

Appendices to provider handbook Consultation

NHS GP practices and GP out-of-hours services

April 2014

Appendix A: Population group definitions

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

People with long-term conditions

People with long-term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long-term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care.

This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

We have defined some of these groups of people.

- By gypsies we mean persons with a cultural tradition of nomadism or of living in a caravan, and all other persons of a nomadic habit of life, whatever their race or origin.
- The definition for homeless people is very broad; this can range from the statutory homelessness, where temporary accommodation, often in the form of unsuitable B&B lodging, is provided whilst waiting for housing by local authorities, through to rough sleeping and overcrowded or unfit for purpose accommodation.
- Homeless people also include those people towards whom local authorities do not have a statutory duty such is the case of migrants. More broadly, it defines someone who is roofless, houseless or in insecure or unsuitable accommodation.
- Sex workers refers to male or female workers offering sexual services in exchange for some form of payment, for example, money or drugs
- People with learning disabilities refer to persons with a reduced intellectual ability and difficulty with everyday activities. This means they may have difficulty understanding new or complex information, learning new skills or coping independently. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability. A learning disability is not the same as a learning difficulty or mental illness.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Appendix B: Key lines of enquiry

Safety – by safe, we mean that people are protected from abuse and avoidable harm.

(Abuse: people are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse)

	KLOE	Characteristics of good(GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
S1	What is the practice/GP out-of-hours provider's track record on safety?	<p>There is a good track record on safety. Performance is consistent over time and where concerns arise they have been addressed in a timely way.</p> <p>There are effective arrangements in place for reporting safety incidents and allegations of or actual abuse which are in line with national and statutory guidance.</p> <p>There are clear accountabilities for incident reporting, and staff can describe their role in the reporting process, are encouraged to report, are treated fairly when they do. And they get feedback on what has happened as a result.</p> <p>There is a shared awareness of key risks with all staff.</p>	<ul style="list-style-type: none"> • Past safety performance, for example medication errors. • Consistency of performance over time. • Mechanisms to report and record safety incidents, concerns and near misses, and allegations of abuse • Ensuring an accurate picture of safety performance • Use of multiple information sources including patient safety incident, complaints, health and safety incidents, inquests, claims, clinical audits, observations and feedback from people who use

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			services, those close to them and staff.
S2	Has the practice/out-of-hours provider learnt when things go wrong and improved safety standards as a result?	<p>The practice/out-of-hours provider is open and transparent when there are near misses or when things go wrong.</p> <p>There is continuous learning when things go wrong: robust approaches to investigations are used. This may include root cause analysis, data reviews and involvement of people who use services, those close to them and staff. Significant event audits or analysis (SEA) are conducted following patient safety incidents (these may include any death occurring in the practice premises, medication errors, patients having been subjected to harm etc).</p> <p>Learning from safety incidents and safeguarding reviews is communicated internally and externally. Action is taken to improve systems, operating procedures and staff practices as a result of the investigations or reviews. These are monitored to check improvement.</p> <p>Staff, people who use services and those close to them who report, or are involved in an incident, are included in the investigation and are informed about the outcome and learning from investigations.</p> <p>The practice/out-of-hours provider participates, actively</p>	<ul style="list-style-type: none"> • Investigation and learning from and action following internal and external incidents and near misses • Sharing lessons learned internally and externally • Openness and transparency when things go wrong • Responding to safety alerts

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		learns and acts on recommendations from relevant external incidents, investigations, serious case reviews, inquiries and safety alerts.	
S3	Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?	<p>Practices/out-of-hours providers able to identify the things that are most important to protect people from abuse and to promote safety</p> <p>A proactive approach is taken to safeguarding with a focus on early identification so that people are protected from harm and children and adults at risk of abuse do not experience abuse. Effective safeguarding policies and procedures are in place and are fully understood and consistently implemented by staff. Safeguarding procedures are co-ordinated with other agencies so that people’s protection plans are implemented effectively. There are clearly defined and embedded systems, processes and standard operating procedures that:</p> <ul style="list-style-type: none"> • Minimise potential for error • Reflect national and professional guidance • Are set up and implemented so that they promote safety of people who use services, those close to them and staff. <p>Adherence to safety and safeguarding systems and procedures are monitored and audited on a risk basis,</p>	<ul style="list-style-type: none"> • Approach and systems for safeguarding adults and children, and child protection. • Reliability of systems, processes and operating procedures. Including: <ul style="list-style-type: none"> – Infection prevention and control – Medicines management – Prescriptions and repeat prescriptions – Layout, cleanliness and maintenance of facilities and buildings – Use and maintenance of equipment – Handling, administration, storage and disposal of medicines, medical gases

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		and necessary actions are taken as a result of findings.	<ul style="list-style-type: none"> – Records management, information management and systems for sharing information with others – Health and Safety – Staff recruitment checks
S4	How does the practice/out-of-hours provider assess and monitor safety in real-time and react appropriately to changes in risk level, including at an individual patient level?	<p>Staffing establishments (levels and skill mix) are set and reviewed to keep people safe and meet their needs, The right staffing levels and skill-mix is sustained at all hours the service is open to support safe, effective and compassionate care and levels of staff well-being. Staff, people who use service and those close to them play an essential role in identifying emerging risks on a day to day basis. Risks to individuals are assessed before care and treatment and are reviewed regularly. Staff recognise and respond appropriately to changing risks within a service, for people using the service or for staff; this includes responding to busy periods. All staff have sufficient support and know what to do in urgent and emergency situations (e.g. for physical health emergencies, mental health crises or when an incident occurs)</p> <p>Up-to-date emergency equipment and drugs are</p>	<ul style="list-style-type: none"> • Staffing levels • Assessing and responding to individual patient risk and carer feedback • Responding to medical emergencies • Responding to staff concerns • Responding to busy periods/ staff shortages

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		available for by trained and competent staff (including locums) working in the practice.	
S5	How well are potential risks to the service anticipated and planned for in advance?	<p>There is a proactive approach to anticipating potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness.</p> <p>The practice/out-of-hours provider has plans in place to make sure they can respond to emergencies and major incidents. Plans are reviewed on a regular basis. Where relevant they are development with other providers and stakeholders.</p>	<ul style="list-style-type: none"> • Understanding and management of foreseeable risks, including: <ul style="list-style-type: none"> – Changes in demand – Seasonal or weather – Disruption to staffing levels of facilities • Emergency / major incident response plans

Effective – by effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

	KLOE	Characteristics of good (GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
E1	<p>Are people’s needs assessed and care and treatment delivered in line with current legislation, standards and nationally/internationally recognised evidence-based guidance?</p>	<p>Care and treatment is delivered in line with recognised best practice standards and guidelines because there is a systematic approach to identifying relevant legislation, current and new best practice and evidence based guidelines and standards. These are implemented and the use of them monitored.</p> <p>Staff carry out accurate, comprehensive assessments which cover all health needs. Care is planned to meet identified needs and is reviewed. Care plans are in place for people with complex health needs.</p> <p>GPs and other clinical staff are able to perform appropriate skilled examinations with consideration for the patient. Staff have access to the necessary equipment and are skilled in its use, and arranges timely investigations when they will help management of the condition. Staff understand the results of investigations and decisions about care are based on good practice and evidence.</p> <p>Peoples’ care and treatment is planned and delivered in line with evidence based guidelines. Care is personalised, holistic, supports recovery and/or enables</p>	<ul style="list-style-type: none"> • Evidence based, assessment, care and treatment in line with recognised guidance, standards and best practice, for example: <ul style="list-style-type: none"> – Relevant NICE quality standards – Guidance published by professional and expert bodies – The Children Act – The Mental Capacity Act – National strategies and programmes • Ensuring informed consent • Assessment of Gillick competency of children and young people • Current guidance, standards and best practice are used to inform

