Primary Medical Services

GP, Out of Hours, 111, Urgent Care and Independent Doctors Inspection Reporting Quality Framework

1st October 2015 – until completion of current inspection programme

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Issue Date: October 2015

Background

This version of our quality framework for GPs, OOHs, 111, urgent care and independent doctors inspections takes account of changes to quality processes proposed by the PMS senior management team, feedback from national and regional quality panels, managers and inspectors, and learning from the quality arrangements we have had in place for all PMS wave inspections and business as usual for GP/OOH inspections from October 2014. The framework will be used from October 2015 until the end of the current inspection programme. It will apply to all reports completed during this period regardless of when the inspection was undertaken.

Overall purpose

The overall objectives of our quality arrangements are to:

- Check consistency in reporting, making judgements and taking regulatory action
- Check the rating for each key question/population group and the overall rating is applied in line with national guidance.
- Provide consistent local, regional and national challenge to reports and ratings
- Check the audit trails for decisions made
- Share organisational learning to drive up standards and improve practice policy and methods.
- Ensure we deliver relevant CQC quality standards

Our specific reporting standards

- Inspection reports are supported by a comprehensive inspection plan.
- Reports are written in plain English and in line with CQC and PMS specific report writing guidance.
- Quality ratings are evidence based and consistent.
- Evidence is reported under the correct domain and sub-heading.
- Breaches in a regulation are consistently identified and always supported by evidence in the report.
- Regulatory action is line with our enforcement policy, and supports any requirement to improve.

Stage 1 – Local Review

Reports for all GP, OOHs, 111, urgent care and independent doctors' comprehensive and focused inspections must be drafted using the relevant report template and following CQC and PMS reporting guidance. (Note: we will only be carrying out focused inspections of independent doctors until we commence our pilot of the new approach later this year).

As soon as possible after the inspection any queries/ clarifications/ advice should be sought as required from:

- regional GP advisor
- regional pharmacy lead
- the PMS nurse advisor
- the practice inspected
- legal (following CQC's enforcement policy).

If it is suspected that a location may be rated overall inadequate, inspectors must inform their inspection manager so that they are aware and ensure priority is given to drafting these reports.

All team members/SPAs on the inspection must be sent the report to check and in particular the GP SpA to ensure that the report is factually correct (particularly any clinical aspects) and reflects what was found on inspection with nothing important being missed. All responses must be attached to CRM to ensure there is a clear audit trail to support our decision making processes. To reduce elapsed timescales this should be done at the same time the report is sent for peer review requesting that a response is required within two working days.

In line with local (team) arrangements the inspector submits the draft report and relevant quality control tool to the peer reviewer*. The peer reviewer makes review comments and track changes on the report itself, and completes the quality control tool. Both the report and quality control tool are then sent back to the lead inspector for review. The target for peer review/inspection team to return review comments is two working days.

The lead inspector saves the report with peer reviewer comments and the quality control tool on CRM. These documents must reflect they are post peer review by adding, for example 'with peer review comments'. The lead inspector reviews the peer reviewer comments and amends the report.

***Note peer review is not mandatory. On agreement with their Inspection Manager, inspectors have the option of not having a peer review and sending their reports direct to their Inspection Manager**.

Inspection manager review

The inspector sends the amended report with the quality control tool to the inspection manager for review. The report should reflect, in its naming convention, that it has been peer reviewed with changes made by adding for example ‘post peer review’. It is expected that this version of the report should be ready to be issued to the provider and therefore require few amendments.

If there are comments/changes, the inspection manager makes these using comments and track changes and completes the quality control tool. These are then returned to the inspector to make any required changes. The target for inspection managers to complete reviews is two days.

If the inspection manager identifies any areas where further advice/clarification is needed these should be sought and addressed at this stage (as detailed above) before the report goes to regional panel.

The inspector saves the updated report with manager reviewer comments and the quality control tool on CRM. These documents must reflect they are post manager review by adding, for example ‘with manager review comments’.

All suggested changes are made by the inspector unless agreed otherwise with their manager. If changes are not made in accordance with manager comments the reasons for this need to be recorded on CRM.

