



Information Update 1 March 2017

Please see below letter from Daniel McAlonan, Head of Regulation, Education and Training Professionalism and Guidance, Policy Directorate, BMA

Plus [attached letter](#) to Professor Steve Field, Chief Inspector of General Practice, CQC from Dr Chandra Nagpaul.

David Gibbs
Head of Business Support
Derby and Derbyshire Local Medical Committee

To England LMCs:

Dear Colleagues,

I am writing to give you advanced warning of communications that may begin to reach practices as early as next week from the CQC regarding its new monitoring scheme called [GP Insight](#).

This new scheme is designed to replace the previous Intelligent Monitoring process with CQC's stated aim being to use GP Insight to inform the prioritisation for the next phase of physical inspections.

As part of the scheme CQC will produce an individual 'Insight report' for each practice and encourage it to verify the data in advance of publication on the CQC website. Practice reports will be based on a number of indicators, using data already published by the NHS, such as prescribing data and patient experience. Individual practice Insight reports will be structured as follows:

- Contextual information, providing a summary of the practice's profile including local population demographics and practice staffing information.
- Summary level information, detailing how the practice is doing for three of the five key questions (effective, responsive and caring domains).
- Indicator level data, detailing how the practice compares against the England average, as well as showing the practice's results. The GP Insight methodology identifies indicator scores that demonstrate variation from the expected value, which is usually defined as the average value or target value for all GP practices with data. Indicators are flagged as showing:
 - Significant variation (negative)
 - Variation (negative)
 - Comparable with other practices
 - Variation (positive)

For further information, or to arrange an interview, please contact:
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- Significant variation (positive)
- CQC will do this for each indicator, thereby highlighting the practices that significantly vary from the average. They have stated that they will use their analysis of these indicators to raise questions, not make judgements, about the quality of care.

A supplementary FAQ document and guidance on the indicators and methodology they have used will also be published.

CQC have strenuously reiterated the point that GP Insight is designed to deliver information and not to make judgements about practices. However, the GPC England Executive is extremely concerned about the proposals and today have formally written to Professor Steve Field setting out its objections.

As you will see from the attached letter, the GPC Exec have advised CQC that:

- despite the provision or statements that the data within the reports will not constitute regulatory judgements on performance, their publication on the CQC website and linked to some of the CQC's key questions (e.g. effective, caring) will inevitably be interpreted that way by practices, and more importantly by patients and the wider media.
- the provision of context from practices about the data provided is vital, yet this is not catered for in the proposed methodology.
- the use of z-scores and benchmarking against local and national averages will give a skewed impression of achievement by the profession with half of practices being denoted below average.
- the parameters used in GP Insight are likely to represent a form of informal Quality and Outcomes Framework at a time when this has been scaled back by common consent.

GPC England Exec have called on CQC to halt the distribution and publication of these Insight reports. As LMCs will undoubtedly receive queries from practices if the distribution of reports goes ahead, we will keep you informed of any developments.

Kind regards,

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