



The state of care in General Practice:

Qualitative findings from CQC

- Quick introduction to the Care Quality Commission (CQC) and the role qualitative analysis at CQC
 - Methods and findings from a national report: 'The state of care in General Practice' (2017)
 - Developing the work
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Our purpose

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care



Our role

- We **register** care providers
 - We **monitor, inspect and rate** services
 - We **take action** to protect people who use services
 - We speak with our **independent voice**, publishing our views on major quality issues in health and social care
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The role of qualitative research / analysis

We are undertaking development work to understand how qualitative data (secondary sources) can help us to monitor the quality of care within services.

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The role of qualitative research / analysis

We undertake qualitative research and analysis (primary and secondary) to inform national reports, published externally.

Introduction to CQC



We will focus on four priorities to deliver our ambition:



1 Encourage improvement, innovation and sustainability in care – we will work with others to support improvement, adapt our approach as new care models develop, and publish new ratings of NHS trusts' and foundation trusts' use of resources.



2 Deliver an intelligence-driven approach to regulation – we will use our information from the public and providers more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving, and we will introduce a more proportionate approach to registration.



3 Promote a single shared view of quality – we will work with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care.



4 Improve our efficiency and effectiveness – we will work more efficiently, achieving savings each year, and improving how we work with the public and providers.



Qualitative analysis is recognised as being key to achieving the organisation's purpose.

CQC Strategy 2016-2021

The state of care in General Practice



- One of a series of in-depth, one-off projects on quality of care in each sector
- ‘What we know from our comprehensive inspection programme’
- Covering three years of inspection and rating
- Final benchmark

*‘General practice is the first point of contact for
90 per cent of patients in the NHS’*

Source: Royal College of General Practitioners

The state of care in General Practice



*What does
Outstanding care
consist of across
the key domains?*



*How have
practices rated as
Inadequate
improved to a
rating of Good?*

*Why have some
practices failed to
improve?*

- Qualitative methodology



Expert Interviews



Case Studies –
Improved Providers



Inspection Report
Analysis –
Outstanding Providers



Case Studies – Failed
to Improve Providers

What does Outstanding care consist of across the key domains?



Findings



- Proactive in identifying the needs of their local population, their patients, and carers
- Effective patient engagement
- A good understanding of local needs
- Strategy and planning
- Effective responses to local needs



Findings



- Good external relationships
- Keen to share learning with others
- Staff development
- Larger teams and a mixture of (defined) roles
- Good governance
- Ability to demonstrate impact



*‘The surgery was instrumental in setting up **various social and community groups** to suit the needs of the patient population as they had recognised that the high cost of joining social groups potentially made them unaffordable for patients.... The practice employs **in-house counsellors** so they are easily accessible to patients. A **focused** care practitioner looked after a wide range of needs including family issues, alcoholism, sexual exploitation and sleep problems.’*

Hill Top Surgery, Oldham, Greater Manchester

*‘The practice was involved in setting a community hub operating centre (CHOC) within the town. This involved bringing together a team from **different disciplines** such as mental health, social care, community nursing, voluntary organisations and GPs to help make sure that the identified patients had a **joined up care plan**, which met their needs, and focused on **keeping them well at home.**’*

The Butchery Surgery, Sandwich, Kent

*‘The partners and management team met every two weeks to discuss key business issues and **the long-term strategy** of the practice. **Succession planning** had been implemented as two partners were to retire over the next 14 months and a salaried GP had already been recruited to **maintain a good level of access** for patients in the long term.’*

Dr Young and Partners, Spondon, Derbyshire

Developing the work



- Report was published in September 2017
- Significant coverage



The
Guardian



- Work continuing to explore how qualitative data can be used as part of an **intelligence-led approach** to monitoring quality of care in the sector
 - As part of this, we are exploring the use of **new tools and technology**
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