If agreed in advance with the inspection manager, to save time, the inspector may send the report directly to the inspection manager prior to making the suggested peer review amendments.

If the report does not meet the criteria for submission to regional panel (see section below) and the inspection manager assesses that it is fit to be sent out (see appendix one) they can authorise it to be sent directly to the provider for factual accuracy without going to regional panel. The process for doing this is described at appendix one and should be completed using the quality control tool.

If as a result of factual accuracy comments, changes to ratings are proposed that mean the report now meets the criteria for regional panel the report needs to be submitted to regional panel. Otherwise proposed ratings changes can be signed off by the inspection manager and the report sent for publication.

Reports signed off by inspection managers will be subject to quality assurance. Please see appendix two for this process.

Stage 2 – Regional Review

Criteria for submission to regional panel

All reports will need to go to regional panels unless the report meets the quality criteria set out in appendix one. Regional panels will make the decision for signing off inspectors with inspection managers signing off each report in accordance with this, using the quality tool. Please see appendix one for this process.

The following reports will be submitted to regional panel:

- Reports including with one quality rating of outstanding or inadequate **(Reports rated overall outstanding or inadequate may go direct to national panel but should go the regional panel to consider first if there is uncertainty over the rating)**
- Reports where ratings decisions have been made that do not align with our ratings aggregation principles
- Reports where review comments from the GP SpA who attended the inspection have not been received. (In these cases the regional GP advisor will need to review the report and manage the performance of the SpA).
- Any comprehensive reports where a key question and/or population group has not been rated
- Independent doctors focused inspection reports where a number of breaches are found and/or enforcement action is proposed (as we do not rate independent doctors).
- Reports that have been to regional panel and following factual accuracy ratings changes are proposed
- Reports that have not been to regional panel but following factual accuracy the proposed ratings changes mean they now meet the criteria for submission to regional panel.
- Any other report where an inspection manager wants regional panel consideration
- Reports where the inspector has met the quality criteria but has not had a report reviewed by panel for eight weeks

Note reports for 111/OOH inspections and walk-in centres now go direct to national panel. This is to ensure national consistency as there are a relatively small number of these.

Each region should decide and regularly review the number of regional quality panels it needs taking into account the number of inspections being undertaken in any one month, to ensure a backlog of reports is not created.

Venues/ teleconference calls and start and finish times, for the panel will be decided by the region but if possible should include video conferencing facilities. Business support will be responsible for securing the venue(s), organising teleconference calls and informing the panel.

Regional panel membership

Each region will have a designated management lead for quality. They are responsible for organising the regional panels. Each regional panel should include:

- Deputy chief inspector or head of inspection or their nominated deputy or regional lead for quality (Chair)
- Inspection managers
- One inspector (This is in addition to any inspectors attending because their reports are being reviewed. Each region to decide how this will best work logistically for them).
- Regional GP advisor or nominated deputy

The inspection manager and /or the inspector of the report being reviewed should attend the panel. Inspectors can video conference or dial in but are encouraged to attend at least one panel in person for learning purposes.

Attendance of others such as regional pharmacy lead, nurse advisor, and legal is not essential but the inspection manager should send copies of reports for comments/advice if needed and they will attend/ dial into panels if requested.

The panel will be quorate if it has a **minimum of three attendees** from the following people/roles:

- Deputy chief inspector or Head of Inspection or their nominated deputy or IM lead for quality
- Inspection manager
- Regional GP advisor or nominated deputy (if not attending they must provide comments on the reports in advance)
- Inspector (no more than one)

Process

The inspector will complete the inspectors tab on the ratings tool and email their report and quality control tool to the regional business team for saving in the relevant folder on the ydrive. The email should be given the heading ‘PMS report for regional panel’. The reports must be saved using the CQC’s naming convention for example ‘20141010 Smith GP Surgery for regional review’. The business team will complete the regional report tracker noting the date it was received for review by the regional quality panel.

The chair of the regional quality panel will allocate reports for review by individual members of the regional panel. This will be done two working days before the date of the panel meeting. Reports received after this date may be reviewed at the panel the following week.