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		<p>people to maximise their health and well-being and enables a good quality of life.</p> <p>People's capacity to consent is assessed in line with the Mental Capacity Act 2005. People and those close to them (including carers) are supported to make informed choices and decisions. Where a person lacks the capacity to consent, assessments are undertaken and outcomes are recorded. Including when obtaining consent from children. And including obtaining explicit informed consent where necessary (for example for any invasive or intimate procedures).</p> <p>Mechanisms to seek, record and review all consent decisions are implemented in line with relevant guidelines and show that people give informed consent where required.</p> <p>Decisions about the provision of care and treatment to a person are made without unlawful discrimination (for example, in relation to age or disability or right to life).</p>	<p>the appropriate management and use of medicines</p> <ul style="list-style-type: none"> • Assessment, diagnoses and care planning • Patients referred appropriately • Assessment and recording of capacity and consent • Supporting people to make choices and informed consent • Review of care and treatment through clinical audits • Prescribing • Appropriate and effective end of life care
E2	How do the outcomes for people using the service compare with others?	<p>Delivery of care and treatment achieves positive outcomes for people which are in line with expected norms. This is sustained over time.</p> <p>Complete, accurate and timely performance information, including patient outcomes, is readily available to staff, patients and the public.</p>	<ul style="list-style-type: none"> • Use of data/information to improve the quality of services • Benchmarking of patient outcomes • Key metrics on local clinical

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		<p>The practice participates in clinical audit and peer review, leading to improvements in clinical care.</p> <p>Performance is monitored, and required changes to practice acted on in a timely manner. Staff can articulate that there are clear plans in place to improve patient outcomes.</p>	<p>audits with peer review.</p>
E3	<p>How does the practice/out-of-hours provider make sure that staff, equipment and facilities enable the effective delivery of care and treatment, which does not impact on quality?</p>	<p>All permanent and temporary staff are appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. This includes appropriate checks being carried out when recruiting new staff, including locums</p> <p>There are effective induction programmes, not just focused on mandatory training, for all staff including agency staff.</p> <p>The learning needs of staff are identified and training put in place which has a positive impact on patient outcomes. There are opportunities for professional development beyond mandatory training.</p> <p>The provider has mechanisms in place to ensure appropriate levels of supervision and appraisal of all staff, and revalidation of doctors.</p> <p>The practice/out-of-hours provider can demonstrate that it can manage poor or variable performance of staff.</p> <p>The facilities and equipment in use reflect best practice</p>	<ul style="list-style-type: none"> • Appropriately qualified and competent staff with the right skills and experience. • Training and professional development including: <ul style="list-style-type: none"> – Induction – One to one meetings – Appraisals – Identifying learning needs – Coaching and mentoring – Clinical supervision – Revalidation for doctors • Processes for managing the performance of staff and their professional development

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		and have a positive impact on patient outcomes.	<ul style="list-style-type: none"> • Poor or variable practice identified across the practice team and responded to. • Equipment and facilities used reflect best practice
E4	How does the practice/out-of-hours provider support and enable multi-disciplinary working with other services?	<p>There is proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet people's needs. Joint working arrangements which allow services to work together are in place and are regularly reviewed. There are effective partnership arrangements.</p> <p>There is effective communication, information sharing and decision-making about a person's care across all of the services involved both internal and external to the organisation. Particularly when a person has complex health needs.</p> <p>Where there is a multi-disciplinary collaborative approach to care and treatment, it involves a range of professionals both internal and external to the practice. There is a joined up approach to assessing the range of people's needs. Care and treatment plans are recorded and communicated with all relevant parties to ensure continuity of care.</p>	<ul style="list-style-type: none"> • Co-ordinated integrated care pathways • Effectiveness of formal and informal joint working arrangements with other providers. Including between in hours and out-of-hours general practice. • Approaches to supporting people with complex needs. GP practice facilitates access to other healthcare, advice and support services for patients (navigator/coordinator role) • Provision of care through: <ul style="list-style-type: none"> – Joint assessment – Multi-disciplinary working

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		<p>Details of all out-of-hours consultations are shared with the person's GP practice where the patient is registered by 8am the following day. GP practices share information with out-of-hours providers, for example special patient notes about patients with complex health needs.</p>	<ul style="list-style-type: none"> – sharing information – co-ordination with services outside the organisation
E5	<p>How does the practice support patients' needs in relation to health promotion and the prevention of ill-health? (may not be relevant for OOH)</p>	<p>The practice proactively identifies people, including carers who may need on-going support. New patients are offered a consultation to ascertain details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height, weight, BMI). These consultations should also be offered to newly registered children to support delivery of the Healthy Child Programme.</p> <p>Information on a range of topics and health promotion literature is readily available to patients and are up to date. This includes information about services to support them in doing this (i.e. smoking cessation schemes)</p> <p>People are encouraged to take an interest in their health and to take action to improve and maintain it. This includes advising patients on the effects of their life choices on their health and well-being.</p>	<ul style="list-style-type: none"> • Identification of patients that may need extra support. Including: <ul style="list-style-type: none"> – Those receiving end of life care – At risk of developing a Long-term Condition – Carers • Assessments for new patients • Supporting patients to live healthier lives • Screening programmes including cervical screening. • Vaccination programmes

3. Caring- by caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
C1	<p>Are people who use the service treated with kindness, dignity, respect, compassion and empathy while they receive care and treatment from the service?</p>	<p>People and those close to them are treated with respect. Staff in all roles put significant effort into treating people with dignity. People who use the service feel supported and well-cared for. Staff respond compassionately to pain, discomfort and emotional distress in a timely and appropriate way.</p> <p>Practices/out-of-hours providers do not tolerate disrespectful, discriminatory or abusive behaviour or attitudes from staff towards patients and those close to them.</p> <p>People are consistently treated with respect. For example, people with gender dysphoria are addressed by the gender they psychologically identify themselves with.</p> <p>Staff are kind and have a caring, compassionate attitude and build positive relationships with people using the service and those close to them. Staff spend time talking to people, or those close to them. People value their relationships with staff and experience effective interactions with them. There is a mutual respect.</p> <p>Staff approach people in a person centred way; they</p>	<ul style="list-style-type: none"> • Staff attitudes and behaviours • Interactions and relationships between staff and people who use the service. • Privacy and dignity is always respected, particularly during physical or intimate care • Care is dignified and takes into account the patient’s physical support needs and their individual preferences, habits, culture and faith • Respect for confidentiality • Staff respond compassionately to patients’ concerns, their physical pain, discomfort or emotional distress.

