

Guidance:

Emergency Support Framework – guidance to support answering framework questions

Primary Medical Services – Independent Healthcare

May 2020

Introduction

This guidance supports the cross-sector COVID-19 Emergency Support Framework Guidance and provides sector-specific supporting information.

REMEMBER: the main way we will gather information from providers is through the conversation we will have with them using the monitoring and engagement tool. Conversations should be supportive and, where appropriate, the inspector should signpost the provider to relevant external guidance and support. **Inspectors must not routinely ask for additional information from providers and any requests for information should always be by exception and agreed with an inspection manager.**

Planning

Check the information we already hold about services when completing the planning tool (e.g. whistleblowing information stored in CRM, inspection history). Also, consider information from external sources, such as stakeholders and healthcare professionals.

Please note: We know that in independent healthcare some providers have made changes to the services they deliver in response to the pandemic. Inspectors should commence calls by clarifying with the provider the level of services they are currently providing. For example, they may be operating but not offering the usual full range of services. Where someone other than the relationship owner is undertaking the call, they may want to speak to the Registered Manager before the ESF call to understand what normal service provision looks like, or any current information they may have regarding the service.

When using the Monitoring and Engagement Tool

The primary way to answer the questions in the tool is through conversation with the provider. The table below shows potential areas of discussion against the questions in the engagement tool. Where you require additional support from the medicines optimisation team, please e-mail medicines.enquiries@cqc.org.uk.

There is no need to ask all the prompting questions – inspectors should use their judgement to determine which questions are relevant to the provider and what information supports them to answer the overarching question. This is especially important for independent healthcare providers who can often deliver more than one type of service. Inspectors should tailor their questions, and sources of support, to the services being provided. In some cases, we may not be able to flag providers to additional sources of support i.e. in relation to the access of PPE. Inspectors should make it clear to providers that our role here is to highlight these issues to our national partners in order to support the wider health and social care system to respond to issues at local, regional and national levels.

1. Safe care and treatment	
Overarching questions (displayed in tool) and conversation prompts	Sources of support
1.1. Had risks related to infection prevention and control, including in relation to COVID-	
19, been assessed and managed?	
Are you managing to keep up to date with current infection prevention and control (IPC) methods?	NHS E/I guidance and standard operating procedures for GPs during Covid-19
 What challenges have you faced? Where the service is being delivered from a host location (i.e. not under the control of the service provider) how are you ensured that the necessary IPC controls are in place e.g. deep cleaning? Please consider (where relevant): Changes to IPC practice (for all locations) in line with guidance Lead clinician for IPC 	Public Health England Coronavirus (COVID-19): personal protective equipment (PPE) hub Public Health England guidance for health professionals to support the management of
 Dissemination of guidance to staff/additional training Shared premises and joint working with landlord/other tenants to establish safe systems IPC suitable for how they are delivering services e.g. face to face, home visits, etc Waste management (e.g. disposal of PPE) SEAs relating to IPC 	possible or confirmed cases
 1.2 Were there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19? Are you managing to access supplies of PPE and equipment? Appropriate standard? Sufficient amounts? If no, what could be improved? Do you know where to access 	Public Health England Coronavirus (COVID-19): personal protective equipment (PPE) hub COVID-19: personal protective equipment use for aerosol generating procedures
support? > Where there are no support mechanisms, what changes have you had to make to the way you deliver services?	COVID-19: personal protective equipment use for non-aerosol generating procedures HSE guidance on Respiratory Protective Equipment (RPE)

 What plans do you have for future 	
supplies? Are you aware of any future	
supply issues?	
4.2 Wee the environment evitable to	
1.3 Was the environment suitable to	
containing an outbreak?	RCGP COVID-19 - Guide to setting up an
 What issues have you identified within your environment in relation to managing 	
the pandemic?	<u>Isolation room</u>
What changes have you made to the	
layout/environment to manage the	
situation?	
Where the service is being delivered	
from a host location (i.e. not under the	
control of the service provider) how do	
you ensure that the environment is	
suitable e.g. access to isolation rooms?	
Please consider (where relevant):	
> Alternative use of premises or part of	
premises e.g. as	
How are waiting areas organised to promote safety?	
Ensuring COVID/non-COVID patients	
are not coming into contact with each	
other where possible	
1.4 Were systems clear and accessible to	
staff, service users and any visitors to the	
service?	
Where you have made changes to how	Accessible Information Standard
you operate to manage patients with	
COVID-19 symptoms and non-COVID	
patients:	
More booth and safety violes also its	
> Were health and safety risks clear to	
staff, patients and visitors to the service?	
Service?How do you ensure staff and patients	
understand the arrangements?	
 What information are patients and 	
service users given at the time of	
booking appointments? i.e. COVID-	
19 symptoms and how to notify the	
provider if any arise since booking	
How have you taken into	
consideration vulnerable people and	
those with communication	
requirements i.e. accessible	
information needs?	
Places consider (where relevant):	
Please consider (where relevant):	

