CQC: What does an outstanding GP practice look like?

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The Care Quality Commission (CQC) is responsible for inspecting GP practices in England. Services are assessed following the key lines of enquiry to see whether a service is safe, effective, caring, responsive and well-led.

CQC's recent State of Care report highlighted the high quality of services in the primary care sector. Of the 6,706 GP practices reviewed, 90% received a 'Good' rating, 5% were rated 'Outstanding', and only 1% (82 practices) were rated 'Inadequate'.

CQC's guidance sets out the characteristics for each possible rating, including ‘Outstanding’. Some examples of ‘Outstanding’ characteristics include being proactive to all areas of operation, including managing risks and areas of improvement and having an empowering culture that encourages learning where all staff contribute.

CQC publishes inspection reports on its website, and this is a helpful way of observing how other practices have achieved an 'Outstanding' rating. The following examples of 'Outstanding' practice can be noted from recent inspection reports:

Safe

- A comprehensive safety system and focus on openness, transparency, and learning protect patients.
- The practice highly values safety concerns raised by staff and patients as integral to learning and improvement.
- One surgery, in particular, has created the role of 'Patient Safety and Quality Manager' who is responsible for ensuring there is a thorough analysis of significant events that occur in the surgery to ensure that these events do not reoccur.
- When things go wrong, patients received reasonable support, truthful information and a written apology from the surgery and informed of actions taken to avoid the same mistakes.

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Effective

- The practice had a very proactive approach to encouraging parents to take their children for childhood immunisations resulting in 100% uptake.
- Clinical audits are being used effectively to demonstrate quality improvement.
- One surgery is in the process of attempting to reduce the number of prescriptions of antibiotics through the use of an antibiotic tool kit audit from the Royal College of General Practitioners.
- Investing resources in clinical training upskills GPs in six clinical areas: dermatology, gynaecology, ophthalmology, orthopaedics, urology, and ear, nose, and throat. This additional training meant that this surgery was able to better manage referrals to meet the needs of people using the service.

Caring

- Feedback from patients was consistently positive and higher than local and national averages. Patients noted feeling involved in decisions about their care and treatment.
- The practice installed Dementia Cafés to support the physical and emotional needs of dementia patients and their relatives.
- The practice implemented a dedicated service for homeless patients, serving over 150 individuals.

Responsive

- The practice created bespoke systems to capture and analyse patient information, which resulted in improved patient outcomes.
- The practice had taken an active role in engaging with the rural community in aspects of social

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prescribing. It had secured funding for a social prescribing project to reach out to services in the local community to create a directory to enhance residents health and wellbeing.

- The practice used complaints positively to drive forward care, learn, and improve practices.
- The team is creating staff workshops in complaint management for everyone to get involved.

Well-led

- The practice achieved a number of accreditations such as; autism friendly, dementia friendly and military veteran aware accreditation.
- A pattern of staff retiring rather than resigning due to high levels of support given from managers and a robust organisational structure.
- The practice has a clear vision with quality and safety as its top priority.
- The practice engaged with the patient participation group through social media platforms to gain feedback on how to improve the quality of the surgery.

In summary, the GP practices, which tend to achieve an 'Outstanding' rating, appear to have the following characteristics in common:

- They involve the whole staff team
- They have strong working relationships with external professionals
- They go beyond the minimum obligations
- They adopt innovative approaches to care outcomes
- They are dedicated to continuous learning and development of their staff

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Key issues in primary medical service

CQC recognises some of the key issues in the primary care system in their State of Care Report, published towards the end of 2019. Although there are concerning trends across the sector, the report contains positive examples of changing practice, with a view to overcoming some of these issues.

Workforce challenges

The NHS Long Term Plan acknowledges this issue, yet NHS staff shortages remain a primary concern for healthcare providers. Despite this, a number of GP practices have attempted to become more effective. For example, a large GP practice with over 40,000 patients, approximately 180 staff and a rating of 'Outstanding', has developed a single electronic patient record to reduce duplication and effort and increase accuracy when sharing data.

Access to care

In NHS England's 2019 GP Patient Survey, 68% of people said it was easy to get through to their GP on the phone, down from 70% last year. Patients commented that they find there are barriers to accessing non-urgent services such as obtaining a routine appointment.

Whilst this is largely due to an ageing population and demand for treatment increasing, surgeries have found mechanisms to make this problem more manageable. An increasing number of primary care services are working together to deliver a more efficient service as resources can pull together. This allows patients to visit other local practices or community health centres without having to re-register as this can often be a lengthy process.

Emerging trends

CQC has reported a number of patterns emerging from the primary care sector, some of which, once implemented fully, will make practices a lot more effective. For example, there are a growing number of practices working as part of a larger GP network or federation, which is in line with the NHS Long Term Plan. This plan sets out how the NHS will increasingly be more 'joined up' and co-ordinated in its care so people can see the NHS as one working unit rather than separate institutes, even though each institute may play a role in their care

Changes to the workforce

As well as GPs, there are several new roles being implemented in GP practices to assist with the heavy workload GPs are often tasked with. These roles include nursing and physician associates, mental health practitioners and district nurses who can assist with patients in their field specifically. In some practices, there have been opportunities for healthcare assistants to gain sponsorship to train as registered nurses.

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Technological innovations

Technology has a variety of aims, for example, improving patient access, efficiency, supporting more frequent sharing of information between services and enabling independence among patients. A number of 'Outstanding' practices use some technological advances, which are likely to show good results. For example, some practices are using software for a video call with a GP for people who are unable to make their way to their local surgery alone.

If you would like more information about achieving an outstanding practice rating, please contact our healthcare solicitors in our Bournemouth and Southampton offices. Call us on 01202786161 or email online.enquiries@la-law.com.

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