The chair of the regional quality panel will also allocate reports where there is a breach of regulation, and a judgement of inadequate or outstanding to the regional

GP advisor for their review. When the regional GP is unable to attend a regional quality panel they will email the chair of the panel with their comments.
Business support will draw up an agenda for each regional panel. This will allow a minimum of 30 minutes for the review of each report. The agenda will also reflect the name of the lead regional panel member who reviewed the report. Business support will record on the agenda who actually attended the meeting so this is formally recorded. This record will be saved in the regional QA folder.

Members of the regional quality panel will make comments and track changes electronically on the reports they have been allocated to review. These versions of the report will be saved, in the regional QA folder, as for example '20141001 Smith GP Surgery post regional panel review'.

The regional quality panel will review each report led by the individual who has reviewed the report also taking into account comments from the regional GP advisor/regional pharmacy lead if they cannot attend the panel. Any further comments and changes made by the regional panel will be added to the report and the quality control tool. Within one working day of the regional panel, business services will email the inspectors and their inspection manager a link to these.

If extensive changes are needed to a report the panel may ask for the report to be resubmitted for further regional panel review. The regional quality panel will note on the regional report tracker if the report is for further regional review.

Regional panel will discuss and agree all the ratings judgements for each report. Business support will complete the regional panel tab on the rating tool in line with the agreed ratings.

The process for logging actions is set out in the section regional and national action and learning below.

Stage 3 - National Panel

The National Quality Assurance Panel's (NQAP) role is the final decision making body for ratings for reports meeting the submission criteria set out below and for decisions over whether to place a practice in special measures.

Criteria for submission of reports to national panel from September 2015

Reports should be submitted to NQAP as follows (Appendix three sets this process out in a flow chart):

- Reports with a quality rating of outstanding overall (reports with one quality rating of outstanding can still be submitted if regional panel feels this is a cusp judgement)
- Reports including any quality rating of inadequate for a key question or overall population group

- All reports for NHS 111, GP OOHs, walk-in centres/minor injury units/urgent care centres inspections (These reports must be reviewed by Dr Jo Bayley (national medical advisor for urgent care) prior to submission to panel)
- Independent doctors focused inspection reports where enforcement action is proposed (as we do not rate independent doctors).
- Reports where ratings decisions have been made that do not align with our ratings aggregation principles
- Any report for a comprehensive inspection where a key question and/or population group has not been rated
- Reports for locations subject to special measures that have been through factual accuracy and are ready to be published. (This is for NQAP to make a final ratification of the special measures decision and should be within three weeks of the first NQAP review).
- Reports that have been to national panel and following factual accuracy ratings changes are proposed
- Reports that have not been to national panel but following factual accuracy and resubmission to regional panel the proposed ratings changes mean they now meet the criteria for submission to national panel.
- Six month follow up reports of any locations rated as in special measures/Inadequate whether there is a change in the rating or not
- Any other report where a head of inspection/regional panel has identified that national panel consideration is needed

Please refer to the flow chart at appendix three.

Additionally reports not meeting these criteria will be randomly selected for national panel to quality assure the consistency of the ratings made. Please see appendix two for this process.

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Operating the above criteria means that it is likely more than one NQAP meeting may need to be scheduled on some weeks. With support from business support, the PMS inspection project managers will oversee the organisation of meetings required.

NQAPs will usually be held in Birmingham on Wednesdays and video/telephone conferencing facilities will be available. There will be some occasions when the panels will be held in London. Business support will be responsible for booking the meeting rooms as required and taking minutes. From Q4 we will look to see if there is a need/availability of reviewers for arranging three double panels per month.

National Panel membership

The following people/roles attend or are represented at NQAP:

1. Chief inspector of General Practice or nominated deputy (chair)
2. Deputy chief inspector
3. Head of inspection
4. Senior national GP advisor

5. Regional GP advisor (aim for one representative each Wednesday on a rotational basis)
6. PMS Directorate Manager
7. Senior legal representative
8. Quality risk and assurance manager
9. Primary and community services policy representative
10. PMS inspection project managers
11. Business support
12. Regional quality leads

The panel will be quorate if it has **a minimum of four attendees** from the following people/roles:

- Chief inspector of General Practice or nominated deputy
- Deputy chief inspector
- Head of inspection
- Senior national GP advisor / or regional GP advisor
- Policy or legal or quality representative (quality representative include quality risk and assurance managers and regional quality leads)

The four attendees must include two deputy chief inspectors/ heads of inspection (note two in total not two of each) and one GP.