- > Information on website
- Signage within premises
- Additional communication to support onwards referral i.e. with pharmacies etc

1.5 Were medicines managed effectively? (Including prescribing and management of medicines)

- Have you experienced any problems with responding to medicines alerts?
- Have you made any changes to your systems?:
 - To support patients to obtain repeat prescriptions?
 - To manage patients who require support with the administration of ongoing medicines? (e.g. contraception/B12)
 - To manage patients who are being prescribed medicines for which they require ongoing monitoring? (e.g. methotrexate, lithium)
 - To ensure you are able to continue to safely prescribe controlled drugs/antibiotics? Have you faced any challenges in regard to this?
- Have you encountered any challenges when working with pharmacies/ patients registered GPs?
- Do you know how to escalate any concerns regarding medicines?

Where they use a separate pharmacy service:

- How have your existing arrangements changed?
- Have you identified any issues and how are these being addressed?
- Arrangements for high-risk patients, or those who are shielding?

Joint statement: community based prescribing for covid-19 symptoms

Advisory Council on the Misuse of Drugs (ACMD) advice on COVID-19 emergency legislation to enable supply of controlled drugs

MHRA Yellow Card scheme: guidance for healthcare professionals, patients and the public

NHS England: COVID-19 clinical policy for the acute use of non-steroidal anti-inflammatory drugs (NSAIDs) in people with or at risk of COVID-19

British Cardiovascular Society and the British
Society for Heart Failure: Joint statement on
ACEi or ARB in relation to COVID-19

<u>Primary Care Cardiovascular Society</u> <u>statement re. ACEi or ARBs and coronavirus</u> <u>infection</u>

<u>Specialist Pharmacy Service: Drug Monitoring</u>
<u>– factors to consider during COVID-19</u>

1.6 Had the management of risk been affected by COVID-19?

- Have there been any significant events/complaints related to COVID-19? If yes, how is learning from these being identified and shared?
- What challenges have you faced in managing emerging and existing risks?

NHSE/I Guidance and updates for GPs: Highest clinical risk patients

RCGP quidance on workload prioritisation during COVID-19

RCGP: Top 10 tips for successful GP video consultations

- Assessment of risk in relation to services which have been paused due to the pandemic?
- Balancing recruitment of additional staff and social distancing/ expanding premises
- Co-location of services and protection of staff
- Risks outside of the provider's control e.g. suitability and safety of host premises
- How are you meeting challenges/managing risk in relation to how you provide services?:
 - Face to face services (including home visits)
 - Risks relating to care and nursing homes
 - Remote services (including online, telephone, video)
 - Management and shielding of patients including during transfers of care
- In the event of changes to location, how do you ensure that the location you are now operating from has the appropriate risk assessments in place?

NHS England: Using online consultations in primary care

2. Staffing arrangements

2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the COVID-19 pandemic?

- Have there been significant changes to staffing arrangements?
- If yes, what challenges has this presented?
 - Changes to staffing structure (including staff being furloughed, made redundant, redeployed, recruitment of additional staff/volunteers)
 - Staff support where roles and responsibilities have changed or new ways of working have been adopted (e.g. in relation to technology)
 - Supervision/training/oversight arrangements for staff

<u>Disclosure and Barring Service updates to support providers during Covid-19</u>

NHS England/Improvement Information for GP Returners

Second phase of NHS response to Covid-19 – letter to Chief Execs 29 April 2020

- Arrangements for new staff and volunteers (including induction and employment checks)
- Ensuring people get care and support from workers with the right knowledge and skills

2.2. Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?

- How has the pandemic affected your ability to staff the service?
 - How do you manage any redeployment of staff?
 - What has this meant for patients who use your services?
 - What have you needed to do to mitigate any impact on staffing levels?
 - Where do you go to seek support?

3. Protection from abuse

3.1 Were people using the service being protected from abuse, neglect and discrimination?

- How have you responded to issues which may affect the equality, diversity and human rights of your patients?
 - How do you ensure people with COVID-19 symptoms are not discriminated against where they have non-COVID related issues?
- How do you ensure people continue to receive individualised assessments and are a part of the decision-making in line with relevant guidance?

Please consider (where relevant):

 Arrangements for patients in nursing and care homes, or in the community? Statement on advance care planning during the covid-19 pandemic

British Medical Association, Care Provider
Alliance, Care Quality Commission and
Royal College of General Practice on
advance care planning

Resuscitation Council UK on ReSPECT care planning

Guidance on decision-making and mental capacity

<u>Letter from Chief Nursing Officer and</u> National Medical Director for England

Looking after people who lack mental capacity

DHSC guidance on the application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) during Covid-19

RCGP Advanced Decisions to Refuse
Treatment FAQs around COVID-19

3.2 Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?