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
		<p>respect people's individual preferences, habits, culture, faith and background.</p> <p>Confidentiality is respected at all times when delivering care, in staff discussions with people and those close to them and in any written records or communication. This includes patients being able to talk in confidence with reception staff and consultation rooms that are lockable. An arrangement exists for private discussion between patients and non-clinical team members</p> <p>The provider does not tolerate disrespectful, discriminatory or abusive behaviour or attitudes from staff towards people who use the service and those close to them.</p> <p>Staff act in patients' best interests and work within the law if they need to restrain someone. Act.</p>	
C2	How are people who use services and those close to them involved as 'partners' in their care and supported to make informed decisions?	All staff involve people who use services and those close to them as partners in their own care. People who use the service feel involved in planning their care, choosing and making decisions about their care and treatment and are supported to do so where necessary. People have opportunities to discuss their health beliefs concerns and preferences to inform their individualised care. People decide who to involve in their care and decisions about their care, and to what extent. Family,	<ul style="list-style-type: none"> • Understanding among people who use the services about their care and treatment <ul style="list-style-type: none"> – Involvement in planning and making decisions about care and treatment – Appropriate communication – Promotion of access to

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		<p>friends and advocates are involved as appropriate and according to the person's wishes.</p> <p>Patients are supported to understand the assessment process, any diagnosis given and their options for care and treatment.</p> <p>Staff have effective communication skills. People are communicated with in a way that they can understand and is appropriate and respectful. Verbal and written information that enables people who use the service to understand their care is available to meet people's communication needs, including ensuring individuals have access to information in different accessible formats, interpreting and advocacy services if necessary. This includes information about appointments, services provided by the practice and health promotion advice.</p> <p>Patients and relatives are able to contact the service when needed and speak to someone about their care. The practice understands issues relating to confidentiality which does not exclude carers from being given appropriate information..</p> <p>Staff take all practicable steps to enable people to make decisions about their care and treatment wherever possible. Decisions about or on behalf of people lacking</p>	<p>independent advocacy</p> <ul style="list-style-type: none"> – Provision of written information in accessible formats including in different languages where appropriate • Supported to make informed decisions and give informed consent. • Use of best interest decision making for people without the capacity to consent

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		mental capacity to consent to what is proposed are made in the person's best interests in accordance with the Mental Capacity Act.	
C4	Do patients and those close to them receive the support they need to cope emotionally with their care and treatment?	<p>Bereaved relatives known to the practice are appropriately supported through follow up of patients, families or caregivers at an appropriate interval after bereavement.</p> <p>Patients and those close to them are supported to receive emotional support from suitably trained staff if they need it (particularly near the end of a person's life and during bereavement). People feedback that this support meets their needs. Where available, the practice signposts the patient and those close to them to support groups.</p>	<ul style="list-style-type: none"> • Support during bereavement • Signposted to other support

4. Responsive – by responsive, we mean that services are organised so that they meet people's needs.

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R1	How does the provider plan its services to meet the needs of the different types of people it serves?	<p>The practice/out-of-hours provider understands the different needs of the population it serves and acts on these to design services.</p> <p>The practice/out-of-hours provider actively engages with commissioners of services, local authorities, other providers, people who use services and those close to them to support the provision of coordinated and integrated pathways of care that meet people's needs and where, relevant, to provide comprehensive universal services and health and wellbeing programmes (e.g. Healthy Child Programme).</p> <p>Services are planned in a way that:</p> <ul style="list-style-type: none"> • promotes person-centred and coordinated care, including for people with complex or multiple needs • promotes good health and wellbeing • promotes self-care and people's independence • meets the needs of different groups in respect of their protected characteristics • meet the needs of people in vulnerable circumstances • encourages personal continuity of care by doctors and other team members (for example, appointments with a named doctor where possible 	<ul style="list-style-type: none"> • Appropriateness of service planning and delivery to meet needs of different groups • Approach to planning joint working arrangements and integrated pathways • Relationships with commissioners, other providers and stakeholders. • Planning and supporting different groups in respect of their needs and protected equality characteristics • Approach to addressing inequalities • Meeting needs of people in vulnerable circumstances • Addressing barriers to care • Facilities and equipment are available, in sufficient quantities, meets people's needs.

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
		<ul style="list-style-type: none"> • supports people to have a choice over being seen by a male/female member of staff. • supports people who lack capacity to make some decisions • is proactive in making reasonable adjustments • proactively removes barriers that some people face in accessing or using the service This includes, for example making reasonable adjustments for disabled people and homeless people, people with a learning disability or autism, people with a physical disability or people with English as a second language. • ensures there is a range of appropriate provision to meet needs, including capacity for appointments and services • ensures that the environment and facilities are appropriate and required levels of equipment are available promptly. <p>Where the practice may not be able to meet the needs of the different types of people it serves, it works with other local practices, services or commissioners to ensure their needs are met.</p> <p>Environment and facilities are appropriate and required</p>	

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		<p>levels of equipment are available promptly. For example, there are adequate seats in the waiting room. There is an office procedure manual supporting the daily running of the practice to which team members have access to.</p>	
R2	<p>How does the practice make sure that people can access its services in a timely way?</p>	<p>The appointments system is easy to use, supports choice and enables people to access the right care at the right time. People who use services are easily able to contact the practice to make an appointment</p> <p>Opening hours meet the needs of the practice population and are clearly stated.</p> <p>The appointments system is monitored to check how the appointments system or open-access system works. Appropriate requests for same-day appointments are met.</p> <p>The practice/out-of-hours provider can demonstrate it is managing its systems for appointments and waiting times. And puts plans in place to tackle any problems identified.</p> <p>Patients are able to be assessed by a GP in a timely way which meets their needs. This includes for example, urgent appointments if needed or telephone consultations and home visits for patients that would benefit from them.</p>	<ul style="list-style-type: none"> • GP practices: All people can make appointments to access the right care at the right time. Including: <ul style="list-style-type: none"> – Appointments systems, including triage – Responding to urgent needs – Cancellations – Appointments at home or over the telephone for those that need them – Use of technology to support access – Repeat prescriptions Access to diagnostic services <p>OOH: Monitoring of volume of calls and time taken to respond to calls.</p>

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		<p>The practice supports patients to receive a timely and accurate diagnosis, either directly from the practice or by referral to an appropriate specialist.</p> <p>Out-of-hours providers meet national requirements for responding to patients accessing their services.</p> <p>The practice has a clear, accurate and up-to-date practice leaflet containing information about services provided, and has a clear and accurate website. People are clear how to access the out-of-hours service.</p>	<p>Patients wait as little as possible for appointments, treatment or care</p> <p>Urgent clinical and medical needs assessed and acted on</p>
R3	<p>How does the practice/GP out-of-hours provider take account of people's needs and wishes throughout their care and treatment, including during referral or transition?</p>	<p>People's spiritual, ethnic and cultural needs are considered alongside their health goals, as well as their medical needs. Their care and treatment is planned and delivered to reflect those needs as appropriate.</p> <p>The needs and wishes of people with a learning disability or of people who lack capacity are understood and taken into account.</p> <p>The practice/out-of-hours provider works with other agencies to make sure that patients' needs continue to be met when they move between services.</p> <p>Staff make sure that arrangements to refer or transfer or refer them to another service meet the person's needs and happens at the right time. Appropriate investigations and tests have been performed before referral.</p>	<ul style="list-style-type: none"> • Needs of people are understood, including: <ul style="list-style-type: none"> – individual preferences, – habits, – culture, – faith. • Needs are understood throughout their care and treatment <ul style="list-style-type: none"> – Referral – Transition • Patient needs influence care and treatment

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		<p>People and those close to them have all the information they need about a referral and understand what is going to happen. Patients being referred are supported to choose hospital/services that fit with their preferences. Staff share sufficient and appropriate information, at the right time and with appropriate consent with other providers and local agencies when people are referred or move between services. Specialists are provided with the necessary information to make an appropriate and efficient evaluation of the patient's problem.</p> <p>People receive support from practices following discharge from hospital.</p> <p>Practices proactively follow up test results for patients with secondary care services.</p>	<ul style="list-style-type: none"> • Referrals: <ul style="list-style-type: none"> – Timeliness – Involvement – Support for people – Information sharing with other agencies – Follow up of test results
R4	How does the practice/out-of-hours provider routinely listen and learn from people's concerns and complaints to improve the quality of care?	<p>People know how to raise concerns or make a complaint. People who use services, and those close to them are encouraged to provide feedback about their care.</p> <p>Complaints procedure and ways to give feedback are easy to use. People are supported to use the system and can use their preferred communication method. This includes enabling people to use an advocate where they need to. People are informed about the right to complain further and how to do so, including</p>	<ul style="list-style-type: none"> • Complaints process. • Complaints handling, support, advocacy • Listening, learning and service improvements as a result of feedback/complaints. • Openness and transparency.

