

## Appendix B: prepare for a Care Quality Commission inspection

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BMA Policy directorate



## Preparing the 30-Minute Presentation

It is highly recommended that you prepare for the 30 minute presentation. Areas to be covered could include the following:

- set the scene by highlighting the history and ethos of the practice
- highlight how the practice operates to include the partnership, workforce (recruitment and retention), list size, Patient Participation Group (PPG), population groups and demographics, working alongside attached health, social care and voluntary professionals to include out of hours services, working within a GP provider organisation and any specialist interests
- talk about the practice's banding on the CQC Intelligent Monitoring and share any relevant information that helps to explain why the practice may show up on particular indicators as an outlier, whether the practice believes that it is a true indicator of risk and what, if anything, the practice has done in relation to that indicator
- identify clearly how the practice is well-led for example training (use a staff role training matrix to demonstrate compliance) and supervision, staff meetings, whistleblowing policy, how you improve quality, deliver safe care and services, listening and responding to patients views and complaints, how risks are identified, mitigated and managed and mention any challenges, threats with examples of how these are overcome
- outline all the services that are provided to include enhanced services
- talk about access to all of the appointments and services to include triage and telephone, urgent, advanced, female and male clinicians (where possible).
- identify what the practice does well in each of five key questions linked to the six population groups (where possible) - give any examples of outstanding care and practice
- talk about care plans and named GPs and how the practice works with other professionals and organisations
- identify specific patient cases (current or past) that can be shared anonymously with the CQC Inspector to help the practice demonstrate compliance with consent to care and treatment; safeguarding for example
- include a snapshot of a range of people's opinions and evidence (to include from attached staff, nursing homes, staff and patients) of the services and care offered. Use surveys and other examples to demonstrate that the practice listens and responds to patients and evidence where people are treated with dignity and respect. Mention the interpreter service, the hearing loop system and other initiatives to capture a wide range of opinions
- describe in detail a key example where the staff/workforce goes that 'extra mile' to help achieve the best possible outcomes for ALL patients
- identify what the practice and its workforce is doing to improve those areas that are not so good
- identify and discuss significant event analysis, completed clinical and non-clinical audit cycles, learning outcomes and clear areas of change as a result of the analysis and audit.
- Use the presentation to be open about the challenges the practice faces – it is better to highlight these openly.

This is a non-exhaustive list.