- Do you have systems and processes in place to properly manage any safeguarding incidents or concerns during the pandemic? Have you had to make any changes to your systems in response to COVID-19?
- Have there been any safeguarding incidents and how have you responded to these?
 - > Any themes/trends?
 - Have you communicated with other agencies where necessary?
- How have you tried to identify vulnerable patients during the pandemic? e.g. older isolated people, domestic abuse victims, children who are at risk etc.

RCGP eLearning COVID-19 and Safeguarding

Public Health England guidance on shielding and protecting people defined on medical grounds as extremely vulnerable

4. Assurance processes, monitoring and risk management

4.1 Had the provider been able to take action to protect the health, safety and wellbeing of staff?

- What measures are you taking to ensure staff are protected?
 - Do staff have access to arranging a test for COVID-19?
 - What arrangements are in place for staff reporting COVID-19 symptoms and how is this managed?
 - What changes have you made to ways of working to support your staff and ensure their safety? e.g. remote working solutions/caring responsibilities
 - How are staff supported when returning after working from home?
 e.g. undergoing screening and risk assessment of roles
 - Do staff have appropriate equipment, technology and systems that ensure confidentiality (where they are homeworking)?
 - Arrangements in place for staff who may be at increased risk of COVID-19? E.g. Black, Asian and Minority Ethnic (BAME) colleagues, older

BMA services and information to help support staff wellbeing

RCGP GP wellbeing

NHS practitioner health support

DHSC guidance on coronavirus testing for staff

HSE guidance: RIDDOR reporting of COVID-19

HSE guidance: Homeworking

colleagues, pregnant women and those with underlying health conditions

- How are you supporting staff health and wellbeing?
 - How are you supporting staff through changes from a personal and professional perspective i.e. daily calls, assessing mental health needs
 - Access to support services?
- Where you have experienced any staff deaths in relation to COVID-19, have they been reported via RIDDOR?

4.2 Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care?

- What changes have you made to your service(s) in response to COVID-19 and what risk assessments have you done to ensure people are kept safe? For example: working outside usual scope of practice, pausing/reopening services, changing locations
 - Ongoing review of risks, where necessary
 - Has this been reflected in business continuity plans?
 - What support and guidance are you receiving? i.e. from a support organisation or consultancy service
- How has the pandemic impacted your ability to monitor the overall quality of care?
- How are you keeping up to date with relevant standards and guidance relating to the delivery of care and treatment? How are these being shared with staff?
- How are 'business as usual' processes and systems being managed?
- What changes have you made to systems to ensure access to your services, in response to COVID-19?
 - remote access telephone assessments, video or online consultations

Preparedness update letter for general practice: 27 March 2020

RCGP Guidance on workload prioritisation during COVID-19

Guidance and updates for GPs at risk patients

Second phase of NHS response to Covid-19 – letter to Chief Execs 29 April 2020

- have communication needs i.e. deaf people/ people who do not speak English
- do not have access to a computer, smart phone, tablet or telephone?
- How are you identifying and supporting 'high risk' patients/groups with their ongoing care needs?

4.3 Is the provider able to support staff to raise concerns during the pandemic?

- How are you continuing to support staff to speak up and raise concerns?
- How have you managed to promote team working, for example, team meetings?

CQC and National Guardian joint statement:
Safety and speaking up during the COVID-19
emergency

Freedom to speak up during COVID-19

4.4. Had care and treatment provided to people been sufficiently recorded during the COVID-19 pandemic?

- Has the impact of the pandemic led to changes or issues with regard to how records are kept and shared?
- Are you experiencing any barriers to sharing or accessing patient information with other providers?

NHSE/I Letter COVID-19: Increased Patient Information for health and care professionals letter

NHS X information Covid-19 information governance guidance

4.5 Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?

- How are you coordinating care with partners and/or stakeholders, and sharing information?
- Have you experienced any delays in accessing prompt consultant/imaging referrals where necessary? How have you managed risks and patient expectations?

Discuss as applicable:

- Care homes, GPs, pharmacies and other providers
- sub-contractors, local commissioners, national bodies and other external organisations

COVID-19 response: Primary care and community health support care home residents - Letter from NHSE/I 1 May

Additional sources of support:

- CQC Nigel's Surgery mythbusters
- https://www.gov.uk/coronavirus
- NHS Choices
- Local authority sites find your local council
- Medicines and Healthcare products Regulatory Agency
- World Health Organisation