

Our next phase of
regulation:
A more targeted,
responsive and
collaborative
approach

Name
Date



Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Our current model of regulation



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

Key findings 2014 to 2017

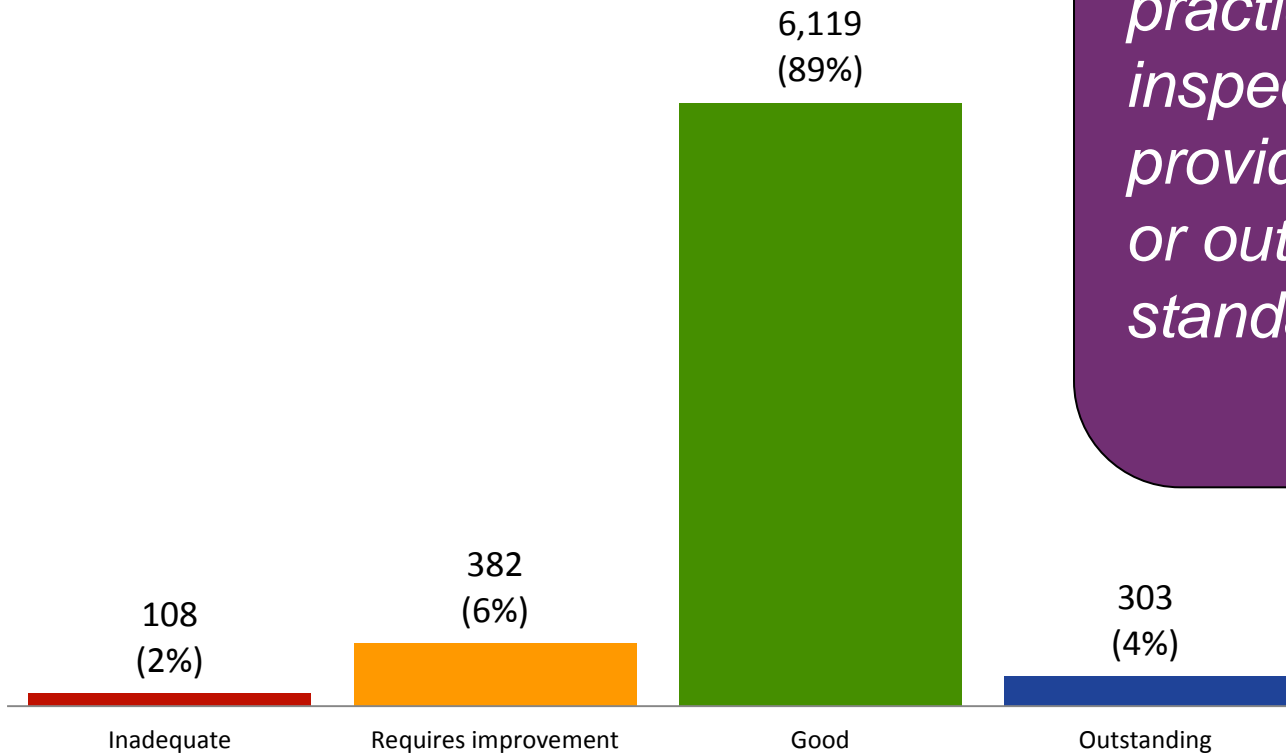


CQC's first inspection programme of all GP practices in England provides an unprecedented view of general practice.

We found the best care where it is clearly evidenced that a practice has:

- strong leadership, management and governance,
- an understanding of everyone's responsibilities in the practice team (skills mix),
- a clear knowledge of the needs of patient groups and
- a supportive local health economy.

Key findings



93% of GP practices we have inspected are providing a good or outstanding standard of care

Primary medical services regulation



We will begin to implement changes in how we regulate primary medical services in phases.

Change	Timescale
Introducing our new Insight model	June 2017
Inspection interval of up to five years for providers rated good or outstanding	Nov 2017
Shift to focused, rather than comprehensive inspections of good and outstanding services based on intelligence	Apr 2018
Refined approach to inspecting and rating population groups	Apr 2018
Introducing the provider information collection, enabling providers to share with us any changes to their services	Apr 2018 TBC

Our new approach



Late October:

Publish response to consultation, new guidance and methodology,

1 November:

Introduction of the new assessment framework, with aligned Key Lines of Enquiry

2018:

Introduce new system of provider information collections and annual regulatory reviews.

As part of our consultation around how we regulate primary medical services, we have been testing and piloting changes with GPs and urgent care providers

- Four inspection teams – one in each region
- Testing will be alongside our current methodology and with the permission of the provider
- Will not affect rating
- Opportunity for co-production

Registration Improvement Programme includes:

- improving existing processes – including a simpler process for low risk registration changes such as change of partners
- ensuring we stay up to date with emerging models of care. Asking the right questions at registration
- ensuring we are able to register new models at the *guiding mind* level

- **Strengthened relationship management** – more regular contact with providers and closer working with our national, regional, and local partners
- **CQC Insight** – more timely information about a provider's performance
- **Annual provider information collection** – what has changed about quality of care provided over the last year
- **Annual regulatory review** – From April 2018 annual review of information we hold on a provider; confirming inspection schedule where no change in quality indicated

Provider information collection



For Good and Outstanding providers the PIC will underpin our monitoring of changes in the quality of care (both positive and negative):

- An annual online information collection to replace the existing provider information return
- We will ask providers for information every year, rather than as part of inspection preparation, and encourage them to keep it up to date
- PIC will give practices an opportunity to champion the quality of care they are providing

Key changes - inspection



Frequency of inspection:

- Practices rated Inadequate would be re-inspected after six months;
- Requires Improvement within 12 months;
- Good or Outstanding would move to an inspection interval of up to five years, although every year we will inspect a proportion.

Key changes – inspect



- **Scope** – From April 2018: Comprehensive inspections for providers rated Inadequate or those not inspected before. For providers rated Good and Outstanding most inspections will be focused – based on our knowledge of the practice, including data, information from the provider and others, and inspection history.
- **Inspection team** – continue to use specialist advisors in the inspection process. We will use experts by experience more efficiently, for example by gathering evidence using telephone calls pre-inspection rather than on the site visit
- **Notice periods** – increased flexibility including short notice and unannounced
- **Emphasis** – more on the quality of care provided including population groups and conditions; less on policies and risk assessments

- **Content** – significantly shorter summary report supported by an evidence table (from April 2018)
- **Publishing reports** – commitment to publishing 90% within 50 days of the inspection
- **Updating ratings** – only changed on the basis of evidence from inspections (not as a result of regulatory planning review); six month limit for aggregating ratings dropped
- **Population groups** – we are refining our approach to rating population groups to make rating and aggregation simpler and to highlight the quality of care for individual population groups.

In summary:



- Maximum five year inspection intervals for most
- Closer working relationship with named inspector at CQC
- More proportionate action - not only inspection
- Increased emphasis on patient outcomes
- A simpler process for low risk registration changes
- More timely information about a provider's performance

The phased approach



Current schedule of inspections will continue, prioritising:

- Practices rated Requires Improvement or Inadequate
- Information of concern

1 November:

- Introduction of the new assessment framework,
- New inspection frequencies
- Increased focus on monitoring and local relationships
- Shorter inspection report

April 2018

- Annual regulatory reviews
- More focused inspections
- New system of Provider Information Collections