



Targeting CQC Inspections of GP Practices

Understanding the relationship between patient experience and inspection ratings in English GP Practices



Summary

The Care Quality Commission (CQC) has conducted General Practice inspections since 2013. Given the number of practices and the cost of each inspection however, it is not possible to inspect all practices annually. This means it is desirable to be able to use existing data to identify practices where there is the greatest risk of performance issues and to target inspections accordingly. To help target the GP practices to visit, we investigated whether there was a relationship between the General Practice Patient Survey (GPPS) results and CQC inspections.

Although previous findings (Allen et al. 2020) indicate that GPPS data is not a good predictor of inspection ratings, we used an alternative approach to explore whether it could be used for targeting.

Actions

We matched the GPPS questions to CQC inspection themes based on stakeholder feedback and expert review. We then analysed existing aggregated GPPS and CQC inspection data from 2018; data sets were matched by date and the GP practice code.

We used decision tree modelling, an approach where data is classified through a series of decision-like splits, to look at how information from the GPPS could map to predicted inspection outcomes.



Results

Ten questions from the GPPS were matched to the responsive CQC category; six were mapped to caring. No questions were suitable for matching to CQC's safe, well-led, or effective themes. There was limited overlap in the themes covered in the two data sources, raising questions about whether the content of the GPPS provides a thorough understanding of quality.

Although there were some associations between the GPPS data and inspection ratings, there were limitations with using GPPS data to predict ratings. This is likely to be due to the high proportion of "Good" ratings in the inspection data, with most practices (72%, 974/1350) being rated as "Good" overall by CQC.

Decision trees using GPPS questions were no more predictive than following a rule of assuming every GP practice is rated "Good". However, our analysis revealed that a set of GPPS questions could be used to identify GP practices at higher risk of a poor CQC rating. This information could be used by the CQC to help decide where to target inspections.

Allocating inspections more efficiently has the potential to save significant sums of money and/or to make more effective use of resources.

This research was published in the journal *BMJ Open*.

[1] Allen T, Walshe K, Proudlove N, et al. Using quality indicators to predict inspection ratings: cross-sectional study of general practices in England. *Br J Gen Pract* 2020;70:e55–63.doi:10.3399/bjgp19X707141pmid:<http://www.ncbi.nlm.nih.gov/pubmed/31848199>

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About Picker

We are a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care.

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Our eight Principles of Person Centred Care provide an internationally renowned quality improvement framework.

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Involvement and support for family and carers



Clear information, communication and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



Attention to physical and environmental needs

Quality Safety and Outcomes Policy Research

This work was part of the Quality, Safety, and Outcomes Policy Research Unit (QSO PRU), a collaboration between University of Kent, University of Oxford, London School of Hygiene and Tropical Medicine (LSHTM), Picker, and Hull-York Medical School. The aim of QSO PRU is to produce robust, relevant, and usable research to improve the quality and outcomes of the health and social care system.

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