

Disclaimer

These resources are intended to support practices with improving quality and assist in meeting the key lines of enquiry in the effective key question and the CQC regulations. Using them will not, on its own, ensure you are compliant with Health and Social Care Act (2008) and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Practices should evaluate their own level of compliance with the law and seek competent advice if appropriate.

Evidence Table Sections – these questions should be reviewed in conjunction with the key lines of enquiry/prompts in the CCQ assessment framework - [Assessment framework: Healthcare services \(cqc.org.uk\)](https://www.cqc.org.uk/assessment-framework)

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	E1.1	<ul style="list-style-type: none"> • Procedure for receipt and dissemination of evidence based clinical guidelines – see example on CLMC website. • Record of actions taken to respond to clinical guidelines – see example log on CLMC website. • Meeting minutes where evidence-based clinical guidelines are discussed and any actions required agreed. • GP mythbuster 45: NICE Quality Standards in general practice Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	E1.1	<ul style="list-style-type: none"> • GP mythbuster 22: Summary Care Records (SCRs) Care Quality Commission (cqc.org.uk) • RCGP - Clinical Toolkits (rcgp.org.uk) • GP mythbuster 90: Population groups Care Quality Commission (cqc.org.uk) – please note from Oct 2021 CQC no longer rates individual population groups, however they will still review how care is delivered to the different groups during inspections. • Review of treatment plans agreed and provided to patients. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.

<p>Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.</p>	<p>S1.5 S2.6 E3</p>	<ul style="list-style-type: none"> • Procedures/flowcharts for receptionists/admin staff to support them in directing patients to appropriate care when presenting with symptoms that could indicate serious illness. • Training for staff in recognising serious illness and action to take to ensure patients are followed up in a timely manner. • GP mythbuster 88: Sepsis Care Quality Commission (cqc.org.uk) • GP mythbuster 1: Resuscitation in GP surgeries Care Quality Commission (cqc.org.uk) • GP mythbuster 9: Emergency medicines for GP practices Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
<p>We saw no evidence of discrimination when staff made care and treatment decisions.</p>	<p>E1.2 E1.6</p>	<ul style="list-style-type: none"> • Equality and Diversity Policy. • Staff training records for Equality and Diversity. • Review of complaints log to identify any potential discrimination. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
<p>Patients' treatment was regularly reviewed and updated.</p>	<p>E1.1 E4.2 E5.2 E5.4</p>	<ul style="list-style-type: none"> • Recall process for long-term condition (LTC) reviews. • Action plan for dealing with any backlog of LTC reviews following covid. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
<p>There were appropriate referral pathways to make sure that patients' needs were addressed.</p>	<p>S3.3 S3.4 E1.1 E4.3 E5.4</p>	<ul style="list-style-type: none"> • Copies of referral pathways to secondary care that are easily accessible to clinicians – including locum staff. • Information on referral process to other services i.e community nurses/physio and MSK services/podiatrists/speech & language therapists. • Quality assurance reviews of referrals made. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
<p>Patients were told when they needed to seek further help and what to do if their condition deteriorated.</p>	<p>E1.7</p>	<ul style="list-style-type: none"> • Review of treatment plans (including safety netting advice) agreed and provided to patients. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
<p>The practice had prioritised care for their most clinically vulnerable patients during the pandemic</p>	<p>E1.1 E1.7 E4.1</p>	<ul style="list-style-type: none"> • Procedures for managing the most clinically vulnerable patients during the pandemic, including managing face to face visits. • Information on practice website and in waiting areas on how to access the practice during the pandemic.

		<ul style="list-style-type: none"> • Training for staff on how to respond to requests from the most clinically vulnerable patients. • Review of treatment plans (including safety netting advice) agreed and provided to patients. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
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Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
Clinicians took part in national and local quality improvement initiatives.	E2	<ul style="list-style-type: none"> • Clinical Governance & Quality Assurance Policy. • Evidence of taking part in national audits and QOF Quality Improvement initiatives i.e Diabetes, Prescribing Safety, End of Life Care. • GP mythbuster 4: Quality improvement activity Care Quality Commission (cqc.org.uk) • GP mythbuster 45: NICE Quality Standards in general practice Care Quality Commission (cqc.org.uk) • Quality Improvement (rcgp.org.uk) • QOF QI hub QI Ready Learning Network (rcgp.org.uk) • CQC discussions with staff & CQC staff questionnaires.
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	E2	<ul style="list-style-type: none"> • Quality Assurance Plan – see example on CLMC website. • Completed and ongoing audits and quality improvement activities, including recommendations for change in practice if required and action plans. • Monitoring of outcomes of patients care and treatment. • Meeting minutes where quality improvement activity is discussed. • GP mythbuster 65: Effective clinical governance arrangements in GP practices Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	E2	<ul style="list-style-type: none"> • Periodic reviews of unplanned admissions and readmissions. • Action plans to address issues identified in the reviews. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	E3.1 E3.2 E3.6	<ul style="list-style-type: none"> • Training records – including mandatory training for all staff groups – GPs/nurses/allied HCPs/HCAs/Non clinical and role specific training i.e long term conditions management for nurses. • Training & Development Plan/Matrix. • GP mythbuster 70: Mandatory training considerations in general practice Care Quality Commission (cqc.org.uk) • GP mythbuster 26: Practice Nurses Care Quality Commission (cqc.org.uk) • GP mythbuster 57: Health Care Assistants in General Practice Care Quality Commission (cqc.org.uk) • GP mythbuster 106: Primary care first contact practitioners (FCPs) Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
Staff had protected time for learning and development.	E3.2 E3.3 E3.6	<ul style="list-style-type: none"> • Training & Development Policy. • CQC discussions with staff & CQC staff questionnaires.
There was an induction programme for new staff.	E3.2	<ul style="list-style-type: none"> • Induction Policy/Procedure. • Induction programme documentation – including role specific induction programmes. • GP mythbuster 58: Practice induction packs Care Quality Commission (cqc.org.uk) • GP mythbuster 50: GP locums Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	E3.4 E3.5	<ul style="list-style-type: none"> • Appraisal & Clinical Supervision procedures. • Appraisal log & records. • Records of clinical supervision – individual and/or peer supervision. • Revalidation records. • CQC discussions with staff & CQC staff questionnaires.