Panels will be cancelled if they are not quorate.

Inspection managers and / or the inspector whose reports are to be reviewed should also attend the panel. If possible this should be in person but if this is difficult logistically they can video conference or dial in.

All medicines-related issues should have been resolved through regional panels. Where medicines issues remain the report should be sent to the head of medicines management (or their nominated deputy) for comment before NQAP. The head of medicines management (or their nominated deputy) may dial in or attend NQAP where they believe further discussion is necessary. Any nurse-related issues should also be resolved in advance through contact with the nurse advisor as she will not routinely join the panel.

Process

The inspector /inspection manager is responsible for adding to the Y drive folder by 2.00 pm on the Friday prior to the Wednesday panel:

- The inspection report
- The quality tool
- The NQAP front sheet document so there is clarity on the reason why the report is being submitted
- The ratings tool
- Any management review meeting notes
- Any FACACC responses/changes

(The PMS intranet page gives details of the location of the appropriate Y drive folders).

For practices subject to enforcement action /potential to be included in special measures Management Review Meetings (MRM) must take place before NQAP. NQAP will make the final decision over special measures. (Please see separate guidance for full special measures process on the intranet).

For reports returning to panel due to proposed ratings changes following facac or for special measures ratification the revised report ready for publication, completed facac response and quality tool should be emailed to national panel business support as per the timeframe above.

Inspectors/IMs should notify PMSBusinessSupport of any locations that need to come to panel as soon as possible and ensure that all documentation is in the Y drive by 2.00 pm on the Friday before the Wednesday panel. If it is not all received by this time it will rescheduled for the next available panel. After this time, in exceptional circumstances requests, such as a late entry to panel, should be communicated through the HOI.

To ensure efficiency in preparing for NQAP all documentation should be saved to the Y drive following the CQC's naming convention Date of Panel\Name of location\Type of document eg:
20150917 Smith GP Surgery Inspection Report
20150917 Smith GP Surgery Quality Assurance Tool
20150917 Smith GP Surgery Ratings Tool
20150917 Smith GP Surgery PMS National QA Front Sheet

The PMS inspection project manager will allocate reports to individual panel members to review in advance of the panel. They will also check attendance meets the minimum requirements set out above and maintain a rolling three month schedule setting out who is attending each panel.

Reports received for review by NQAP will be sent to panel members three working days prior to the panel. For panels scheduled on a Wednesday this will be the previous Friday and for panels scheduled on a Thursday this will be previous Monday.

Business support will draw up an agenda for each panel meeting. This will allow a minimum of 35 minutes for the review of all reports except inadequate reports which will be allocated 45 minutes. A vacant slot of 30 minutes will held at the end of the agenda for practices that have been inspected within the last week and may need urgent attention/action. The agenda will be circulated to all panel members three days before the meeting, as well as those staff whose reports are scheduled for discussion.

Business support will record on the agenda who is attending the meeting so this is formally recorded. This record will be saved in the national QA folder.

The panel will review each report led by the individual who has reviewed the report on behalf of the panel. To save time on the day of the panel, if possible the lead

review will have made comments and track changes electronically on the reports they have been allocated to review in advance.

Recording of NQAP
National panel will discuss and agree all the ratings judgements for each report.

- BST to attend and note all decisions actions using the PowerPoint or Lync screen.
- BST will print five hard copies of all documentation for use on the day.
- BST to complete the ratings tool and quality tool 'live' on the Y drive for all to see and agree.
- BST focus is on the discussion re judgements and ratings rather than quality of the report. The quality aspect is the responsibility of the reviewers of the report.
- At the end of the discussion on the report the reviewer will summarise the decisions made including the reasons why there are changes in order for the BST to capture the detail.
- The reviewer of the report will be responsible for feedback to the inspector either through the use of tracked change comments or an email clearly outlining feedback and recommendations relating to grammar, format and wording of the report. The inspector should save this to CRM.
- BST will send the link to the updated quality tool and the ratings tool to the inspector and IM within one working day of the panel.
- Inspectors are required to save a copy of the revised quality tool and ratings tool to CRM
- Any changes made by IM or RQAP or NQAP should be clearly noted on the Quality Tool together with the rationale on why the decision has been taken to make the changes to the rating.