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		<p>providing information about relevant external second stage complaints procedures.</p> <p>The practice/out-of-hours provider is open and transparent about how it has dealt with complaints and concerns and information from whistle-blowers. It makes this clear when reporting to the public about improving quality, and when responding to concerns by staff and people using services.</p> <p>People say that the practice/out-of-hours provider has handled their complaint effectively, and treated them with respect during the process. The practice/out-of-hours provider explains in an open and honest way what has happened as a result of the issues being raised.</p> <p>The practice/out-of-hours provider continuously reviews and acts on information about the quality of care that it receives from patients, their relatives and those close to them and the public. The practice/out-of-hours provider can show the difference this has made to how care is delivered.</p> <p>The practice has an active and engaged patient participation group or patient reference group.</p>	

5. Well-led – by well-led we mean that the Leadership, management and governance of the organisations assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
W1	Is there a clear vision and strategy to deliver high quality care and promote good outcomes for people?	<p>Staff are able to articulate the values and ethos of the practice/out-of-provider and this encompasses key concepts such as compassion, dignity, respect and equality, and which gives quality the top priority. This has been developed with input from key stakeholders including patients and staff.</p> <p>Quality is integral to the practice or GP out-of-hours provider's strategy and there is an awareness of potential risks to quality. There is visible leadership about the importance of quality.</p> <p>Strategic/practice wide objectives are regularly reviewed by the practice to ensure they remain achievable and relevant.</p>	<ul style="list-style-type: none"> • Vision and values • A clear strategy
W2	Do the governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered and risks are identified, understood and managed?	<p>Governance arrangements are effective and support transparency and openness alongside constructive challenge.</p> <p>Practice/out-of-hours provider staff are clear about what decisions they are required to make, know what they are responsible for as well as being clear about the limits of their authority.</p> <p>It is clear who is responsible for making specific</p>	<ul style="list-style-type: none"> • Governance arrangements, including: <ul style="list-style-type: none"> – roles and responsibilities for governance – Identification of risks and risk management – Training

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
		<p>decisions, especially decisions about the provision, safety and adequacy of the care provided at practice level and this is aligned to risk.</p> <p>The practice/out-of-hours provider ensures that any risks to the delivery of high quality care are identified and mitigated before they become issues which adversely impact on the quality of care (for example, recruitment is initiated before staffing/skill levels become critical).</p> <p>There are processes in place to provide systematic assurance that high quality care is being delivered; priorities for assurance have been agreed and are kept under review.</p> <p>The importance of high quality data and information (accurate, relevant, timely, complete etc.) to high quality decision-making is recognised by all practice staff.</p>	<ul style="list-style-type: none"> – Performance and quality management – Analysis and review of information – Use of qualitative information – data quality – use of audits and benchmarking – Submission of information to external bodies – Joint working arrangements
W3	How do the leadership and culture within the practice/out-of-hours provider reflect its vision and values encourage openness and transparency and promote delivery of high quality care across teams and pathways?	<p>There is an understanding of the current and future leadership needs of the organisation. This includes ongoing leadership development and succession planning.</p> <p>The management models and encourages cooperative, appreciative, supportive relationships among staff, teams and support services.</p> <p>Staff feel supported, valued and motivated and report</p>	<ul style="list-style-type: none"> • Leadership: <ul style="list-style-type: none"> – Development strategy – Leadership priorities – Leadership behaviour – Visibility throughout the organisation.

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
		<p>being treated fairly and compassionately. .</p> <p>Candour, openness, honesty and transparency are at a high level and challenges to dubious or poor practice between all staff is the norm. There is swift and effective intervention to deal with poor behaviour and poor performance, regardless of seniority and including any issues relating to bullying, harassment or discrimination. All practice/out-of-hours provider staff meets regularly. Mechanisms are in place to support staff and promote their positive wellbeing. HR practices, including effective and extensive induction, reinforce organisational vision and values (as opposed to simply describing processes and procedures).</p> <p>There is strong team based working characterised by a cooperative, inter-disciplinary approach to delivering care in which decisions are made in the best interests of the patient. Teams have clearly defined tasks, membership, roles, objectives and communication processes. Staff report receiving helpful training for team working and inter-team working.</p>	<ul style="list-style-type: none"> • Culture: <ul style="list-style-type: none"> – Performance management – Openness and transparency – Equality diversity and human rights – Recognising and rewarding good practice • Staff wellbeing • HR practices • Team working • Duty of candour
W4	How does the practice/out-of-hours provider act on feedback from people who use services, the public and staff?	The practice/out-of-hours provider and all staff recognise the importance of the views of people who use services and those close to them (including carers). A proactive approach is taken to seek a range of	<ul style="list-style-type: none"> • Mechanisms to encourage, hear and act on feedback <ul style="list-style-type: none"> – people who use the service

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
		<p>feedback, for example through an active patient participation/reference group.</p> <p>A full and diverse range of peoples' views are encouraged, heard and acted upon, including all equality groups and carers. This includes the use of independently collected and verified information. Patient surveys are followed up with action planning to address issues identified.</p> <p>Good feedback is shared and celebrated with all staff. The voices of all staff are encouraged, heard and acted on, including all equality groups</p> <p>Information on patient experience is reported and reviewed alongside other performance data. The organisation hears and understands patient and staff concerns, including whistleblowing. Where issues are identified, action plans are put in place to remove barriers to providing safe, quality care and improvements made.</p> <p>Following changes, feedback is sought from patients to ensure that their experience has improved.</p> <p>Concerns are shared across teams and good feedback is celebrated.</p> <p>Staff know what their patients think about their care and treatment</p>	<p>and those close to them (including carers)</p> <ul style="list-style-type: none"> – Public – staff • Participation and involvement of staff. • Patient participation group/patient reference group • Friends and family test • Whistleblowing.

	KLOE	Characteristics of good GP practices and GP out-of-hours providers do not need to demonstrate all of these characteristics of good to be judged to be good)	Prompts
W5	How does the practice/out-of-hours provider strive to continuously learn and improve, support safe innovation, and ensure the future sustainability of high quality care?	<p>There are management systems in place which enable learning and improve performance. Management systems are continuously reviewed and improved.</p> <p>All staff management have clear objectives focused on improvement and consistent with the vision and values. Teams work together to address and resolve problems in the delivery of high quality care.</p> <p>All practice staff regularly take time out to review and thereby improve performance. They can give examples of significant improvements to processes, services, patient care or productivity as a result of recent reviews.</p> <p>There is ongoing leadership development including succession planning</p>	<ul style="list-style-type: none"> • Individual and team objectives. • Management systems review and improvement. • Performance review and improvement. • Sustainability of high quality services.

Appendix C: Characteristics of each rating level at domain level

Safe

- People are protected from abuse * and avoidable harm.
- *People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Outstanding



To be rated 'outstanding' in safety, in addition to meeting the characteristics of 'good', there should be strong evidence in some of the following areas:

- There is a strong focus on openness and transparency internally and externally when things go wrong. There is a genuinely just and open culture, which embraces concerns from staff and people who use services for their learning potential.
- There is proactive engagement and learning from external safety reviews and inquiries.
- A strong ethos of learning, which is grounded in thorough analysis, investigation of things that go wrong and participation in local and national safety programmes. There is a continuous learning cycle which is disseminated to staff and patients. Learning is acted upon. Innovative approaches are used to bring about sustained improvements in care and continual reductions in harm.
- The practice/out-of-hours provider has an evidence-based approach to safety, which takes account of current legislation, standards and guidance.
- The practice/out-of-hours provider is proactive is reviewing and amending staffing levels.