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates	E3.2 E3.4	<ul style="list-style-type: none"> • Competency assessment records. • Practice clinical records reviews. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 66: Advanced Nurse Practitioners (ANPs) in primary care Care Quality Commission (cqc.org.uk) • GP mythbuster 81: Pharmacy professionals in general practice Care Quality Commission (cqc.org.uk)
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	E3.5	<ul style="list-style-type: none"> • Performance Management Policy/Procedure. • Records of any performance management issues. • CQC discussions with staff & CQC staff questionnaires.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	E4.1 E4.2	<ul style="list-style-type: none"> • Procedure for sharing information with staff and other agencies. • Practice clinical records reviews. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 12: Accessing medical records during inspections Care Quality Commission (cqc.org.uk) • GP mythbuster 22: Summary Care Records (SCRs) Care Quality Commission (cqc.org.uk) • GP mythbuster 46: Managing test results and clinical correspondence Care Quality Commission (cqc.org.uk)
Patients received consistent, coordinated, person-centred care when they moved between services.	E4.3	<ul style="list-style-type: none"> • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 75: Personalised care and support planning Care Quality Commission (cqc.org.uk)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	E5.1	<ul style="list-style-type: none"> Practice registers for patients who may need extra support – i.e patients in the last 12 months of their lives, patients with a learning disability, patients living with dementia, homeless, veterans or those at risk of developing a long-term condition and carers. GSF Multi-disciplinary team meeting records/minutes. New patient registration process. Practice clinical records reviews. CQC GP SPA review of clinical records. Patient feedback & questionnaires. CQC discussions with staff & CQC staff questionnaires. GP mythbuster 38: Care in advanced serious illness and end of life Care Quality Commission (cqc.org.uk) GP mythbuster 53: Care of people with a learning disability in GP practices Care Quality Commission (cqc.org.uk) GP mythbuster 42: Caring for people with dementia Care Quality Commission (cqc.org.uk) GP mythbuster 29: Looking after homeless patients in General Practice Care Quality Commission (cqc.org.uk) GP mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants Care Quality Commission (cqc.org.uk) GP mythbuster 44: Caring for carers Care Quality Commission (cqc.org.uk)
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	E5.2	<ul style="list-style-type: none"> Completed care plans developed with involvement of patients/carers. Action plan to address any post covid back-log of long-term condition reviews. Practice clinical records reviews. CQC GP SPA review of clinical records. CQC discussions with staff & CQC staff questionnaires. Patient feedback & questionnaires. GP mythbuster 75: Personalised care and support planning Care Quality Commission (cqc.org.uk)

Patients had access to appropriate health assessments and checks.	E5.2	<ul style="list-style-type: none"> Records of number of health assessments and checks completed. Practice clinical records reviews. CQC GP SPA review of clinical records. CQC discussions with staff & CQC staff questionnaires. Patient feedback & questionnaires. GP mythbuster 60: NHS health checks Care Quality Commission (cqc.org.uk)
Staff discussed changes to care or treatment with patients and their carers as necessary.	E5.3 E5.4	<ul style="list-style-type: none"> Practice clinical records reviews. CQC GP SPA review of clinical records. CQC discussions with staff & CQC staff questionnaires. Patient feedback & questionnaires.
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	E5.5	<ul style="list-style-type: none"> Records of PHE initiatives – cervical screening/childhood immunisations/flu, shingles, covid vaccinations/breast & bowel cancer screening rates. Examples of practice participation in national initiatives - stop smoking campaigns, tackling obesity, mental health awareness. CQC GP SPA review of clinical records. CQC discussions with staff & CQC staff questionnaires. Patient feedback & questionnaires.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	E6.1 E6.6	<ul style="list-style-type: none"> Consent policy. Consent training records. Consent forms including completed forms. Minor surgery audits showing consent process followed. Practice clinical records reviews. CQC GP SPA review of clinical records. CQC discussions with staff & CQC staff questionnaires.

		<ul style="list-style-type: none"> • GP mythbuster 49: Consent for minor surgery in GP surgeries Care Quality Commission (cqc.org.uk) • GP mythbuster 8: Gillick competency and Fraser guidelines Care Quality Commission (cqc.org.uk) • Guidance for doctors on patient consent (bma.org.uk) •
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	E6.2 E6.3 E6.5 E6.7	<ul style="list-style-type: none"> • Mental Capacity & DOLs policy. • MCA training records for clinical staff. • Minor surgery audits showing consent process followed. • Practice clinical records reviews. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires. • Patient feedback & questionnaires. • GP mythbuster 10: GPs and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Care Quality Commission (cqc.org.uk) • Mental Capacity Act Code of Practice - GOV.UK (www.gov.uk)
Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	E6.1 E6.2 E6.3	<ul style="list-style-type: none"> • Procedure for completing DNACPR decisions. • Practice quality reviews of DNACPR decisions. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.