**A Guide to the Annual Regulatory Review Process**

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| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
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|  | September 2021 |  |  | Next review |
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# Introduction

## Policy statement

The purpose of this document is to set out the requirements for Sheerwater Health Centre to be aware of the updated CQC requirements with regard to the new Annual Regulatory Review (ARR) for those practices rated either “Good” or “Outstanding” as from 1st April 2019.

For those rated “Requires Improvement” or “Inadequate” then the previous inspection process will continue.

Each of the 22 questions has been scrutinised and answers, examples and links to generic reference material from Practice Index, CQC, NICE and other resources are provided. It should be noted that, whilst an informed answer has been provided to the questions, practices are still to reflect upon each question and provide their own response and that this policy should be used as a guide to assist the practice.

CQC training is available on the HUB. Additionally, throughout this policy the HUB icon details training which refers to that specific question. For more information, follow the link on the Icon.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The practice will provide guidance and support to help all within the practice to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

This document refers to the regulatory requirements associated with the Care Quality Commission’s annual regulatory review requirements following changes to their inspection process after 1st April 2019.

It is a requirement of staff, both individually and collectively, to comply with this process to ensure that all relevant information is available to enable the Provider Information Collection requirement during the ARR.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# CQC new approach

## Annual Regulated Review (ARR)

The CQC strategy for the five-year period from 2016 sets out a new approach due to the vast majority of GP practices having been rated either good or outstanding. Having this level of quality within primary healthcare has resulted in the CQC adapting how they regulate general practice.

The previous formal visiting inspection process will continue, as the CQC will carry out an inspection every five years but every year they will now carry out the less intimidating, although still formal, Annual Regulatory Review (ARR) of the information that they hold on the practice. Although there will be less visits to the practice, this latest inspection process stipulates that each year an inspector will formally review all of the information that the CQC holds on Sheerwater Health Centre and consider whether the quality of care has changed since the last inspection.

This process will include an annual telephone call.

This approach will help the CQC to prioritise their inspections where there has been most change, either deterioration or improvement. They will focus where risk is greatest whilst also supporting practices to improve. It will also enable the CQC to move to more focused inspections that concentrate on those areas of significant change.

The CQC identifies any changes by reviewing:

* The data held in CQC Insight ([see Art 3.5](#_GP_Insight))
* Information from stakeholders, for example, Healthwatch or CCG
* Information that Sheerwater Health Centre provides, including through a structured annual telephone call (as part of the provider information collection)

It is important to understand that an Annual Regulatory Review cannot change a rating, only an inspection can do this. The CQC will consider all of the information in their decision making.

## Provider Information Collection (PIC)

To facilitate the ARR, each year the CQC inspector will contact Sheerwater Health Centre to arrange a telephone call. This triggers a period of four weeks where the practice needs to obtain the information needed to respond to the set questions.

The questions are designed to ask about any changes since the last inspection (or Annual Regulatory Review if years two onwards) and the answers given form the Provider Information Collection or PIC.

The list of questions and policies is detailed at Section 4 and, whilst these are straightforward, preparation is key to achieving a positive outcome.

Upon notice of the ARR, Sheerwater Health Centre will consider the questions as part of the multi-disciplinary team discussions. This collaborative approach will assist in the preparation of all responses to the questions.

The CQC will consider all the information that has been offered to enable the outcome decision.

The Annual Regulatory Review is not an inspection. It is simply a conversation about any changes at the practice. It also gives the practice the opportunity to add context to the information that the CQC already has about the practice that has been provided by stakeholders and national data collections. The calls are designed to help to strengthen the relationship between the practice and the CQC inspector.

At the PIC telephone call, the following staff from each department will be available to discuss the answers with the inspector:

Dr M Mohamed, Mrs E Hawkey and Mr S Mohamed

The call from the CQC should last no longer than an hour.

## Actions following a review

If, following the ARR, there is an indication that the quality of care may have improved or deteriorated since the last rating, the CQC can opt for the following:

* Decide to inspect, or;
* Ask for clarification of any information

If the CQC decides to inspect, they will either formally write to the practice to advise of an inspection within the next six months or send the normal two-weeks’ notice of the date of the inspection. Where the CQC makes the decision to inspect a practice rated good or outstanding, in most cases this will be a focused inspection. A focused inspection may not always consider all five key questions, although the CQC will always inspect the effective and well-led key questions as a minimum.

