

## CQC Consultation - 'Our next phase of regulation'

More risk-based approach to the regulation of primary medical services

The CQC Consultation proposes wide-ranging reforms: some of which impact on all regulated services, alongside specific proposals on the regulatory approach for primary medical services and adult social care.

This bulletin addresses:

Part 2.1 of the Consultation - 'Primary Medical Services'

Impacts on: all providers of primary medical services

#### Key points:

The CQC's proposals on primary medical services would see a significantly tailored approach. Now that CQC has undertaken its comprehensive baseline inspections of primary medical services, it plans to take a more sophisticated and risk-based approach going forwards. There will be greater emphasis on gathering information to inform an area-focused view of quality which is consistent with the wider theme (as set out in Part 1.4 of the Consultation) of improving the quality of care in a place. On the face of it, the proposals are to be welcomed.

The proposals cover four main areas:

#### Monitoring:

Under CQC's proposals, there will be a shift from providers completing a provider information return prior to inspection to completing an annual information return online. As a return will need to be completed every year regardless of whether there is to be an inspection, this could increase the workload for providers – although CQC says that it will work with other bodies such as NHS England and the GMC to align information requests and reduce the administrative burden.

The 'CQC Insight' model should alert inspectors to any changes in quality and the datasets it will provide will enable comparisons between practices both nationally and within CCG areas. CQC says it will take the information it gathers and seek to collate it with similar information from its hospital and adult social care directorates – to obtain a view of quality across complete area health systems.

CQC is also proposing to have year-round engagement with other local stakeholders to gather further information about practices. It will then carry out an annual review of each practice to decide whether, and if so what, it needs to inspect.

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#### Inspection:

Under the consultation proposals, CQC will no longer carry out comprehensive inspections (that address all five key questions and all six population groups) for all services. Comprehensive inspections will only take place for those services rated 'Requires improvement' or 'Inadequate' (or that have not previously been inspected).

For services rated 'Good' or 'Outstanding', the norm will be focused inspections, in which CQC will concentrate on certain key questions or population groups as appropriate, though it will always look at issues of leadership, governance and culture under the Well-led question; this is another illustration of the increased focus on accountability of leadership that we have noted in previous bulletins in this series.

The minimum inspection frequency will increase to up to five years for 'Good' or 'Outstanding' services – a significant difference to 'Requires Improvement' and 'Inadequate' services which will be inspected within one year and six months respectively.

#### **Reporting:**

CQC is proposing that, regardless of when it carries out a focused inspection, the result can lead to a change of rating for the service. Previously, ratings could only change if the focused inspection was carried out within 6 months of a comprehensive inspection. This could be positive news for those providers who may previously have been stuck with an overall 'Requires improvement' or 'Inadequate' rating despite subsequent improvements having been made.

CQC's aim is for its reports to be shorter, clearer and more informative. In addition, CQC is no longer proposing to rate all population groups against each key question. Instead, it only proposes to issue population group level ratings for the questions of 'Effective' and 'Responsive'. The 'Safe', 'Caring' and 'Well-led' questions will be rated solely at a practice level.

#### **Enforcement:**

The new proposed enforcement regime will be tougher in relation to practices repeatedly rated as 'Requires improvement' – with consideration of whether to highlight a breach of regulation 17 (Good Governance). After two 'Requires improvement' ratings in a row, the practice will need to devise an action plan that has the approval of the commissioners. If there is a third consecutive 'Requires improvement' rating, CQC will consider the potential use of enforcement powers. This appears to be akin to the Special Measures regime in place already for services rated Inadequate.

As part of the theme of wider accountability, CQC is also proposing to have the power to take enforcement action at a Group level if appropriate for larger primary care providers.

Another potentially significant proposal is that the CQC is looking to change how they publicise enforcement. CQC propose a legal change to enable publication of enforcement action they are taking even if that action is subject to ongoing challenge by the provider; this could have significant negative impact on trading and reputation even when providers are still fighting a case.

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## **Current Position**

- Provider Information Returns only before an inspection
- Data relatively siloed between primary care, hospitals and adult social care
- Minimum inspection frequencies set depending on the service rating
- All services subject to Comprehensive inspections
- Focused inspections can only result in rating change if carried out within 6 months of a comprehensive inspection
- Special Measures regime only for services rated Inadequate
- Enforcement action tends to be at location level
- Enforcement action only publicised at conclusion of process

## **Consultation Proposals**

- Provider information
  collection annually online
- Greater collation of data across services to provide view of quality across complete area health systems
- Minimum inspection frequency will increase for Good or Outstanding services
- Comprehensive inspections only for services rated 'Require improvement' or 'Inadequate' (or not previously inspected)
- Focused inspections will always include 'Well-led' and can lead to a rating change at any time
- 'Special Measures'-type regime for 'Requires improvement' services
- Possibility of enforcement action at Group level
- Enforcement to be publicised even if the provider is still disputing the case

## Points for providers to consider

- How will we manage annual information provision; do we welcome it?
- Do we welcome the wider view of quality – what would it show in our area?
- Is this likely to be a positive for us?
- Is the potential for a focused inspection to result in a rating change at any time an opportunity or a threat?
- Is the tougher regime for 'Requires improvement' services likely to affect us?
- What would be the commercial and operational implications of publicising enforcement action even if it was being disputed?

There is a lot of detail in the Consultation and not a lot of time to respond – the consultation closes on 8 August 2017. It is important that providers study the proposals closely and make sure their voice is heard on what is being proposed.

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