Good



To be rated as 'good' in safety, the balance of evidence should demonstrate that the following characteristics are met:

- The people using the service, those close to them and staff are protected from abuse and avoidable harm. People say they feel safe.
- Safety is a priority. Staff take an active role in delivering and promoting safety, learning and improvement.
- The practice/out-of-hours provider has a good track record on safety performance that shows ongoing improvement. Concerns are dealt with quickly and effectively.
- The practice/out-of-hours provider understands risks, has a clear picture of safety and is focused on improvement.
- Incident recording and reporting is effective and embedded. Staff are supported and treated

fairly when they raise concerns.

- When things go wrong the practice/out-of-hours provider is open and transparent, incidents are investigated, learning is communicated and action is taken to improve. People who use services and staff are involved in the learning process. There is learning from external events.
- Safeguarding vulnerable adults and children is a priority and appropriate systems are embedded. Staff respond appropriately to signs or allegations of abuse. The practice/out-of-hours provider works with others to prevent abuse and to implement protection plans.
- Systems, processes and standard operating procedures promote safe care, are reliable and meet relevant guidelines. This includes the approach to infection prevention and control; layout, cleanliness and maintenance of facilities; use and maintenance of equipment; medicines management; records management; and staff recruitment checks. These are embedded, regularly reviewed and improvements are made.
- Staffing levels are set and reviewed to keep people safe and meet their needs and at all times the practice/service is open.
- Changing levels of risk are monitored and timely action is taken where necessary before safety is compromised. Effective information sharing ensures the delivery of safe care. Staff recognise and respond appropriately to changing risks and emergency situations.
- Risks to individuals are effectively assessed and managed, including clinical and health risks and risks of harm to the person and to others. People are involved and risk assessments are person-centred, proportionate and reviewed regularly.
- Effective emergency preparedness and incident plans are in place.

Requires improvement

To be rated as 'requires improvement' in safety, some of the characteristics of 'good' may be met but there will be evidence of some of the following:

- There is an increased risk that people may be harmed as some safety concerns are not identified or are not dealt with quickly.
- There is an inconsistent approach to safety.
- Some staff are unaware or do not use the recording and reporting mechanisms. Some staff are wary about raising concerns or do not get feedback when they do so.
- When things go wrong investigations are not robust. Learning is limited and not shared widely.
- Safeguarding is not given sufficient priority, for example systems are not embedded, staff do not always respond quickly enough to concerns about abuse or the provider is not proactive in how it engages in safeguarding processes.
- Staff report that some systems are difficult to use or not appropriate.
- There are periods where there are not enough staff and this is not dealt with quickly. Agency or locum staff lack understanding of all necessary safety procedures.
- The approach to assessing and managing risks to individuals are focused on clinical risks and do not take a holistic view of people's needs.

An 'inadequate' rating would usually be given in safety if there is evidence of one or more of the following:

- Safety is not a sufficient priority and there are repeated patterns of serious incidents.
- The care environment, equipment or facilities are unsafe.
- There is significant negative feedback from people who use services, those close to them or staff about safety.
- Staff and others are afraid of, or discouraged from, raising concerns and there is a blame culture. When concerns are raised, the response is insufficient or too slow and there is little evidence that learning is shared and used to improve safety.
- The practice/out-of-hours provider does not give sufficient attention to ensuring children and adults are safeguarded from abuse. Staff do not recognise or respond appropriately to allegations of abuse or suspected abuse.
- There is a lack of evidence-based policies and procedures relating to safety practices and accountabilities and / or staff are not knowledgeable about them. Or evidence of wilful/routine disregard of standard operating or safety procedures.
- Ineffective risk identification and management mean that opportunities to prevent or minimise harm are missed.
- There is substantial or frequent shortages of staff which may compromise safety,. Over-reliance on agency or locum staff creates risks to safety.
- Patient safety incidents are not always identified and reported and/or processes to review and learn from incidents are inadequate, increasing the risk of repeat occurrences or more serious harm in the future.

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Outstanding



To be rated 'outstanding' in effective, in addition to meeting the characteristics of 'good', there should be strong evidence in some of the following areas:

- Outcomes for people who use services are routinely better than expected, because there is ongoing monitoring, including clinical audit, and continuous improvements in care for people who use services are made as a result.
- There is an innovative and proactive approach to ensuring that staff have the right skills and experience to provide care and treatment.
- There is a strong commitment to developing skills, competence and knowledge of all staff through an in practice learning programme. Staff have regular opportunities, are encouraged and supported by the provider to acquire new skills and share best practice.
- Staff who deliver care and treatment have a role in monitoring and assessing quality, clinical audit, the development and review of policies, procedures and practices.
- Creative and innovative approaches to care and treatment are actively pursued, including leading and/or participation in research. The practice/out-of-hours provider is recognised by others as a leader in a service development and delivery
- There is active participation in peer review and accreditation schemes. There is recognised achievement by credible bodies.
- There are links with local practices/out-of-hours services in place to learn and share best practice.

Good



To be rated as 'good' in effective, the balance of evidence should demonstrate that the following characteristics are met:

Evidence based care follows guidelines and legislation

- People receive care, treatment and support that achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- National evidence-based best practice, professional standards and expert guidance are used routinely. And they are appropriately tailored to meet the needs of people who use services.
- People's needs are assessed appropriately and care and treatment is planned and delivered in line with current legislation, standards and nationally recognised evidence based guidance. This includes assessments of capacity and the promotion of good health.
- Care and treatment consistently achieves positive outcomes for people in line with

expected norms. The provider uses data and information is used to understand and improve the quality of services.

- Staff are appropriately qualified and competent at the right level to carry out their. Staff receive extensive inductions and benefit from a proactive and comprehensive training plan which has a positive impact on patient outcomes. There is effective supervision, appraisal and management of poor performing staff.
- There is a multi-disciplinary collaborative approach to care and treatment. There is proactive engagement with other health and social care providers and joint working arrangements in place with effective communication, information sharing and decision making about a patients care.

Requires improvement

To be rated 'requires improvement' in effective some of the characteristics of 'good' may be met but there will be evidence of some of the following:

- The practice/out-of-hours provider is slow to respond to changes in legislation, professional standards and guidelines and to implement these changes, or is inconsistent in doing so.
- There is inconsistency in the quality of care patients receive and the experience they have and outcomes are below expected.
- The provider is not proactive in monitoring the quality of care provider and does not therefore learn consistently from poor performance.
- Multi-disciplinary working and collaborative care across services/providers relies on individuals rather than there being working arrangements in place. As a result people's care is not always well coordinated.
- Staff are not always supported to participate in training and development which would enable them to deliver good quality care.

Inadequate

An 'inadequate' rating would usually be given in the effective if there is evidence of one or more of the following:

- Care and treatment does not reflect current legislative requirements and is not delivered in line with recognised professional standards and guidelines.
- People experience poor care and poor outcomes. There is significant variability in outcomes and little action is taken to monitor and learn from this in order to improve care and treatment delivery
- There is minimal engagement with other providers of health and social care in the local community.
- People's care and treatment is poorly coordinated
- Staff are not actively supported to develop, or are inhibited from developing, knowledge, skills and experience to enable them to deliver good quality care
- Generally, staff are unable to meet basic care and treatment requirements despite best

efforts.