Any decision to inspect other key questions will be based on the information that is held, identified on any inspection or assessed as part of the ARR.

If it decides not to take any further action, the CQC will advise that they have carried out the review and that no further action is needed at this stage. It will then publish a note of this on the practice’s profile page on the CQC website.

## Assessment rating

An Annual Regulatory Review forms part of the CQC’s ongoing monitoring but it cannot change a practice’s rating, only an inspection can do this.

The CQC advises that the ARR will ensure that monitoring and planning decisions are clear, consistent and transparent.

## GP Insight

One of the CQC’s key current strategies is to deliver an intelligence-driven approach to regulation. To ensure that quality and safety are being maintained to at least a good level, the CQC will gather information from various national data sources which is collectively known as GP Insight.

The GP Insight model brings together nationally available data to support any CQC decision making. GP Insight indicators cover a range of general practice activity and patient experience such as:

* Quality and Outcomes Framework (QOF)
* GP Patient Survey (GPPS)
* NHS Business Services Authority
* Public Health England
* Public
* Practice

This will target resources where the risk to the quality of care provided is greatest and to check where quality is improving. As the CQC will continually monitor information, only a sample of good and outstanding practices will be inspected each year with a maximum re-inspection timescale of five years.

# Questions

## Outlined requirement

The questions are organised so that there are three introductory questions that will “set the scene”. Answers are requested to be brief, by summarising any salient points. Should any answer be “no” then, as a practice, we will elaborate on this and give justifiable reasons.

No written responses or additional documentation should be forwarded to the CQC as this is not required.

[The information given below is for guidance only and, whilst it refers to policies and references, each practice will need to reflect upon these 22 questions and amend as appropriate].

## Introductory questions

The first three questions set the scene for the ARR. These then are followed by questions that refer to the five domains.

**Q1.** **Are there any issues that have affected your service and how you care for your patients? (These could include, for example, challenging circumstances or significant changes to your local population).**

**A.** Detail key points and have the practice’s strategic plan available.

If the practice has needed to make any change to service delivery for whatever reason, detail the practice’s response to ensure that there has not been any deterioration in service outputs or an increased risk.

Does the practice have, or is it working towards, the following:

* A clear vision and strategy that is enacted in practice
* A well thought-through governance framework
* A developing leadership strategy
* A culture that supports learning and innovation
* Team-based working
* High levels of staff engagement
* Patient and carer engagement

Supporting information:

1. [Business Continuity Policy](https://practiceindex.co.uk/gp/forum/resources/business-continuity-policy.1056/)
2. [Business Development Plan](https://practiceindex.co.uk/gp/forum/threads/business-development-plan.5293/)
3. [Vision, Values and Accountability](https://practiceindex.co.uk/gp/forum/resources/visions-values-and-accountability.1003/)
4. [Nigel's Surgery Number 48 - Well Led Vision Strategy](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-48-well-led-%E2%80%93-vision-strategy)
5. [www.kingsfund.org.uk/what-does-well-led-organisation-look-like](https://www.kingsfund.org.uk/blog/2014/04/new-cqc-inspection-framework-what-does-well-led-organisation-look)

**Q2. Have there been any changes in the management or leadership of the practice?**

**A.** Detail any changes but not just the obvious ones, e.g. should the Significant Events Lead GP have left, this also need to be included.

Any major changes that are notifiable[[1]](#footnote-1) should have already been reported to the CQC.

Should there have been any changes, state what the practice has done/is planning to implement to minimise the risk to patient safety and/or service outputs.

**Q3**. **What is the practice’s organisation data service (ODS) code?**

**A.** Detail

## Safe

**Q4**. **Have you changed how you keep policies and procedures up to date to make sure that patients are safe?**

**A.** Detail your process and ask whether all are being reviewed on a regular basis, suggest annually, and whether your distribution process is safe.

* Has anything changed in the last 12 months?
* List your policies
* Do you have a Policy Library?
* Frequency of updates
* Do staff have access?
* How do you inform staff of changes?
* How do you know if they have been read and understood?
* Are these signed for? Detail process
* Are changes discussed at meetings? Is there training?
* Are new joiners briefed on where to find the policies?

