

## ESF escalation flowchart FAQs

### General

Q	What approach should I take if the practice is part of a PCAS provider?
A	If concerns are identified during the ESF process and the location is part of a PCAS provider, you should engage with the provider's leadership team in the first instance to identify support they may be able to offer to the location. Once this option has been exhausted, you should continue with the process outlined in the flowchart.
Q	What if the practice refuses to engage with the ESF?
A	Refusal to engage with the ESF would trigger an MRM with your IM to identify next steps
Q	Where should I record the support I have offered to a practice?
A	If the practice is signposted during the call, this can be included in the summary notes of the ESF. Support given subsequently can be recorded in an ENQ, or via an MRM
Q	Who is the most appropriate person at the practice to have the ESF call with?
A	It is for the practice to identify who the most appropriate person is for us to engage with.
Q	Do I have to consult my IM before contacting the CCG/NHSE?
A	This will depend on your local working arrangements with your IM.
Q	What should I do if the risk model shows significant negative outliers for a practice?
A	It is important to remember that we are reviewing the practice as it is now, in the context of COVID 19. The practice may now be operating as a hot site, for example, and so may not be operating in the same way as it was when the specific data was produced.
Q	Can we share the overarching questions with the provider?
A	Within PMS, we intend to share these questions and the prompts; however, we are awaiting sign off to be able to share the overarching questions externally
Q	How much notice should I give a practice?
A	Once you have identified a location which you feel requires an assurance call, you should make contact and arrange the call as soon as it practicable. We currently have no KPIs attached to the ESF but would hope the calls can be arranged and completed within 5 working days.
Q	Once we have identified the need for support and actioned as appropriate, should we follow this up? If so how and when would I do this and where would I record this?
A	We should continue with our monitor role at all times. If we have identified the need for support and actioned this appropriately, you should discuss a proportionate timeline to follow this up with your line manager. When you follow this up with the provider, the communication should be recorded in CRM. If at this stage you do not feel the issues have been resolved, you should consider the need for an MRM.
Q	Does the 19/20 ARR programme affect the ESF?
A	Our intelligence team have been able to flag locations which had an ARR in 19/20, we identified a potential quality change but were unable to do a follow up inspection due to Covid-19.

	<p>Any ARR's where there was a decision to inspect, but the inspection has not yet taken place (excluding those where the practice would be due an inspection due to the five year rule) have been brought to the top and flagged as very high.</p> <p>When you find a location as described above, we suggest you review the ARR outcome and determine if this should be a factor or not; for example, the ARR decision to inspect may have been due to a potential positive change in quality and you may feel the ESF is not needed.</p> <p>Whether you decide it is not needed, or you carry out the ESF and conclude the process. You should then flag this location to Lara Frewin who will remove this risk factor for the location to prevent it repeatedly coming up as very high risk.</p>
Q	How often should I run the tool for my portfolio?
A	<p>You can run this tool as often as you like, if you receive information of interest you may think it's appropriate to run the tool to understand the risk level for that location. The data is updated every month on the first working day of the month therefore an appropriate routine frequency for running it is once a month.</p> <p>We hope to be able to update the data much more regularly than monthly as soon as the tool is set up across all sectors.</p>
Q	Can I share the overarching questions and prompts with providers?
A	<p>At this stage (21/05/2020) you can share the document '20200521 ESF PMS Supporting Guidance Policy reviewed' with providers. This guidance just contains the overarching questions and does not include the prompts at this stage. The reason for this is that the prompts are being amended slightly. We will update you when this situation changes.</p>

## Signposting

Q	Where do I find relevant links for signposting to national guidelines?
A	Links to relevant national guidelines are provided in the PMS appendix to the Emergency Support Framework (Appendix 2)

## Stakeholder Contacts

Q	Who is the most appropriate person to engage with at PCN, CCG, NHSE or LMC level?
A	<p>This will depend on your local working arrangements. Local inspection teams will ensure that local stakeholder contacts are up to date. In the case of PCNs, this will depend on the maturity of the organisation and may be best approached either through the practice itself or the CCG.</p>

## Wellbeing

Q	What if I have concerns about a GP's wellbeing or if they are concerned about a staff member?
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A	For GP pastoral issues, consider involving the LMC via your IM. If the concern is about another member of staff, please refer to the wellbeing links in the PMS appendix to the ESF (Appendix 2). You will need to be mindful of GDPR in these circumstances.