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Outstanding



To be rated 'outstanding' in caring, in addition to meeting the characteristics of 'good', there should be strong evidence in some of the following areas:

- Feedback from people who use the service, those who are close to them and stakeholders is consistently positive about the way staff interact with people.
- There is a strong, visible person-centred culture. Staff and management are fully committed to working in partnership with people and find innovative ways to make it a reality for each person using the service. Staff consistently empower all people to have a voice and demonstrate they understand the importance of involving people and those who matter to them in decisions about their care. People's choices and preferences are always valued and where possible acted upon
- Staff interactions and relationships with people who use the service and those who matter to them are strong, caring and supportive. These relationships are highly valued by the staff and people/those close to them. People think that staff go the extra mile and feel cared for.
- Staff are highly motivated and inspired to offer care that is kind and compassionate and will display determination and creativity to overcome obstacles to achieving this.

Good



To be rated as 'good' in caring, the balance of evidence should demonstrate that the following characteristics are met:

- Feedback from people who use the service, those who are close to them and stakeholders is positive about the way staff treat people.
- Staff treat people who use the service and those close to them with dignity and respect. People feel supported and well-cared for as a result. Staff respond compassionately to pain, discomfort, emotional distress in a timely and appropriate way.
- Staff consistently treat people who use the service and those close to them with dignity and respect. They anticipate people's needs, including in relation to intimate and personal care.
- The practice/out-of-hours provider does not tolerate disrespectful, discriminatory or abusive behaviour or attitudes from staff towards people who use the service and those close to them. Staff always act in the person's best interests.
- All staff involve people who use the service as partners in their own care and in making decisions, with support where needed, including support from advocates. Family, friends and advocates are involved as appropriate and according to the person's wishes.
- Verbal and written information that enables people who use the service to understand their care is available to meet people's communication needs, including the provision of information in different accessible formats and interpreting services. Staff maximise

people's involvement in decision making and use best interests decision making for those people who do not have capacity to make a decision.

- Staff are kind and have a caring, compassionate attitude and build positive relationships with people using the service and those close to them. Staff spend time talking to people, or those close to them. People value their relationships with staff and have effective interactions with them. Staff approach people in a person centred way. Confidentiality is respected at all times.
- People are supported by trained staff to cope emotionally with their care and treatment. They are enabled to manage their own health and care when they can and to maintain independence.

Requires improvement

To be rated 'requires improvement' in caring, some of the characteristics of 'good' may be met but there will be evidence of some of the following

- A lack of consistency in how well people are cared for, supported and listened to. There is mixed feedback from people who use the service, those who are close to them and stakeholders about the way staff treat people.
- People say that staff do not explain things clearly or give them time to respond.
- Staff sometimes focus on the task rather than people as individuals.
- People are not given information access to advocacy or other means of support to help them be involved in their care and treatment or staff do not promote these or facilitate access to this help.
- Some staff do not consider consultation and involvement of people who use the service as an important part of care
- People's preferences and choices are not always acted upon.
- Staff do not always respect confidentiality about people who use the service
- People are not supported to manage their own care when they could.

Inadequate

An 'inadequate' rating would usually be given in caring if there is evidence of one or more of the following:

- People who use the service, their relatives, friends, advocates, and other people who have contact with the service, say they are not treated with respect, and that staff are unkind or lack compassion.
- People do not know who to ask for help, and are not supported to cope with their care and treatment
- Staff are rude, impatient, unsympathetic, judgemental or dismissive of people using their services or those close to them and advocates
- People do not know, or have not understood, what is going to happen to them during their care and treatment, and are worried or frightened as a result.
- People's privacy is not respected during personal and intimate care or when patients need

to talk to staff.

- People's care is affected through discriminatory practices, such as a lack of support if people have a disability.
- People do not feel involved in planning their care or decisions are made on their behalf without consent or support.
- The service does not listen to or consult people about how they would like to receive their care.

Responsive

By responsive, we mean that services are organised so that they meet people's needs.

Outstanding



To be rated 'outstanding' in responsive, in addition to meeting the characteristics of 'good', there should be strong evidence in the following areas:

- The practice/out-of-hours provider works creatively with commissioners and other providers to plan new ways of meeting people's needs. There is a strong focus on an innovative approach to providing integrated pathways of care, particularly for people with multiple or complex needs.
- The practice/out-of-hours provider designs the way it runs its service(s) in conjunction with its community to enable people from the local population to access services.
- The practice/out-of-hours provider works with others (such as commissioners and public health teams) to comprehensively assess the needs of the practice population and takes action to meet these needs. There is evidence of proactive outreach programmes and service adaptations aimed at meeting the needs of people in vulnerable circumstances.
- Referral and transition planning demonstrate best practice in integrated, person-centred care.
- There are innovative approaches, such as using new technologies, to managing appointment systems to ensure patients are able to access care and services quickly and easily.
- Complaints are managed swiftly, openly and constructively as part of a coordinated patient feedback system. The practice or out-of-hours provider considers its handling of complaints to be fundamentally important in building its relationship with the public. Complainants and those who support them consider the provider to be open and transparent at all stages of the process for raising concerns and complaints.

Good

To be rated as 'good' in responsive, the balance of evidence should demonstrate that the following characteristics are met:

- People receive care which meets and is responsive to their needs.
- The provider understands the different needs of the people it serves and designs and delivers services which meet these needs. This includes active engagement with relevant stakeholders to provide coordinated pathways of care.
- Services provided promote person-centred care, promote good health, wellbeing and independence. The premises are accessible. The provider promotes equality, removes access barriers, and meets the needs of people in vulnerable circumstances.
- People are able and supported to access the right care at the right time. Appointments systems are easy to use and support choice.
- People wait as short a time as possible for services, treatment or care. There is an effective and proactive approach to managing referrals and appointments.
- People and those close to them are involved in decision-making about and are supported during referral. They have all the information they need and understand what is going to happen. Appropriate and timely information and is shared support ongoing delivery of safe and effective care.
- People are encouraged, have the information they need and are supported to provide feedback or make a complaint about their care. People are listened to and treated with respect when they raise concerns, they are involved in the process and receive feedback.
- The practice or out-of-hours provider continuously reviews and acts on feedback and complaints about the quality of care and uses this information to improve services and are open and honest about the learning and action they have taken.

Requires improvement

To be rated 'requires improvement' in responsive, some of the characteristics of 'good' may be met but there will be evidence of some of the following:

- Some groups of people report that services are delivered in a way that does not meet their needs. There are some gaps in how well the practice or out-of-hours provider understands the needs of different groups.
- The approach to meeting the needs of different groups, removing barriers or meeting the needs of different groups is reactive.
- Some people find the appointments system difficult to use or do not receive support they need and it can be hard to get an appointment.
- People say they do not have enough information about their referral arrangements. Other agencies or providers report delays or gaps in information needed for care and treatment.
- Some people report that they do not know how to raise a complaint, or would not feel comfortable to raise concerns or that they have some concerns about the response they received when they complained.

- Action taken in response to feedback and complaints is narrowly focused and learning is not widely disseminated.

Inadequate



An 'inadequate' rating would usually be given in responsive if there is evidence of one or more of the following:

- The range and types of services provided do not meet the identified needs of the people they are commissioned to serve
- Services do not respond to meet the changing needs of the groups or individuals they serve
- People are unable to access care they need as a result of physical, language or cultural barriers or because of inadequate management of appointment, waiting times and use of resources
- Care planning is not reviewed or adapted to meet patients' changing needs or do not accurately reflect the changes in their condition, behaviours or circumstances
- People are unable to get appointments when they need them and there are unacceptable delays in people being seen by a GP.
- The complaints process is not clear or easy to access. Complaints from patients/staff are not handled appropriately and the learning from them is not shared. Patients including staff, patients and those close to them reporting lack of faith in the complaints system. There is a lack of openness and transparency.
- Little or no effort is made to actively gather or use the communities' views and individuals' experiences and concerns/complaints of services, to make the changes and improvements required.

