**Disclaimer**

These resources are intended to support practices with improving quality and assist in meeting the key lines of enquiry in the responsive 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/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf)

**Responding to and meeting people’s needs**

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| **The practice organised and delivered services to meet patients’ needs.** |
| **Evidence Table Questions** | **Link to Key line of enquiry/prompt in assessment framework** | **Examples of Evidence Required & Links to Resources** |
| The practice understood the needs of its local population and had developed services in response to those needs. | R1.1R1.2 | * Procedure for home visits and those requiring urgent appointments.
* Process for responding to the needs of older patients, those with enhanced needs and complex medical issues.
* Practice registers for people who are vulnerable i.e those living with a learning disability/veterans/homeless/asylum seekers & refugees.
* [GP mythbuster 90: Population groups | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-90-population-groups)
* [GP mythbuster 93: Caring for veterans and their families | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-93-caring-veterans-their-families)
* [GP mythbuster 53: Care of people with a learning disability in GP practices | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-53-care-people-learning-disability-gp-practices)
* [GP mythbuster 42: Caring for people with dementia | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-42-caring-people-dementia)
* [GP mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other)
* [GP mythbuster 29: Looking after homeless patients in General Practice | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-29-looking-after-homeless-patients-general-practice)
* GP Patient survey results & practice patient survey results and subsequent action plans.
* Meeting minutes where survey results and action plan progress is monitored and discussed.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | R1.1R2.5R2.8R2.9R2.10 | * Longer appointment times and slots at quiet times for patients with additional needs i.e for those living with learning disabilities, autism & mental health.
* [GP mythbuster 38: Care in advanced serious illness and end of life | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-38-care-advanced-serious-illness-end-life)
* GP Patient survey results & practice patient survey results and subsequent action plans.
* Meeting minutes where survey results and action plan progress is monitored and discussed.
* Equality & Diversity Policy.
* Equality & Diversity training for all staff.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| The facilities and premises were appropriate for the services being delivered. | R1.3 | * Observation of practice environment, including access and egress arrangements and signage.
* Facilities for people with hearing impairments – i.e is there a hearing loop?
* [GP mythbuster 67: Reasonable adjustments for disabled people | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-67-reasonable-adjustments-disabled-people)
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| The practice made reasonable adjustments when patients found it hard to access services. | R1.3 | * Practice access model to ensure patients can make an appointment with the most appropriate member of the practice team.
* [GP mythbuster 77: Access to appointments and staff competence | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-77-access-appointments-staff-competence)
* [GP mythbuster 61: Patient registration | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-61-patient-registration)
* Quality reviews of access model and response times and subsequent actions if improvements are required.
* Observation of information in practice and the on website
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| There were arrangements in place for people who need translation services. | R2.1 | * Observation of information on interpretation services available in practice reception area and on website.
* Interpretation services available for practice staff to access for patients.
* CQC discussions with staff & CQC staff questionnaires.
* CQC discussions with patients and patient questionnaires.
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| The practice complied with the Accessible Information Standard. | R1.4 | * Observation of how patients and carers with disability, impairment or sensory loss receive information they can easily read or understand and, get support so they can communicate effectively with health and social care services.
* [GP mythbuster 20: Making information accessible | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-20-making-information-accessible)
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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**Access to the service**

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| **People were able to access care and treatment in a timely way.** |
| **Evidence Table Questions** | **Link to Key line of enquiry/prompt in assessment framework** | **Examples of Evidence Required & Links to Resources** |
| There was information available for patients to support them to understand how to access services (including on websites and telephone messages). | R2.1R2.2 | * Observation of information in practice waiting rooms, on the website and telephone message.
* [GP mythbuster 77: Access to appointments and staff competence | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-77-access-appointments-staff-competence)
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| Patients were able to make appointments in a way which met their needs. | R3.2R3.5 | * Patients could make appointments on the telephone, online or in person.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online). | R3.8 | * Review of appointment system showing different range of appointment types & opening times.
* [GP mythbuster 55: Opening hours | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-55-opening-hours)
* Patient surveys showing levels of patient satisfaction with different types of appointments available.
* Meeting minutes where survey results and action plan progress is monitored and discussed.
* Procedure for ensuring adequate staffing levels.
* Staffing rotas.
* Clinic schedules.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| There were systems in place to support patients who face communication barriers to access treatment. | R2.1 | * Accessible Information Standard risk assessment and subsequent measures to support patients.
* Observation of practice systems for dealing with communication barriers i.e flags on patient records of any impairments – hearing/visual/language.
* [GP mythbuster 67: Reasonable adjustments for disabled people | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-67-reasonable-adjustments-disabled-people)
* Use of text messaging, large print letters and information.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| Patients with urgent needs had their care prioritised. | R3.4 | * Appointment schedule showing urgent slots available throughout the day for patients with urgent needs.
* Telephone Triage Tool for Reception Staff – see triage tool on responsive page on CLMC website.
* [GP mythbuster 88: Sepsis | Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-88-sepsis)
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs. | R3.1 | * Procedures/flowcharts for receptionists to support them in directing patients to appropriate care within required timeframes.
* Comments on NHS Choices and practice response.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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**Listening and learning from concerns and complaints**

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| C**omplaints were listened and responded to and used to improve the quality of care, however there was the potential for underreporting of complaints.** |
| **Evidence Table Questions** | **Link to Key line of enquiry/prompt in assessment framework** | **Examples of Evidence Required & Links to Resources** |
| Number of complaints received in the last year. |  | * Complaint's log.
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| Number of complaints we examined that were satisfactorily handled in a timely way. |  | * Complaint log (including verbal complaints/concerns).
* Examples of complaints received, investigation completed, and response sent to patient.
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| Number of complaints referred to the Parliamentary and Health Service Ombudsman. |  | * Records of complaints.
 |
| Information about how to complain was readily available. | R4.1R4.2 | * Practice complaints leaflets freely available in waiting area and on practice website.
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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| There was evidence that complaints were used to drive continuous improvement. | R4.3R.4.4R4.5 | * Complaint policy.
* Complaint log (including verbal complaints/concerns).
* Examples of complaints received, investigation completed, and response sent to patient.
* Meeting minutes where complaints were discussed, improvement actions identified, and lessons learned shared.
* [GP mythbuster 103: Complaints management | CQC Public Website](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-103-complaints-management)
* CQC discussions with patients and patient questionnaires.
* CQC discussions with staff & CQC staff questionnaires.
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