If issues requiring policy decisions arise during the meeting the panel chair will agree how and who is best to take the lead on addressing these outside the meeting. The process for logging actions is set out in the section regional and national action and learning below.

Regional and national action and learning

Each week a nominated lead reviewer at national quality panel will make a note of any learning items and forward these to the Inspection Project Manager who will then save them on the Y drive in the National Panel General Practice Admin folder and these will be circulated once a month to all PMS staff via the CIQ newsletter which accompanies the Chief Inspector's weekly bulletin at the end of each month.

Regional quality leads / head of inspection will ensure that any immediate action is promptly shared across the region using the normal routes such at weekly messages / TCs, 1-2-1s and regional management meetings. If any immediate actions are

identified by NQAP, the panel chair will agree how and who is best to take the lead on sharing these.

The nominated lead reviewer would also oversee capturing of new outstanding practice examples and oversee the completion of the webform being developed by engagement to capture this information.

Appendix One – Process for authorising reports to be sent out without going to regional panel

The decision for signing off reports as meeting reporting quality criteria will be made by inspection managers using the updated quality control tool.

Inspection managers will:

1 Confirm the report does not meet criteria for regional panel submission (see page 5)
2 Confirm that as a result of their review minimal changes were required to the report (as evidenced by completed quality control tool). This includes:

- Reports written in plain English and in line with CQC and PMS specific report writing guidance
- Minimal spelling and grammar errors identified in reports
- Report template guidance has been followed
- There is enough evidence to make valid judgements/ratings for each key question/population group
- Evidence is reported under the correct key question and sub-heading
- The report has been reviewed by the GP SpA who attended the inspection.
- The inspector has had two reports through regional panel that required minimal changes to the text and no changes to quality ratings/judgements on breaches.

3 Confirm the inspector has had a report reviewed by regional panel within the previous eight weeks (if not report will go to panel)

4 Save quality control tool to CRM and Y drive so there is an audit trail

Appendix Two – Retrospective Quality Assurance

The following quality assurance processes will take place formally starting from September 2015

Regional QA – GP regional advisors will randomly check published reports signed off by inspection managers as not needing to go to regional panel for consistency of ratings decisions. At least one report from each inspection manager will be checked every two months, with the aim of completing one each month if there is capacity. Findings from this checking will be reported back to regional panels and any necessary action required agreed at regional panel level.

