‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads

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About this session: The content of this session is intended to provide general guidance based on our current understanding of CQC expectations. It should not be relied upon as definitive or exhaustive advice. As CQC approaches and areas of focus may change, practices remain responsible for their own compliance and governance arrangements.

Session 2: Governance

- Why are governance systems & process fundamental to CQC success?
- Meetings, agendas, actions and minutes
- Referrals, discharges back to GP, shared care
- Workflow management
- Safeguarding

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What is governance in a GP practice?

Clinical governance is a systematic approach to maintaining and improving the quality of patient care. GP mythbuster 65: Effective clinical governance arrangements in GP practices - Care Quality Commission

It provides a framework for drawing together the different strands of quality improvement which includes:

- clinical audit,
- Clinical leadership,
- Evidence-based practice
- Dissemination of good practice
- Ideas and innovation
- Addressing poor clinical performance

It should be led by senior members of the practice who understand their responsibilities to improve the quality of care, patients receive and are accountable for the quality of clinical practice provided by clinicians in the practice.

- All staff members should be involved.

So what are the systems and processes you use in your GP practice to do this?
How can you evidence this – can't just tell CQC you do it!

What sort of things do CQC look at when assessing governance (CQC own words!)

The basis for effective clinical governance is having data and information about how well a GP practice is performing, and

- Using this information systematically to identify how to improve the quality of care provided.

GP mythbuster 65: Effective clinical governance arrangements in GP practices - Care Quality Commission

Examples of information that can be gathered to support discussions on clinical governance include:

- Unexpected deaths
- New cancers and other life changing diagnoses
- Significant events (both positive and negative – see GP mythbuster 3: Significant Event Analysis (SEA)
- Patient complaints
- Monitoring and adoption of best practice, eg NICE guidance and medicines alerts (Ardens CQC searches)
- Patient feedback (both positive and negative) and annual GP survey results
- Prescribing performance – e.g. multiply hypnotics, antibiotics, gabapentin – local data compared to other practices.
- QoF and Enhanced Service performance data
- Clinical audits findings
- Education and learning, and sharing learning within the practice.

What do CQC say?

From CQC: When we inspect we will talk to staff at all levels to get their views on the governance in the practice.

✓ CQC: For example, asking them what their role is in the governance framework and how decisions are made and communicated to all staff members.

❖ What would the staff role be? – Answer: *communicate risks and issues to senior managers and feel confident something was changed if it might harm patients or possibly staff.*

❖ Do your staff know how decisions are made and communicated to them?

✓ CQC: We will also consider evidence from practice meetings, such as minutes, to judge how effectively the governance arrangements are functioning.

Governance – will always look at this – Key to passing CQC

CQC **are very very keen** on your governance process and how you can **evidence** what you do e.g. where do discuss & learn from significant events / complaints and share this with staff. That is why they want to see minutes of meetings. You can't just say you do it.

Actions in minutes: regular documented minutes of meeting/s with staff, any actions identified carried over to the next meeting or use an action log (Erika has a template).
Review actions from previous meeting at every meeting you have minutes for – why?

- Suggest standing agenda items for your meetings – that will help you stay on track and remind you to discuss.
- Registered managers and GP partners need to be fully involved in governance processes to pass the 'Well Led' KLOE

GP mythbuster 64: Effective governance arrangements in GP practices - Care Quality Commission

KLOE: Safe – Governance systems – all inspections

CQC will look at your governance systems & processes

Regular meetings with staff clinical / non clinical / all staff - minuited

Standing agenda items to consider:

- **Review actions from previous meeting & record update**
- Significant events & learning – annual themes review
- Complaints & learning – annual theme review
- Review of risks on risk log / new risks added
- IPC – audit & action plan
- Safeguarding
- Relevant MHRA / any meds management
- Audit feedback – re-audit plans
- Ardens CQC searches progress
- Staff feedback
- FFT feedback
- Practice Vision & values reviews (as required)
- Tracking of appraisals / mandatory training
- Items raised in other practice meeting minutes e.g. admin staff, PPG

Which meeting/s will you discuss these at?
Need minutes

How will you ensure relevant information flows down i.e. from clinical meetings to non clinical?