## Medicines

Q	What support is available for practices around meds management?
A	GP practices should first get support for medicines issues from their practice or PCN pharmacist if available, if this is not possible or if they need further support the Medicines Team at the local CCG is their next point of contact. The CCG has access to all the necessary information and can escalate an issue for local or regional support if required. Communication with local community pharmacies should also be given priority as a number of issues can be resolved this way (for example repeat prescription capacity, medicines stock issues, patient access).
Q	What should I do if I identify concerns with meds management during the ESF assessment process?
A	<p>The medicines team can be contacted on <a href="mailto:medicines.enquiries@cqc.org.uk">medicines.enquiries@cqc.org.uk</a> at any stage in the ESF process and we can support the inspector, or have further discussions with the provider if necessary.</p> <p>A weekly update on medicines issues is produced by the medicines optimisation team and is sent out via the COVID bulletin, usually on a Thursday. The most recent is pasted below. This has new issues for medicines in all settings including community and PMS, and inspectors would find it useful to have some knowledge of this in case issues are raised in their calls.</p> <p><b>Medicines optimisation weekly briefing</b></p> <p><a href="#">This week's briefing</a> covers medicines optimisation concerns across health and care services.</p>

## Escalation for system support

Q	What if I identify concerns or trends across a CCG/ local area or that cover more than one sector/Directorate?
A	<p>Concerns related to themes emerging across sectors or across a CCG or local area can be escalated to the Cross Directorate Co-ordination Meetings via your IM. These meetings happen once a week and concerns raised here can be escalated through the Silver and Gold command route.</p> <p>We have established seven regional escalation and coordination groups (RECG), one for each of North East, North West, Midlands, East, London, South East and South West.</p> <p>These groups meet weekly and:</p> <ul style="list-style-type: none"> <li>• Ensure a connected internal view on levels of escalation across our sub-sectors by the region</li> </ul>

	<ul style="list-style-type: none"> <li>• Highlight key pressures and risks across the region and consider impact across the regional system</li> <li>• Agree where onward (internally or externally) escalation may be required</li> <li>• Connect to the regional NHSEI centres</li> </ul>
Q	What level of support can I expect if I involve the CCG?
A	This is part of routine relationship management with the local CCG. Our expectation is that CCGs will act on information we pass to them. We cannot direct them in what that action should be. We would however expect them to provide some assurance that they will take action and feed back to us.
Q	How do I get support at an STP level?
A	Each STP should have a National Lead within CQC. Your IM can support you in contacting them.

## Types of concerns

Q	What are some key indicators that a practice might require support?
A	<p>Responses to prompts in the PMS appendix to the ESF that might indicate a need for further support might include (but are not limited to):</p> <p>Safe care and treatment</p> <ul style="list-style-type: none"> <li>• The practice has not reviewed their list of shielded patients or has not contacted these patients. We would expect an updated plan of care to be in place for these patients.</li> <li>• There are no separate rooms for Covid 19 patients to be seen in.</li> <li>• The practice does not appear to understand the importance of the correct PPE</li> <li>• The practice has not understood the need to make any changes to the way they operate.</li> <li>• The practice is refusing to do home visits/ are insisting that all patients have a video consultation and are not seeing anyone face to face</li> <li>• The practice cannot articulate how routine work such as referrals or childhood immunisations is being progressed.</li> </ul> <p>Staffing arrangements</p> <ul style="list-style-type: none"> <li>• The practice is using AHPs but there are questions around how these staff are supported (e.g the AHPs are working alone at the surgery and not supported / supervised</li> <li>• Staffing levels – if significant numbers of staff have left /are self-isolating/ ill.</li> </ul> <p>Protection from abuse</p> <ul style="list-style-type: none"> <li>• The practice has not reviewed their safeguarding register</li> </ul>

- Blanket DNAR/ advanced care planning.

Assurance processes, monitoring and risk management

- The practice has not carried out appropriate risk assessments
- The practice cannot articulate how guidance and alerts are shared and acted upon. This is especially important in the context of COVID 19 as guidance is frequently updated.