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/) Annexes A-C will guide you through the process and all policies that are referred to are available on [PLUS].
2. [Governance Policy](https://practiceindex.co.uk/gp/forum/resources/governance-policy.709/)
3. [Communication Policy](https://practiceindex.co.uk/gp/forum/resources/communication-policy.1008/)
4. Staff [Development](https://practiceindex.co.uk/gp/forum/threads/staff-development-policy.6847/) Plan
5. [Induction Policy](https://practiceindex.co.uk/gp/forum/threads/staff-induction-policy.6567/)
6. [New Joining Clinicians Handbook](https://practiceindex.co.uk/gp/forum/resources/new-joining-clinicians-handbook.1320/)
7. [Employees Handbook](https://practiceindex.co.uk/gp/forum/resources/employee-handbook.1331/)
8. [Policy Review Blog 1](https://practiceindex.co.uk/gp/blog/policy-review-a-sprint-or-a-marathon/)
9. [Policy Review Blog 2](https://practiceindex.co.uk/gp/blog/policy-review-a-sprint-or-a-marathon-blog-2-of-3/)
10. [Policy Review Blog 3](https://practiceindex.co.uk/gp/blog/policy-review-sprint-marathon-blog-3-3/)
11. [Nigel’s Surgery Number 64 - Effective Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-64-effective-governance-arrangements-gp-practices)
12. [Nigel's Surgery Number 65 - Effective Clinical Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices)

**Q5**. **Have you changed how you respond to significant events?**

**A.** Detail your process and consider the following:

* Has anything changed in the past 12 months?
* What constitutes an SEA? Are you reporting these appropriately?
* Is your process safe?
* How many have been reported in the previous 12 months and is this enough?
* Is it a multidisciplinary process? Are all staff involved in raising and monitoring?
* If so, how do you achieve this?
	+ How do you capture best practice? Do you detail positive and negative events?
	+ How do you discuss Significant Events? Is it in house or do you discuss these in a wider forum externally, such as at PCNs or PM meetings to look at trends, root causes or local issues?
	+ Do you report all patient safety incidents to the National Reporting and Learning System (NRLS)?
	+ What is your reporting system? How do you ensure that all have been followed up and has any tertiary actions been considered, such as an audit or training?

Supporting information

* 1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
	2. [Significant Event Policy](https://practiceindex.co.uk/gp/forum/resources/significant-event-policy.1029/)
	3. [Clinical Governance Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-governance-policy.698/)
	4. [Incident Reporting Policy (untoward incidents / never events / accidents)](https://practiceindex.co.uk/gp/forum/resources/incident-reporting-policy.721/)
	5. [Governance Policy](https://practiceindex.co.uk/gp/forum/resources/governance-policy.709/)
	6. [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-audit-policy.1112/)
	7. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
	8. [Nigel's Surgery Number 3 - Significant Event Analysis (SEA)](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-3-significant-event-analysis-sea)
	9. [Nigel's Surgery Number 24 - Reporting Patient Safety Incidents](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-24-reporting-patient-safety-incidents-national-reporting)
	10. [Nigel’s Surgery Number 64 - Effective Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-64-effective-governance-arrangements-gp-practices)
	11. [Nigel's Surgery Number 65 - Effective Clinical Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices)
	12. [Improvement.nhs.uk/resources/learning-from-patient-safety-incidents/](https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/)



 Training available on HUB

**Q6**. **Have you changed your process for monitoring high-risk medicines? (You can refer to a particular medicine or to your general management of patients on high-risk medicines)**

**A.** Has anything changed over the past 12 months?

* Detail your process and consider whether your medicines management processes for high risk medicines are appropriate
* Audit high risk groups and present findings of one of these to the CQC
* Is the practice compliant as per NICE guidance?

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Prescribing Policy](https://practiceindex.co.uk/gp/forum/resources/prescribing-policy.731/)
3. [www.nice.org.uk/guidance](https://www.nice.org.uk/guidance)
4. [Nigel’s Surgery Number 84 - Managing High Risk Medicines](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-84-managing-high-risk-medicines-general-practice)
5. [Nigel's Surgery Number 92 - Anticoagulant Monitoring](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-92-anticoagulant-monitoring-primary-care)
6. [Nigel's Surgery Number 46 - Managing Test Results](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-46-managing-test-results-clinical-correspondence)

**Q7.** **Have you changed how you report and respond to safeguarding concerns? (Include all vulnerable groups, both children and adults)**

