CQC's approach to assessing quality in urgent primary care

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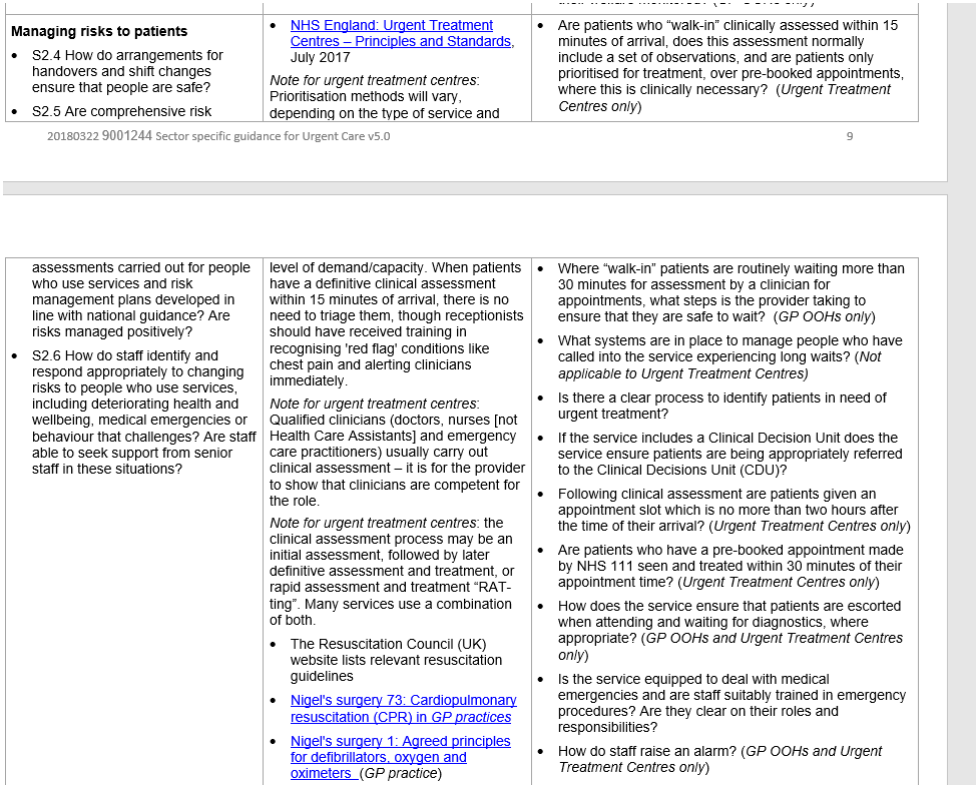
Key lines of enquiry

- Safe
- Effective
- Caring
- Responsive
- Well led



Managing risks to patients • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.5 Are comprehensive risk	• NHS England: Urgent Treatment Centres – Principles and Standards, July 2017 *Note for urgent treatment centres*: Prioritisation methods will vary, depending on the type of service and	• Are patients who "walk-in" clinically assessed within 15 minutes of arrival, does this assessment normally include a set of observations, and are patients only prioritised for treatment, over pre-booked appointments, where this is clinically necessary? (*Urgent Treatment Centres only*)

assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?	level of demand/capacity. When patients have a definitive clinical assessment within 15 minutes of arrival, there is no need to triage them, though receptionists should have received training in recognising 'red flag' conditions like chest pain and alerting clinicians immediately. *Note for urgent treatment centres*: Qualified clinicians (doctors, nurses [not Health Care Assistants] and emergency care practitioners) usually carry out clinical assessment – it is for the provider to show that clinicians are competent for the role. *Note for urgent treatment centres*: the clinical assessment process may be an initial assessment, followed by later definitive assessment and treatment, or rapid assessment and treatment "RAT-ting". Many services use a combination of both. • The Resuscitation Council (UK) website lists relevant resuscitation guidelines • Nigel's surgery 73: Cardiopulmonary resuscitation (CPR) in *GP practices* • Nigel's surgery 1: Agreed principles for defibrillators, oxygen and oximeters (*GP practice*)	• Where "walk-in" patients are routinely waiting more than 30 minutes for assessment by a clinician for appointments, what steps is the provider taking to ensure that they are safe to wait? (*GP OOHs only*) • What systems are in place to manage people who have called into the service experiencing long waits? (*Not applicable to Urgent Treatment Centres)* • Is there a clear process to identify patients in need of urgent treatment? • If the service includes a Clinical Decision Unit does the service ensure patients are being appropriately referred to the Clinical Decisions Unit (CDU)? • Following clinical assessment are patients given an appointment slot which is no more than two hours after the time of their arrival? (*Urgent Treatment Centres only*) • Are patients who have a pre-booked appointment made by NHS 111 seen and treated within 30 minutes of their appointment time? (*Urgent Treatment Centres only*) • How does the service ensure that patients are escorted when attending and waiting for diagnostics, where appropriate? (*GP OOHs and Urgent Treatment Centres only*) • Is the service equipped to deal with medical emergencies and are staff suitably trained in emergency procedures? Are they clear on their roles and responsibilities? • How do staff raise an alarm? (*GP OOHs and Urgent Treatment Centres only*)

Safe

Staff: recruitment, training, support, supervision, competencies, audit

Patients: timely initial assessment, prioritisation, escalation

Equipment: available, checked, appropriate

Records: access to summary care records, quality of record keeping, sharing with own GP/onwards referral, special notes, allergies

Medicines: management and prescribing, strategies to prevent abuse, PGDs, audit, CDs, antimicrobial usage

Incidents: reporting, learning, sharing, external peer review, end to end reviews

Safetynetting: written info, verbal documented

Effective

Evidence based treatment

Special groups: palliative care, mental health, children, patients without transport, cancer, frail elderly

Diagnostics: robust reporting and action pathways

Audit:

Outcomes for patients: KPIs, and outcomes of notes review

Communication with other agencies

Mental capacity awareness and training

Caring

Responding appropriately: mental health training, respect, compassion, non-judgemental attitude

Privacy during examination

Emotional support including for relatives

Comment cards

Patient experience audits

Responsive

DOS: conversations with commissioners about gaps in services

Vulnerable patients: identification, pathways, disabilities, following care plan

Access to service: general, walkins, disabled, non-English speakers

KPIs: average time to triage, visit, waiting times

Complaints: processes, learning, wider engagement, trends

Well-led

Leaders in the organisation

Culture

Vision and values

Governance

Board oversight

Action on underperformance – service/individual

Patient engagement

Staff engagement

Learning from and sharing with other organisations

What does CQC think about urgent primary care?

111
OOH
Walk in centres
Urgent treatment centres
Streaming services

CQC thinks…

Urgent care providers do an amazing job – 70% good and outstanding and this is rising

The sector is under resourced

It's a risky business

Key risks…

Initial assessment of patients

Interfaces

Leadership

Learning across organisations

Staffing, remote working, skill mix, getting the right clinician for the patient especially young children

Access to records

Resourcing and commissioning

Capacity