in line with relevant guidance?

Also consider (where relevant):

- Arrangements for patients in nursing and care homes, or in the community.

3.2 Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?

- Have there been any safeguarding incidents, and how have you responded to these? Any themes/trends?

- Have you reviewed safeguarding registers, and reviewed patients/communicated with other agencies where necessary?

- How have you tried to identify vulnerable patients during the pandemic? e.g. older isolated people, domestic abuse victims, children who are at risk etc.

4. Assurance processes, monitoring and risk management

4.1 Had the provider been able to take action to protect the health, safety and wellbeing of staff?

- Do staff have access to testing for COVID-19?

- What arrangements are in place for staff reporting COVID-19 symptoms and how is this managed?

- What changes have you made to ways of working to support your staff and ensure their safety? e.g. remote working solutions/caring responsibilities

- Do staff have appropriate equipment, technology and systems that ensure confidentiality (where they are homeworking)?

- Do staff have access to psychological support services where required?

- Are arrangements in place for staff who may be at increased risk of COVID-19? e.g. Black, Asian and Minority Ethnic (BAME) colleagues, older colleagues, pregnant women and those with underlying health conditions

4.2 Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care?

- How has the pandemic affected your ability to monitor the overall quality of care?

- How are you keeping up to date with relevant standards and guidance relating to the delivery of care and treatment? How are these being shared with staff?

- How are 'business as usual' processes and systems being managed? (e.g. medicines reviews, long-term condition reviews, cervical screening, management of care plans, childhood immunisations and two-week wait referrals other referrals)

- What changes have you made to systems to ensure access to your services, in response to COVID-19?

  o remote access – telephone assessments, video or online consultations

  o communication needs e.g. deaf people/people who do not speak English

  o people with no access to a computer, smart phone, tablet or telephone

- How are you identifying and supporting 'high risk' patients/groups with their ongoing care needs?

4.3 Is the provider able to support staff to raise concerns during the pandemic?

- How are you continuing to support staff to speak up and raise concerns?

- How have you managed to promote team working, for example, team meetings?

4.4 Had care and treatment provided to people been sufficiently recorded during the COVID-19 pandemic?

- How have you managed to promote team working, for example, team meetings?

- Has the impact of the pandemic led to changes or issues with regard to how records are kept and shared? (e.g. within PCN or federation)

- Are you experiencing any barriers to sharing or accessing patient information with other providers?

4.5 Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?

- How are you coordinating care with partners and/or stakeholders, and sharing information?
  - PCNs/care and nursing homes
  - other providers, sub-contractors, local commissioners, national bodies.

Indicators we will use to prioritise assessments

Your inspector will use their knowledge of your service and will look at some specific indicators for the data that we hold to help decide what risk you may be facing.

The information we use will evolve as the situation changes, moving from this initial focus on what we know about services from existing data, to a focus on COVID-related priorities and recovery plans.

GP practices

- **current CQC rating**
- **time since our last inspection**
- **breaches of any regulations**
- **risk registers**
- **predictive model score** (this uses data science techniques and a combination of over 100 data items to give a calibrated view across the metrics (including QOF, GPPS, prescribing, staffing, childhood immunisations, CQC data, demographic data).