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Outstanding



To be rated 'outstanding' in well-led, in addition to the characteristics of 'good' being met there should be strong evidence in the following areas:

- A systematic approach is taken to working with others in the health and social care economy to improve care outcomes, tackle health inequalities and there is a coherent strategy for engaging with key partners;
- Staff confidently exercise their decision-making authority and are clearly held to account. There is transparency in decision-making, with evidence provided and reasons for decisions communicated to staff, public and service users.
- Rigorous and constructive challenge from patients and staff at all levels is welcomed and actively encouraged. Innovative approaches are used to proactively gather feedback from patients, those close to them, the public and local patient and community groups, and staff.
- Governance and performance management arrangements across the practice/out-hours provider are proactively reviewed and adapted to take account of current models of best practice.
- Comprehensive and successful leadership development is in place, including proactive succession planning.
- There are consistently high levels of constructive staff engagement and a high level of staff satisfaction. Staff are proud of the practice/out-hours provider and its culture.
- There is strong collaboration and support, including with others external to the organisation with a common focus on improving quality of care and people's experiences.
- There is a high level of safe innovation as a result of staff being empowered and proactive. The leadership drives continuous improvement and staff are accountable for delivering change.
- There is a clear proactive approach to seeking out new and more sustainable models of care while maintaining high quality delivery.

Good



To be rated as 'good' in well-led, the balance of evidence should demonstrate that the following characteristics are met:

- Quality drives the strategy and the strategic objectives are regularly reviewed.

- The governance arrangements support the delivery of strategic objectives, high quality care, a healthy culture and meeting statutory requirements.
- All conditions of registration are being met and statutory notifications have been submitted in relation to relevant events.
- All staff know what they are responsible for and the limits of their authority.
- Risks to the delivery of quality care are identified, analysed and mitigated systematically. Issues are minimized and action taken swiftly.
- Staff feel respected, valued and supported. Candour, openness, honesty and transparency are at a high level and people are able to safely challenge poor practice.
- Leadership communicates effectively and staff work collaboratively.
- A proactive approach is taken to seek a range of feedback from people who use services, the public and staff. Patient and staff concerns are heard and acted upon. Whistleblowers are protected and supported.
- The organisation supports safe innovation. Staff regularly take time out to review performance and take action to improve it.

Requires improvement

To be rated 'requires improvement' in well-led, some of the characteristics of 'good' may be met but there will be evidence of some of the following:

- There is a disconnect between the risks and issues described by staff and those reported to and understood by management. Risks and issues are not dealt with in a timely fashion and lessons are not learnt.
- There has been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance.
- There is a limited approach to obtaining the view of users of people who use services or staff. Feedback is not always reported or acted upon in a timely fashion.
- Staff satisfaction is mixed and there is a defensive culture. Improvement of the culture or staff satisfaction is not seen as a high priority.
- The approach to service delivery and improvement is focused on the short term.

Inadequate

An 'inadequate' rating would usually be given in well-led if there is evidence of one or more of the following:

- The governance arrangements and their purpose is unclear.
- There is lack of clarity about authority to make decisions and how individuals are held to account.
- There are no effective arrangements for the systematic identification and management of risks are being adequately identified or managed. There is a lack of openness leading to the identification of risk, issues and concerns being discouraged or repressed.

- There are low levels of staff satisfaction, high levels of stress, work overload, and conflict. Staff do not feel respected, valued, supported, appreciated and cared for.
- The culture is top down and directive. The culture is not one of fairness, openness, transparency, honesty, challenge and candour.
- Staff do not have clear objectives. There is poor collaboration and cooperation between teams and departments and there are high levels of conflict
- Innovation is discouraged.

Appendix D: Descriptions of the six key population groups, including characteristics of good and links to key lines of enquiry

Population group descriptors

Older people

<ul style="list-style-type: none">• Care tailored to individual needs and circumstances, including a person's expectations, values and choices. Consideration of carer's needs, particularly where elderly carer• Regular 'patient care reviews', involving patients and carers• Named accountable GP• Ensuring patient & carer receive appropriate coordinated, multi-disciplinary(including those who move into a care home, or those returning home after hospital admission• Unplanned admissions and readmissions for this group regularly reviewed and improvements made• Staff knowledge, skills and competence to respond to the needs of this population group. Including training in appropriate communication skills <p>Access to services, including flexible appointment times and same day telephone consultations where appropriate.</p>	<p>Relevant key lines of Enquiry Effective E1 Effective E4 Caring C2 Responsive R3</p>
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People with long-term conditions

- Care tailored to individual needs and circumstances, including a person's expectations, values and choices. Consideration of carer's needs.
 - Regular 'patient care reviews', involving patients and carers
 - Staff knowledge, skills and competence to respond to the needs of this population group
 - Supports patient & carer to receive coordinated, multi-disciplinary care whilst retaining oversight of their care, acting as a coordinator and navigator of care where appropriate.
 - Referrals to specialists in an appropriate and timely way.
 - Proactive monitoring of the prevalence of LTCs within the practice population including responding to a sudden deterioration of a condition/s, identifying those with a LTC and those at risk of developing one. Health promotion advice and information related to LTC including advice on self-management
 - Proactive case management and long-term monitoring of people with LTCs
 - Access to services, including flexible appointment times and same day telephone consultations where appropriate.
- People are signposted to patient groups and supported to access a support network.

Relevant key lines of Enquiry

Effective E1
Effective E3
Effective E4
Responsive R1
Responsive R2

Mothers, babies, children and young people

<ul style="list-style-type: none"> • Safeguarding children, including early identification of need and early help offered with other services • Prioritisation of children, young people and families living in disadvantaged circumstances, looked after children, children of substance abusing parents, young carers. Extra support offered to these families • Knowledge, skills and competences to recognise and respond to an acutely ill child. • Regular assessment of children's development and early identification of problems in the physical and mental wellbeing of children and young people and follow up of these. • Primary and pre-school immunisation, health promotion advice • Children and young people treated in an age appropriate way and are recognised as an individual, with their preferences considered. • Involvement in planning for the transition of children with complex health needs into adult services • Communication, information sharing and decision making with other agencies, particularly midwives, health visitors and school nurses • Generalist medical care during pregnancy • Information, including on lifestyle advice on healthy living, given to pre-expectant mothers, expectant mothers and fathers. 	<p>Relevant key lines of enquiry: Safe S3 Safe S4 Effective E1 Effective E3 Effective E5 Caring C2 Responsive R1 Responsive R3</p>
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Working age people (and those recently retired)

<ul style="list-style-type: none"> • Appointments system enables access for this group and practice easy to contact • Monitoring of appointments system and improvements made where lack of appointments • Alternatives provided for people who are unable to attend the practice due to work commitments, eg telephone appointments • Access to further services in the practice, eg in house phlebotomy • Offered a choice when referred to other services 	<p>Relevant key lines of enquiry: Responsive R1 Responsive R2</p>
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People in vulnerable circumstances who may have poor access to primary care

<ul style="list-style-type: none"> • No Barriers to accessing GP services • Able to register with the practice, including those with no fixed abode • Information on how to access GP services are made available to these groups. Sign posting to specialist support groups. • Proactive in assessing and monitoring the practice population needs, including for people in vulnerable circumstances • Structured approach to addressing health needs and inequalities • Proactive approaches to reaching out to these groups (eg drop in clinics and working with other agencies) • People are encouraged to participate in health promotion activities, such as breast screening, cytology, smoking cessation. • People feel able to access the practice's services without fear of stigma and prejudice. • People who use the services feel able to trust the practice staff with personal information. Staff take time to listen to people from these groups. 	<p>Relevant key lines of enquiry: Effective E5 Caring C1 Responsive R1 Responsive R2</p>
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People experiencing poor mental health