**A.** Detail process and look at your policy.

* Has anything changed in the last 12 months?
* Is there a nominated lead and are staff aware of who this is and the safeguarding process?
* Are the details of the local safeguarding team correct for both children and adults?
* Has the appropriate level of training been conducted for all staff?
* Is this detailed on a training matrix? If so, do you know when any training date is due to expire?
* Any audits conducted
* Contest and prevent awareness
* Is the practice aware of the ‘Was Not Brought’, process and are staff aware?
* Chaperone processes established
* Patient leaflet available
* Website information

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/threads/safeguarding-policy.6060/)
3. [Did Not Attend Policy](https://practiceindex.co.uk/gp/forum/threads/did-not-attend-dna-policy.5744/)
4. [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-audit-policy.1112/)
5. [Practice Information Leaflet](https://practiceindex.co.uk/gp/forum/resources/practice-information-leaflet.1196/)
6. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
7. [Nigel's Surgery Number 33 - Safeguarding Children](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-33-safeguarding-children)
8. [Nigel's Surgery Number 25 - Safeguarding Adults at Risk](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-25-safeguarding-adults-risk)
9. [Nigel's Surgery Number 10 - Mental Capacity Act 2005 (Deprivation Liberty Safeguards)](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-10-gps-mental-capacity-act-2005-deprivation-liberty-safeguards)
10. [Nigel's Surgery Number 15 - Chaperones](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones)



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## Effective

**Q8.** **Have you changed how you monitor the quality of your service?**

**A.** Detail process

* Patient engagement with PPG and any social media
* Questionnaires and FFT
* Monitor NHS Choices and other obvious areas where reviews can be written such as Google Review or Facebook. Are all comments responded to within a timely period and are these discussed?
* Is your complaints procedure up to date and do you have a patient leaflet? Is this detailed on your website? Are staff aware of the complaints procedure and do you log all verbal complaints along with those written?
* Have you completed the annual complaints survey and was there a need to conduct any audits as a result of any complaints?
* Is there a whistleblowing policy and have you a Freedom to Speak Up Guardian listed for staff to discuss any concerning matters outside of the practice’s hierarchy?
* Discuss your meeting structure. Are all staff included and are minutes available?
* Do staff have an input into change management?
* Is there a multi-disciplinary approach to quality improvement?

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Clinical Governance Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-governance-policy.698/)
3. [Governance Policy](https://practiceindex.co.uk/gp/forum/resources/governance-policy.709/)
4. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
5. [Complaints Policy (England)](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/)
6. [Duty of Candour Policy](https://practiceindex.co.uk/gp/forum/resources/duty-of-candour-policy.816/)
7. [Friends & Family Test](https://practiceindex.co.uk/gp/forum/threads/friends-and-family-test.6148/)
8. [PPG Policy](https://practiceindex.co.uk/gp/forum/resources/patient-participation-group-ppg-policy.693/)
9. [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-audit-policy.1112/)
10. [Nigel's Surgery Number 4 - Quality Improvement Activity](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity)
11. [Nigel's Surgery Number 16 - Friends and Family Test](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-16-friends-family-test)
12. [Nigel's Surgery Number 32 - Duty of Candour (GP Regulation)](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-32-duty-candour-general-practice-regulation-20)
13. [Nigel's Surgery Number 45 - NICE Quality Standards in General Practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-45-nice-quality-standards-general-practice)



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**Q9.** **Are you using new or existing staff in different ways to provide clinical care to patients (apart from GPs)? (These roles could include nurses, healthcare assistants, pharmacists, paramedics, physician associates).**

**A.** Detail any alternative ways that the practice is delivering clinical care. Include:

* Considerations and strategy planning
* Induction processes
* Training requirements
* Clinical supervision that is being provided

 Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Business Development Plan](https://practiceindex.co.uk/gp/forum/threads/business-development-plan.5293/)
3. [Induction Policy](https://practiceindex.co.uk/gp/forum/threads/staff-induction-policy.6567/)
4. [New Joining Clinicians Handbook](https://practiceindex.co.uk/gp/forum/resources/new-joining-clinicians-handbook.1320/)
5. [Employees Handbook](https://practiceindex.co.uk/gp/forum/resources/employee-handbook.1331/)
6. Staff [Development](https://practiceindex.co.uk/gp/forum/threads/staff-development-policy.6847/) Plan
7. [Clinical Supervision Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-supervision.701/)
8. [Nigel's Surgery Number 57 - Health Care Assistants in General Practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-57-health-care-assistants-general-practice)
9. [Nigel's Surgery Number 66 - Advanced Nurse Practitioners in Primary Care](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-66-advanced-nurse-practitioners-anps-primary-care)
10. [Nigel's Surgery Number 70 - Mandatory Training Considerations](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice)
11. [Nigel's Surgery Number 81 - Pharmacy Professionals in General Practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-81-pharmacy-professionals-general-practice)
12. [Nigel's Surgery Number 82 - Physician Associates in General Practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-82-physician-associates-general-practice)

