

A letter to General Practice from Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care

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The independent regulator of health
and social care in England

Dear Colleagues

First, on behalf of CQC, I would like to thank you for your continuing efforts during this global emergency. General Practice continues to play a central and integral role in the response to the COVID-19 pandemic and we appreciate you are under unprecedented pressure.

We are wholly supportive of General Practice and the wider primary care sector's efforts to provide safe and effective care to all people who need it during this pandemic.

CQC's regulatory approach during COVID-19 outbreak

We have adopted the following principles for operating during the Covid-19 outbreak:

- **We will support providers** by acting flexibly and proportionately to reduce the asks that we make of you and by making sure information about care is fed back into the system to highlight where support is needed
- **We will focus our activity where it is needed most** to ensure people receive safe care – this means concentrating on those areas where we see that the risk to the quality of care is the highest and where we can make the biggest difference.

We're making changes to the way we work during the COVID-19 pandemic and are developing an approach that doesn't get in the way of you delivering care. During this period we will shift the emphasis from inspection to a broader regulatory approach which will continue to focus on the delivery of safe and effective care whilst taking into account the current context and pressures that practices face. Our aim is to carry out our role without visiting services, where possible.

Our main objective is to balance our primary purpose of keeping people who use services safe alongside the need to support providers through a period of unprecedented pressure. We will use our independent voice to highlight areas of emerging concern across the Health and Social Care sector.

During this period we will:

- support providers to deliver the safest care possible during the outbreak – this might be through regular conversations with our team or offering support and advice
- use our information to monitor the continuing safety of key aspects of care for service users and the wider public
- feed information back into the health and care system to highlight where providers need support
- identify, where and when it is absolutely necessary, for us take action to keep people safe.

After this current period, as the health and care sector moves into a recovery phase, we will look retrospectively at how practices approached and managed the pandemic, and how lessons learned have been implemented.

What good looks like in the current climate

All providers delivering services that are subject to regulation by CQC are required to meet the same fundamental standards of quality and safety and have a responsibility to ensure they are providing safe, high-quality care. In these difficult times during the COVID-19 pandemic, we must ensure we continue to uphold these core principles.

We understand the pressure General Practice is under and are committed to support you to make the best decisions. Therefore, we will continue to share our view on specific situations where appropriate and clarify the standards of patient care we expect GPs to deliver so that you can take any action that might be necessary to mitigate potential risks.

In the last few weeks we've been asked questions about how GPs are responding to the pandemic and some issues have been identified which we want to share with you here:

The appropriate prioritisation of clinical care so that people who use services receive them at the right time.

When health and care services are under huge pressure, it can increase the risk of unsafe and discriminatory care. General Practice has an important role in maintaining the underlying health of our population. In these difficult times it has never been more important for patients to be able to access General Practice and that they receive the best possible care. The impact of COVID-19 on General Practice is variable across the country and we understand that the challenges are great. It is important that practices aim to deliver the best care that they can given the individual context that they find themselves in.

Care planning should continue to be personalised according to individual need and people who use services should be involved in the decision-making process about their care, where possible.

It is important that human rights remain central to the delivery of health and social care. The importance of having a personalised care plan in place, especially for older people, people who are frail or have other serious conditions and disabled people has never been more important than it is now during the COVID-19 pandemic.

Where a person has capacity, as defined by the Mental Capacity Act, this advance care plan should always be discussed with them directly. Where a person lacks the capacity to engage with this process then it is reasonable to produce such a plan following best interest guidelines with the involvement of family members or other appropriate individuals.

Such advance care plans may result in the consideration and completion of a Do Not Attempt Resuscitation (DNAR) or ReSPECT form. It remains essential during this current climate that these decisions are made on an individual basis. The General Practitioner continues to have a central role in the consideration, completion and signing of DNAR forms for people in community settings.

There is wide professional agreement that it is unacceptable for advance care plans, with or without DNAR form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need.

[NHS England and NHS Improvement have published further guidance on this.](#)

Leadership and governance of services must be based on the right values and ethical considerations.

During the pandemic it is even more important that practices have strong leadership that prioritises equality and doing the right thing, and that decision-making is based on fairness, including how public funding is used.

As well as owing a duty of care to patients, practices also have responsibilities to the staff that they employ, both permanent and temporary. Changes in demand and priorities may mean that staff are not always needed in their substantive roles, however every effort should be made to redeploy staff within the local primary care network, or primary care system. When this occurs, practices should consider how to best support staff.

It is important that in these rapidly changing circumstances practices are continually aware of and follow national guidance. Further information for general practices on COVID-19 can be [found on our website](#).

Once again, I would like to thank you for all your hard work and dedication during this difficult period.

Yours sincerely

Dr Rosie Benneyworth MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.