<ul style="list-style-type: none"> • No Barriers to accessing GP services for people experiencing poor mental health • Monitoring of mental health needs within the practice population, including within hard to reach groups. • Staff skills, competences and knowledge to: <ul style="list-style-type: none"> – Assess and respond to risk for patients experiencing mental illness (including in suicide prevention) – Support people to access emergency care and treatment when experiencing a mental health crisis – Recognise and manage referrals of more complex mental health problems to the appropriate specialist services • Care tailored to their individual needs and circumstances, including their physical health needs. Including annual health checks for people with serious mental illnesses 	<p>Relevant key lines of enquiry: Safe S4 Effective E1 Effective E3 Responsive R3</p>
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| <ul style="list-style-type: none">• Access to a variety of treatments is facilitated (eg listening and advice, IAPT and counselling) | |
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Appendix E: Ratings principles

We are in the very early stages of developing and testing the new approach to inspecting GP practices and GP out-of-hours services described in this handbook. In the future we intend to use principles to ensure consistent decisions are made about ratings. We have developed some principles for this as we are developing our new approach in other sectors we regulate. Whilst we have not yet begun trying to rate GP practices we are seeking feedback on these principles so we can consider how they may work in inspections of GP practices and GP out-of-hours services.

When aggregating ratings in order to reach an overall rating for a practice or an out-of-hours provider, we propose that our inspection teams will follow an algorithm – or set of principles - to ensure consistent decisions are made. The principles will normally apply but they will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence. This supports consistency across our inspections as well as the central role of professional judgement.

Where a rating decision is not consistent with the principles, the rationale will be clearly recorded and the decision reviewed through our quality assurance processes including by the quality control and consistency panel.

Weighting the key questions, population groups and ratings levels

1	The five key questions are all equally important and should be weighted equally. <i>This ensures that all of the questions contribute to our understanding of the quality care and treatment provided and that any unintended bias in the way we aggregate ratings is avoided.</i>
2	The population groups are all equally important and should be weighted equally. <i>This supports our view that anyone who receives care and treatment should receive good quality care regardless of which service they are receiving.</i>
3	Each rating of 'inadequate', 'requires improvement', 'good' and 'outstanding' is weighted equally. However, each category reflects a range of performance, where a population group/provider sits on that range will affect its contribution to the overall population group or provider rating.

Question for consultation

Do you agree that the five key questions are equally important and should be weighted equally in our aggregation method?

Issues to consider

This is a complex question with many views and no clear answer. Feedback to CQC so far has emphasised the importance of caring to the public. Other views include the importance of safety – that care should do no harm. Effective care has the greatest potential to improve the health outcomes for people. Services have to be well-led if the quality of care is to improve and/or be sustained.

Our key questions are based on the three aspects of quality in healthcare identified by Lord Darzi in *High Quality Health For All* (Department of Health, 2008). He found that quality care cannot be achieved by focusing on one or more aspects of quality over others as they are interdependent and interrelated.

One alternative option is to place greater weight on safe and effective care, but only if, that care is inadequate or requires improvement. For example, if a service requires improvement in safe or effective care then it cannot be outstanding. This would acknowledge the medical principle of ‘First, do no harm’ and the purpose of the NHS – to improve health outcomes for people.

In responding to this consultation question it might be useful to consider which of the following statements you support:

1. All key questions should be weighted equally
2. Safety should carry most weight
3. Effectiveness should carry most weight
4. Caring should carry most weight
5. Responsiveness should carry most weight
6. Well-led should carry most weight

Question for consultation

Do you agree that in general the population groups should be weighted equally?

Issues to consider

Although some population groups may be smaller in size, everyone who accesses a service should expect to receive the same good quality care. We believe this is the right thing to do and is in line with our commitments to promote equality in the services we regulate and to uphold Equality Act legislation.

In responding to this consultation question it would be useful to consider whether, if we weighted some population groups more than any other could it create a bias in which some groups are considered more important by those who provide

Applying equal weighting to the key questions, population groups and ratings levels leads to an initial aggregate position which effectively averages the individual ratings. However, an averaging approach can lead to unintended results. For example a straight average across the following ratings is 'good' even though some areas are 'requires improvement' or 'inadequate'.

Illustration					
	Safe	Effective	Caring	Responsive	Well-led
Provider	Outstanding	Good	Inadequate	Good	Requires Improvement

We therefore propose to adopt the following principles to ensure aggregate ratings are consistent with expectations.

Aggregating ratings

We are considering applying the principles in the table below in the following situations:

- When aggregating the five key questions to an overall population group rating (GP practices only)
- When aggregating the six population groups to an overall key question rating (GP practices only)
- When aggregating the five key questions to an overall practice/location level (GP practices and out-of hours locations).

4	If one or more of the underlying ratings is 'inadequate', then the aggregated rating will normally be limited to 'requires improvement'.
5	If two or more of the underlying ratings are 'requires improvement', then the overall rating will normally be limited to 'requires improvement'.
6	If two or more of the underlying ratings are 'inadequate', then the aggregated rating will normally be 'inadequate'.
7	At least two of the five key questions will normally need to be rated outstanding before a rating of outstanding can be awarded.

When determining an overall rating for the five key questions, we will also apply the following principle:

8	For each of the key questions of safe, effective, caring and responsive, the aggregated rating should closely align with the underlying population group ratings, notwithstanding the inclusion of any relevant GP practice or out-of-hours location evidence.
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If, for any reason, we are unable to provide one or more ratings at an underlying level, we will aggregate the remaining ratings using similar proportions as described in principles 4 to 7.

We will closely monitor the aggregation decisions being made, particularly where we use our professional judgement. If we are regularly making a judgement that implies the creation of a new principle, then we will look to formally establish that principle with appropriate governance.

Question for consultation

Do you agree with the principles for aggregating ratings? Is there anything else that we should include?

Issues to consider

We will test these principles within GP practices and out-of-hours locations in the coming months and refine them as needed from our learning from the initial waves.

In responding to this consultation question it would be useful to consider the following points:

1. Does each principle apply in relation to GP practices and out of hours locations?
2. Are there any other principles that we should consider in addition, or instead of, those listed?

Indicators that will potentially limit a rating

There are a small number of events and circumstances that are sufficiently serious that they should limit a rating judgement at level 1 for GP practices. Using limits in this way promotes consistency in how key pieces of evidence are reflected in the ratings and ensures that where serious concerns are identified that they are taken into account when considering the ratings We will explore two ways in which ratings may be limited when we award ratings for the key questions for the population groups:

9	Rating is limited to 'requires improvement' at best: where a breach of a regulation has been identified and we issue a compliance action
10	Rating is 'inadequate': where a breach of a regulation has been identified and we issue a Warning Notice

We are continuing to develop our understanding of the key pieces of information that we may wish to use as indicators that would limit a rating, and we will reflect this in future guidance. It is our intention to include a measure of the quality of services based on the experiences of those who use the services, their carers and representatives.

We believe our approach to rating the six population groups will sufficiently emphasize the need for services to be good for people in vulnerable circumstances and with complex needs, in order for a GP practice to be rated 'outstanding' or 'good'. We are interested in views on this. We are interested in views on whether we have sufficiently weighted the seriousness of non-compliance with the Mental Capacity Act or whether this should limit a provider's rating.

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