

CQC Consultation – ‘Our next phase of regulation’

‘Complex’ providers; quality of care in a place

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 1.2 of the Consultation - ‘**Monitoring and inspecting new and complex providers**’
- Part 1.4 of the Consultation - ‘**Encouraging improvements in the quality of care in a place**’

Impacts on: **all providers of primary medical services**

Key points:

These two parts of the consultation share an emphasis of CQC seeking greater coordination. For complex providers, CQC wants to achieve more coordinated delivery of inspections, while the regulator is also looking to make more coordinated use of the information that is obtained about providers within a geographical area to arrive at a better view of quality of care across a place.

Part 1.2: complex providers

CQC defines a complex provider as one whose services span more than one of CQC’s three directorates (hospitals, adult social care, primary medical services). It intends to achieve greater coordination of inspection of such providers through a number of means. Firstly, it will identify a single relationship-holder for the organisation within CQC. Secondly, CQC will hold an annual regulatory review meeting in which it will identify which of the services from that provider need to be inspected that year. It will then coordinate its inspection activities so that the whole planned inspection activity will be carried out within a defined period of time. CQC does, however, have the right to carry out additional inspections at any time should any concerns come to its attention.

In line with CQC’s proposed provider level assessment and rating approach (Part 1.3 of the consultation), it will base its assessment and rating of complex providers on all the services that the provider delivers.

If these proposals are adopted, the result for complex providers should be a more streamlined and smoother process with CQC.



They are very responsive and supportive. It’s beyond the traditional client-firm relationship.

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Part 1.4: quality of care in a place

One of CQC's aims is to use the information that it gathers through its inspection functions to encourage improvements beyond the boundaries of merely individual services or providers. It plans to coordinate the information it gathers across different sectors in order to build up a view of the quality of care in a place (eg a local authority area, a CCG, an STP).

CQC's ability to do this will be strengthened by its new assessment frameworks that will enable it to look more closely at the way in which service users transition between services. For example, it may be able to analyse more closely referrals from residential care to acute services, or discharge from acute services to residential and community care. It will be able to build up a picture of the discharges and transfers of care from all the hospitals in an area, for example, and establish how well they are working compared to other areas.

However, it does appear that if, for example, CQC identifies that an acute hospital has issues with discharges that are beyond its control (because of problems within local social services) these problems will still be reflected in the hospital's rating even though the issue is not its fault.

CQC says that it is also planning to undertake a small number of targeted reviews of how health and social care work together in certain areas. In exceptional cases, CQC may work with its partners (such as NHS England and the Department of Health) to help them understand the issues affecting quality and to identify opportunities for improvement.

Overall, the generation of a more comprehensive view of the quality of health care across sectors in a geographical area certainly appears to be something to be welcomed.

Current Position

- Regulation of complex providers is not coordinated across services
- Currently no comprehensive view of quality of care in a place

Consultation Proposals

- Regulation of complex providers will become more coordinated
- A more comprehensive view will be created

Points for providers to consider

- If regulation becomes more coordinated – are we sufficiently coordinated ourselves internally between services?
- How well are the areas that we operate in likely to perform? Are there any issues that we can anticipate in advance?

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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VINCENT BUSCEMI

Partner

0370 194 3016 | 07917 602217
vincent.buscemi@bevanbrittan.com



JODIE SINCLAIR

Partner

0370 194 7890 | 07788 561498
jodie.sinclair@bevanbrittan.com



CARLTON SADLER

Senior Associate

0370 194 1633 | 07780 998188
carlton.sadler@bevanbrittan.com