**Q10.** **Have you changed how you develop and use person-centered care plans? (This could include how you work in partnership with specialist nurses, social care colleagues and patients or their representatives).**

**A.** Detail any changes in the past 12 months.

* List minutes and process from MDT-type meetings
* Have you a Social Prescribing or Care Navigation planning strategy?
* Are there any plans to collaboratively work within a PCN?

 Supporting information

* 1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
	2. [Social Prescribing Poster](https://practiceindex.co.uk/gp/forum/resources/social-prescribing-poster.1314/)
	3. [Nigel's Surgery Number 75 - Personalised Care Support Planning](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-75-personalised-care-support-planning)



Training available on HUB

**Q11.** **Have you changed how you monitor antibiotic prescribing?**

**A.** Detail any changes since the last ARR as to how you monitor antibiotic prescribing.

* Has the practice conducted any prescribing audits including any outcomes and actions, such as patient information and training?
* Do you discuss this in meetings, detail and refer to minutes?
* Detail clinical supervision within practice
* Consider NICE guidance

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Prescribing Policy](https://practiceindex.co.uk/gp/forum/threads/prescribing-policy.6064/)
3. [Clinical Supervision Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-supervision.701/)
4. [Antibiotic Resistance Poster](https://practiceindex.co.uk/gp/forum/resources/antibiotic-resistance-poster.1309/)
5. [Antibiotics Leaflet](https://practiceindex.co.uk/gp/forum/resources/antibiotics-poster-leaflet.1198/)
6. [www.nice.org.uk/guidance/conditions-and-diseases/infections/antibiotic-use](https://www.nice.org.uk/guidance/conditions-and-diseases/infections/antibiotic-use)

## Responsive

**Q12.** **Have you introduced any changes to the service after reviewing your patient survey feedback? (These surveys could be the GP Patient Survey or your own practice surveys).**

**A.** Detail

* List any patient surveys and discuss any changes that arose from these
* Discuss other forms of patient engagement where changes have occurred. This may include the following:
	+ PPG events
	+ FFT results
	+ Patient comments and suggestion form. Can this be anonymised?
	+ “You said, we did” noticeboard
	+ Community events
	+ Complaints or compliments
	+ Website or social media comments

 Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [PPG Policy](https://practiceindex.co.uk/gp/forum/resources/patient-participation-group-ppg-policy.693/)
3. [Friends & Family Test](https://practiceindex.co.uk/gp/forum/threads/friends-and-family-test.6148/)
4. [Complaints Policy (England)](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/)
5. [Duty of Candour Policy](https://practiceindex.co.uk/gp/forum/resources/duty-of-candour-policy.816/)
6. [Comments, Compliments and Suggestions](https://practiceindex.co.uk/gp/forum/threads/comments-compliments-and-suggestions-%E2%80%93-but-no-complaints.9711/)



Training available on HUB

**Q13. Have you changed how you identify and meet the information and communication needs of people with a disability or sensory loss?**

**A.** Detail any changes and consider the following:

* Alterations to the premises
* Changes to policy or procedures
* Additional services that have been provided
* Nominated lead for mental health
* Conduct awareness training
* Search for and conduct Learning Disability Assessments
* Identify what you do for these specific patient groups such as:
	+ Hearing loop
	+ Large print or braille
	+ Accessible Information Standards poster and information
	+ Assistance dog
	+ Dementia patients, colourful signs

Supporting information

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Accessible Information Standards Policy](https://practiceindex.co.uk/gp/forum/resources/accessible-information-standard-policy.1361/)
3. [Assistance Dog Policy](https://practiceindex.co.uk/gp/forum/resources/assistance-dog-policy.1341/)
4. [Dementia Policy](https://practiceindex.co.uk/gp/forum/resources/dementia-policy.1101/)
5. [Mental Capacity Act Policy](https://practiceindex.co.uk/gp/forum/resources/mental-capacity-act-policy.1105/)
6. [Nigel's Surgery Number 35 - Fundamental Standards of Care](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-35-fundamental-standards-care)
7. [Nigel's Surgery Number 42 - Caring for People with Dementia](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-42-caring-people-dementia)
8. [Nigel's Surgery Number 53 - Care of People with Learning Disability](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-53-care-people-learning-disability-gp-practices)
9. [Nigel's Surgery Number 67 - Reasonable Adjustments for Disabled People](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-67-reasonable-adjustments-disabled-people)