How do you ensure information flows up?

Policies and new framework focus

CQC will ask for key policies e.g. complaints, mandatory training, significant events, safeguarding, HR, triage, use of AI and other digital tools etc – they will not want to see every single policy.

On the policies they look at – CQC look at the date you updated it and to see if you have refreshed just for CQC! Keep on top of key policies for updating

New focus taken from CQC draft quality statements:

- **The systems and technology used to deliver care and treatment, such as artificial intelligence, is suitable for the intended purpose, secure, up to-date and used properly.**

- **The service makes sure that technology used to deliver care, treatment and support appropriately meets people's individual needs**

- **The service ensures people have timely access to care, treatment and support, for example by using technology. Staff identify people who may be digitally excluded and offer alternative ways of accessing care.**

- **There are resilient and reliable cyber security arrangements and systems to protect people's data and maintain secure data services.**

Safe systems, pathways and transitions - Care Quality Commission (cqc.org.uk)

What this means: Safety and continuity of care is a priority throughout people's care journey. This includes referrals, and discharge from hospital or other services back to the GP, and where people are moving between services.

Your process for managing discharges from hospital back to your care, test results especially changes in medications & follow up tests etc GP mythbuster 46: Managing test results and clinical correspondence - Care Quality Commission (cqc.org.uk) – what happens if the person who does this is on leave?

- Your process for monitoring urgent 2 week waits and ideally the Rule out Cancer 28 day target.

Refer using the 2 week wait / urgent referral processes

- Check that all urgent patients referred have received an appointment and attend the appointment (Log)– have a safety netting advice process for those that DNA
- Workflow management – what is your process? Backlog checking / management to ensure all urgent information seen and actioned quickly
- System for processing information relating to new patients including the summarising of new patient notes.
- Open Tasks on the system – do you have open tasks that may be urgent that are not being actioned? What about tasks from staff who have left – may still be on the system?

Safeguarding - Care Quality Commission (cqc.org.uk)

- There are effective safeguarding systems, processes and practices to make sure people are appropriately protected from abuse, neglect and degradation and that their human rights are upheld. These are communicated effectively with people, visitors and staff. Where children and young people use the service, safeguarding arrangements are in line with national guidance and best practice.

- Safeguarding policy adults & children with correct up to date contact details – can this info be easily accessed by locums etc?
- How do you identify vulnerable children and adults on the records?

- 'Was not brought' policy for at risk children & adults – make sure all staff know what to do
- Safeguarding in Surrey and Sussex | ICB - Surrey and Sussex

- Mandatory Training log of staff showing all staff up to date with safeguarding training appropriate to their role & your policy
- Minutes / other evidence showing how the practice meets with other agencies e.g. health visitors, regularly to review 'at risk' children
    - How do you internally regularly review your list of 'at risk children and adults' if you cannot meet with external agencies – how do you log you have completed these reviews?
    - Extra Safeguarding training here: Webinars - Sussex Training Hub – scroll down to Safeguarding section

- How are out of hours services informed of relevant safeguarding information

GP mythbuster 33: Safeguarding children - Care Quality Commission (cqc.org.uk)

GP mythbuster 25: Safeguarding adults at risk - Care Quality Commission (cqc.org.uk)

New Framework:20260319 DRAFT Primary Care and Community Services assessment framework for feedback_table (1) (1).pdf

- *Staff understand what creates a closed culture and the risk this poses to people's safety. There are systems and processes in place to prevent closed cultures from developing, ensuring everyone can raise concerns without fear.*
- *There is a clear understanding of Deprivation of Liberty Safeguards (DoLS), they are used appropriately and only when it is in the best interest of the person.* – applies to Practices with Care Homes in particular – might be good if clinicians just know what they are plus new liberty protection safeguards – a future version - not in yet.

What CQC could ask the staff:

What would you do if you had safeguarding concerns about a patient (will ask all, including non-clinical staff)

Who is your safeguarding lead in this practice? Who do you go to if they are away?

Reflection on today

What will you take away and implement or change in your GP Practice?

Please write in the chat