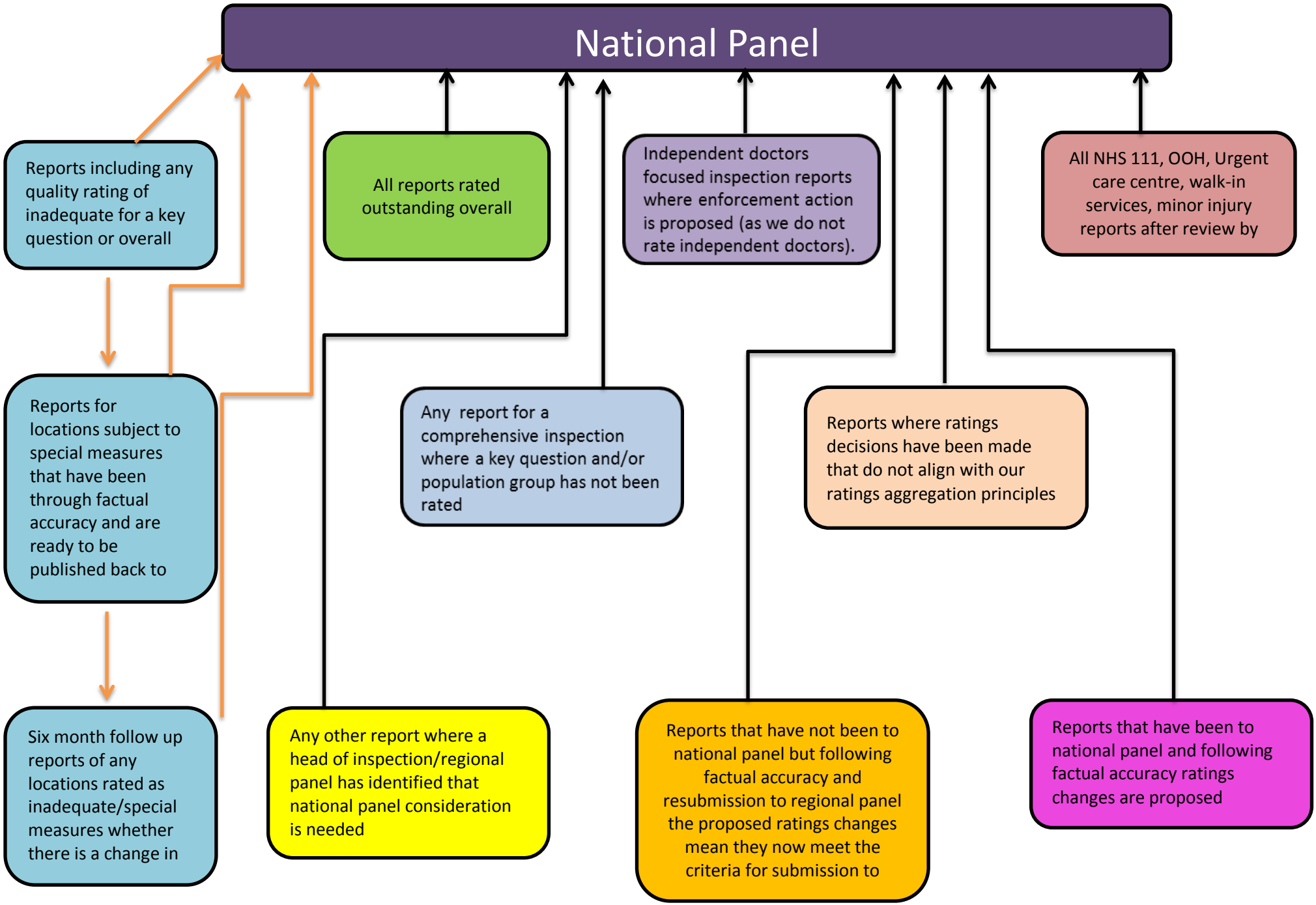
National QA – each quarter an extra panel will be run nationally on a Wednesday reviewing randomly selected published reports that have not gone to national panel. Two reports from each region will be reviewed each quarter. The focus of these panels will be agreed by NQAP.

These panels will require a minimum of three attendees including

- At least one GP (national or regional advisor)
- At least one DCI or HOI (chair)
- At least one regional quality lead (plan for leads to attend these panels on a rotational basis).
- Quality and risk assurance manager

The PMS inspection project manager will oversee the selection of reports and work with business support to ensure these panels are organised as required. Attendees will be allocated reports to review as per national panel and be responsible for feeding back to individual managers and inspectors as required. Key messages and learning themes will be documented and fed back across the directorate and to NQAP attendees from other directorates. Any action required as a result will be agreed by NQAP.

Appendix Three – Flow chart of reports to National Panel (next page)


National Panel
Reports including any quality rating of inadequate for a key question or overall
All reports rated outstanding overall
Independent doctors focused inspection reports where enforcement action is proposed (as we do not rate independent doctors).
All NHS 111, OOH, Urgent care centre, walk-in services, minor injury reports after review by
Reports for locations subject to special measures that have been through factual accuracy and are ready to be published back to
Any report for a comprehensive inspection where a key question and/or population group has not been rated
Reports where ratings decisions have been made that do not align with our ratings aggregation principles
Six month follow up reports of any locations rated as inadequate/special measures whether there is a change in
Any other report where a head of inspection/regional panel has identified that national panel consideration is needed
Reports that have not been to national panel but following factual accuracy and resubmission to regional panel the proposed ratings changes mean they now meet the criteria for submission to
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