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## Caring

**Q14. How many patients are on your carers’ register? (number)**

**A.** Detail

**Q15. Are you doing anything new to identify and support carers?**

1. Detail any changes over the past 12 months.
* Carers’ register collating information gathered by contacting those who are known
* Posters to advise patients that the practice can provide further support
* Professional advice to carers
* Website detailing support information
* Double slot availability for both carers and their patients
* Patient information leaflets

Supporting evidence

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Identification of Carers Policy](https://practiceindex.co.uk/gp/forum/resources/identification-of-carers-policy.699/)
3. [Mental Capacity Act Policy](https://practiceindex.co.uk/gp/forum/resources/mental-capacity-act-policy.1105/)
4. [Nigel's Surgery Number 44 - Caring for Carers](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-44-caring-carers)
5. [Nigel's Surgery Number 75 - Personalised Care Support Planning](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-75-personalised-care-support-planning)



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## Well Led

**Q16. Have you changed how you work with local partners to continually educate and improve your service? (This could include your patient participation group, clinical commissioning group or local practices)**

**A.** Detail any changes since your last ARR. Consider the following:

* Reflect upon the learning culture within the practice. Are the whole team involved in learning and developing?
* Has this changed with the introduction of a local PCN? What is the strategy?
* How are complaints, concerns or advice handled? Detail any improvements that were implemented as a direct result of patient engagement
* Is there practice involvement at national or local PPG engagement events? Is this fed back and discussed with the PPG?
* Discuss learning outcomes of governance matters at meetings that include external organisations, such as MDT, CCG/GP or PM
* Is there any other local involvement, such as the business community, that you have a collective interest in supporting and developing in your local area?

Supporting evidence

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Staff Development Plan](https://practiceindex.co.uk/gp/forum/threads/staff-development-policy.6847/)
3. [Complaints Policy (England)](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/)
4. [PPG Policy](https://practiceindex.co.uk/gp/forum/threads/patient-participation-group-ppg-policy.5784/)
5. [Friends & Family Test](https://practiceindex.co.uk/gp/forum/threads/friends-and-family-test.6148/)
6. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
7. [Significant Events Policy](https://practiceindex.co.uk/gp/forum/threads/significant-event-policy.7220/)
8. [Incident Reporting Policy (untoward incidents / never events / accidents)](https://practiceindex.co.uk/gp/forum/resources/incident-reporting-policy.721/)
9. [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/threads/clinical-audit-policy.7696/)
10. [Nigel's Surgery Number 4 - Quality Improvement Activity](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity)
11. [Nigel's Surgery Number 16 - Friends and Family Test](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-16-friends-family-test)
12. [Nigel's Surgery Number 32 - Duty of Candour (GP Regulation)](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-32-duty-candour-general-practice-regulation-20)



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**Q17. Do you have a plan to improve your service?**

**A.** Detail

* Discuss the practice’s strategy planning. Are there any improvements planned?
* Look at all areas, such as buildings to support patient growth in the area, improving the flu plan for 2019/20 following patient feedback etc.
* Provide considerations and reasons why. PESTLE or SWOT

Supporting evidence

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Business Development Plan](https://practiceindex.co.uk/gp/forum/threads/business-development-plan.5293/)
3. [Nigel's Surgery Number 48 - Well Led Vision Strategy](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-48-well-led-%E2%80%93-vision-strategy)
4. [Pandemic Influenza Plan](https://practiceindex.co.uk/gp/forum/resources/pandemic-influenza-policy.732/)



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**Q18. Have you changed your governance arrangements?**

**A.** Detail any changes that the practice has implemented in the previous 12 months since the last ARR.

* How is governance organised since the introduction of PCNs? Does the practice have a lead across all practices or are all governance matters retained independently?
* How does the practice learn from these collectively?
* How are meetings conducted? What are their frequencies and who attends these?
* How are staff involved in the process? Do all complete SEAs and audits?
* Are all staff aware of complaints and compliments? Is there a holistic approach to understanding and learning?
* How are policies reviewed and how does the practice ensure that these are read and understood?
* What is the training programme? How are staff informed of their training needs?
* Do all staff have annual appraisals? As it is an expressed condition of employment for staff to remain current in their role, as such is mandatory training and policy knowledge a factor at the annual appraisal?
* How is governance managed? Could it be improved?

