

Our next phase of regulation for primary medical services

June 2017

Our next phase of regulation



How we propose to update our approach and our assessment framework to reflect the changing provider landscape

more integrated approach that enables us to be **flexible** and **responsive** to changes in care provision

more targeted approach that focuses on **areas of greatest concern**, and where there have been improvements in quality

greater emphasis on **leadership**, including at the level of overall accountability for quality of care

closer working and **alignment** with NHS Improvement and other partners so that providers experience **less duplication**

Two consultations: one in Winter 2016/17, and another in June 2017

Next phase consultation 1



Next phase consultation 1 was held 20 Dec 2016 – 14 Feb 2017.

It covered:

- principles for new care models and complex providers
- reducing the number assessment frameworks (KLOEs, prompts and ratings characteristics) from 11 to two; one for healthcare and one for ASC
- updated guidance for registration of learning disability services
- changes to hospitals inspection methodology

[Response to consultation 1](#) was published 12 June 2017.

There will be one set of health KLOEs for primary medical services - these will come into effect for GPs from November 2017 and dentists from April 2018.

Next phase consultation 2



[Next phase consultation 2](#) launches on 12 June 2017 for eight weeks.

It covers how we propose to:

- regulate primary medical services and adult social care services
- improve the structure of registration, and clarify our definition of registered providers
- monitor, inspect and rate new models of care and large or complex providers
- use our unique knowledge and capability to encourage improvements in the quality of care in local areas
- carry out our role in relation to the fit and proper persons requirement.

- **Strengthened relationship management** – more regular contact with providers and closer working with our national, regional, and local partners
- **GP 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; what improvement plans they have; share some examples of good practice
- **Regulatory planning review** – annual review of the information we hold on a provider; confirming ratings where no change in quality indicated
- **Monitoring performance in an area** – Intelligence tools allow us to highlight issues across areas for further investigation and to target inspections

- **Inspection intervals** – providers rated Inadequate every six months; Requires Improvement within 12 months; rated Good or Outstanding up to five years with a proportion inspected each year.
- **Notice periods** – increased flexibility including short notice and unannounced
- **Emphasis** – more on the quality of care provided and on population groups and conditions
- **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 proposing rating population groups for only Effective and Responsive domains. This is to make rating and aggregation simpler and to better reflect where people are providing good care for particular groups in the ratings.

Taking action to improve care



- **Encouraging improvement** – we will continue to engage with partners to highlight examples of improvement. Where we register larger primary care providers, we will monitor quality across all their services. Where there are concerns across the group, we may consider taking action to hold the provider to account.
- **Working with local partners** – we will continue to link with clinical commissioning groups and NHS England where we find poor care
- **Working with national partners** – we want to be more transparent when we are taking enforcement action by publishing the details sooner. We are working with the Department of Health on this issue.

- Providers are becoming part of wider groups i.e. “corporate providers, GP federations”. We think this will become more common with new care models.
- These groups operate across all sectors – and include some providers that under current practices don’t fall within scope of registration – so we have no means of holding directors to account.
- We want to bring the head offices of these groups into the scope of registration – along with other parts of the group.
- We will revise our location rules as providers don’t always deliver a service from one location. The new register will reflect: what types of services, who it is for, what type of setting it is in, where it can be found i.e. addresses – this will be more meaningful and reflect the way people use services more.

Regulating in a complex changing landscape



- We need to be flexible enough to support innovation whilst still maintaining our focus on the quality of care.
- Our proposals include changes to how we register services, clarifying who is required to register with us so that we can hold to account all of those who are accountable for quality and make sure they improve quality across their services.
- We will also develop a register that successfully informs the public about links between organisations, and what services are provided, to whom and where these services can be found.
- The consultation makes proposals for an approach to provider-level ratings. We focus on how this approach will work for organisations of different sizes that provide different types of service, and discuss when and how we might rate at provider-level, including corporate providers and large scale general practice.

- We know that many of the problems that people experience with their care occur when they move between organisations.
- We will bring together the information we hold across providers through our monitoring function to better understand the quality of care in a place.
- These changes will not mean reducing the focus of our inspections on ensuring that people receive safe, effective, compassionate and high-quality care from individual providers and service locations.

Fit and proper persons requirement



- We will update our approach to triaging information we receive about the fit and proper persons requirement, to ensure that we are acting as effectively as possible against our regulations.
- We will produce clear guidance and expectations regarding serious misconduct and mismanagement, ensuring that all information of concern is shared with providers to ensure transparency, including that from a third party.

Testing and piloting

Testing and Piloting phase 1



- As part of our consultation around our GP methodology we are also testing and piloting the changes with GPs.
- We have four inspection teams - one in each region who are helping us define the impact of the changes.
- Each function – Monitor, Inspect & Rate, Report, Enforce - will be tested individually and will run alongside our existing methodology.
- During the testing period (July – Oct 2017) NO GP will be inspected using just the new methodology and all ratings will be decided under the current methodology.

Testing and Piloting phase 2



As part of our consultation around regulating in a complex and changing landscape we are also testing and piloting how we will regulate large scale general practice/ GPs operating at scale i.e. federations, multi-site practices etc.

We have four inspection teams - one in each region who are helping us define the impact of the changes.

Each function – Monitor, Inspect & Rate, Report, Enforce - will be tested individually.

During the testing period (Oct – January 2018) NO GP operating at scale will be inspected using the proposed new methodology; any ‘formal’ inspections will be conducted using our GP methodology and ratings will be decided under the current methodology.

Get involved



Respond to the consultation on our next phase of inspections until 8 August 2017

- www.cqc.org.uk/nextphase
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- @CareQualityComm using #CQCnextphase

