Collaborative working between CCG and CQC to improve quality in General Practice
Who are we?

Who are you?

Why are we here?

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• We cover a population of around 392,000 people
• Our budget for 2018/19 is £479m
• 48 member GP practices

• Part of the Leicester, Leicestershire and Rutland STP – Better Care Together
• Local authorities: Leicestershire County Council and 4 district councils
Our population

• Between 2014 and 2039 the population of West Leicestershire is projected to grow by 18.8% to 454,000
• Projected 50% increase in 65-84 year olds
• Life expectancy for males (81 years) and females (84 years) is above the national average
• Ethnicity: 93% describe themselves as white British; next largest group is Asian/Asian British (4.9%)

Mission
Patients, practices and partners working together to create the best value healthcare for the population of West Leicestershire.
Our approach to Primary Care

Innovative
Quality improvement
Collaborative
Focus on practice resilience

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Supporting practices in proactively planning ahead to maintain sustainability, whilst managing day to day pressures

Supporting practices who are facing one or more additional pressures linked to clinical capacity, management or finance in order to improve sustainability and resilience longer term

Supporting practices who are in crisis / require rapid intervention to ensure no loss of service provision or risk to patient safety
Engagement and relationship building

Focus on localities and building relationships

Supportive
Relationship with CQC

CQC key member of our PCCC
Sharing of data and information
Responsive and informal
Support provided to practices

**Preparation**
- Dissemination of relevant information and themes from visits
- “Mock” inspections for practices

**Inspection day**
- Support on the phone or in person

**Post-inspection**
- Provision of immediate response if required
- Template action plans and other support documents
- Links to specialist teams and advice
How are decisions about enforcement made?

What are the different enforcement “levels”?

What is the “decision tree”? 
Case studies – example 1

- Small, single partner practice in town

- Previous CCG concerns, CQC Inspection revealed significant concerns and placed into Special Measures

- 9 months in Special Measures with gradual improvement

OUTCOME: Merger with larger practice leading to positive outcome
Case studies – example 2

- Small practice in village
- Long standing CQC registration issues and CCG concerns, inspection revealed concerns
- 9 months in special measures with support from CCG and business manager

OUTCOME: Practice rated as “good” on re-inspection
Case studies – example 3

• Medium, urban practice

• CCG data did not identify concerns but CQC inspection revealed major patient safety risks

• Section 31 notice issued and caretaking practice brought in

**OUTCOME:** Legal and contractual process ongoing
Common themes from recent inspections

- Severity of issues identified
- Poor processes around Safeguarding (particularly children)
- No clinical governance
- Lack of systematic chronic disease management
- Patient data and information not managed safely
- Poor HR and recruitment systems
- Lack of safe systems for managing medicines
Benefits of collaborative approach

Minimises risk to patients and likelihood of practice closures

Maximise consistency and quality improvement

Prevent duplication

Easier for the commissioner and practices
Downsides of collaborative approach

…. Not many?

Potential additional investment of time

Organisations have different remits!
Any Questions?