Supporting evidence

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Clinical Governance Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-governance-policy.698/)
3. [Compliments, Comments and Suggestions](file:///C%3A%5CUsers%5Cemis2000%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.IE5%5CE52A7847%5CComments%2C%20Compliments%20and%20Suggestions)
4. [Governance Policy](https://practiceindex.co.uk/gp/forum/resources/governance-policy.709/)
5. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
6. [Nigel's Surgery Number 4 - Quality Improvement Activity](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity)
7. [Nigel’s Surgery Number 64 - Effective Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-64-effective-governance-arrangements-gp-practices)
8. [Nigel's Surgery Number 65 - Effective Clinical Governance Arrangements](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices)

**Q19. Have you changed the way you engage and involve your staff in improving the service? (For example, team away days, staff suggestion box or staff meeting minutes).**

**A.** Detail any changes. In addition, consider the following:

* Is there any need for a staff survey or 360° appraisals to be conducted in regard to any areas of improvement including management support? If so, is this process anonymised? Have there been any actions resulting from this and have they been considered?
* Are all staff involved in change management? Do you have whole practice improvement events and are staff opinions considered?
* Is there an appropriate meeting structure?
* Are all involved in the complaints management process, likewise are compliments discussed to identify any areas of best practice?

Supporting evidence

1. [CQC Guidance](https://practiceindex.co.uk/gp/forum/resources/cqc-guidance.1117/)
2. [Clinical Governance Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-governance-policy.698/)
3. [Governance Policy](https://practiceindex.co.uk/gp/forum/resources/governance-policy.709/)
4. [Quality Assurance Policy](https://practiceindex.co.uk/gp/forum/resources/quality-assurance-policy.864/)
5. [Complaints Procedure](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/)
6. [Nigel's Surgery Number 4 - Quality Improvement Activity](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity)

**Q20. Has your practice been involved in any innovations or pilots?**

**A.** Detail

* Is your practice at the forefront of change? Detail and highlight staff involvement, meetings and planning
* Is the practice providing a service on behalf of a group of practices to improve patient experience? For example, a new commissioned service to your area
* Detail any improvements
* Are you a research practice? Detail any innovations that will support local patients. Highlight if the practice is doing this on behalf of the wider locality.

## Population groups

**Q21. Have you changed how you provide effective and responsive care for any of the population groups? (Give examples of how you meet their particular needs). The six population groups:**

1. Older people
2. People with long-term conditions
3. Families, children and young people
4. Working-age people (including those recently retired and students)
5. People whose circumstances may make them vulnerable
6. People experiencing poor mental health (including people with dementia)

**A**. Highlight any changes that you have implemented to assist any particular groups. Whilst there are many considerations, generally these refer to patient care. Examples can go beyond clinical outcome to amplify your good work.

 To meet the populations groups, examples may include:

* Local transport organised through the PPG/charities to collect and drop off patients and medication. This service also includes going to the shops and library
* After school clinics for children
* Special multi-disciplinary clinics established for the homeless
* Support given to charity events and the business community
* Premises used for welfare purposes for the elderly and the vulnerable
* Group clinics established to support patients with LTC
* Saturday coffee morning assisted by PPG
* The website is updated regularly and supports the community by engaging in social media activity. Is the NHS Choices account frequently updated?
* There is a strong PPG and this is further supported by having a virtual PPG for those who cannot attend
* The local travelling community is supported with an outreach clinic
* If there is a significant proportion of asylum seekers and migrants, these groups are supported as members of staff have been recruited to also assist with translation requirements

 Supporting Information

* [Nigel's Surgery Number 90 - Population Groups](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-90-population-groups)

## Concluding question

**Q22. Is there anything else you would like to tell us? (This could be something you do that isn’t covered by our questions)**

**A.** Use this question as your time to shine. Detail everything else that is appropriate to highlight that the practice is safe, effective, responsive to patients’ needs and that you care about them. Lastly, as a practice, that you lead your team well.

1. <https://www.cqc.org.uk/guidance-providers/notifications/notification-finder> [↑](#footnote-ref-1)