CQC Inspections (England Only)

In April CQC announced their decision to suspend routine practice inspections with immediate effect. Since then they have introduced their "Emergency Support Framework" (ESF) whose stated aim was to support practices to identify system pressures during the Covid emergency. In parallel to this they also launched their Provider Collaboration Review (PCR) which was aimed at garnering information about how different providers within systems had worked together, and then presenting this information back for reflection. Over recent weeks CQC has moved into a new phase which they call their "Transitional Approach" (TA) where they are restarting some routine inspections. These are aimed initially at those 100 or so practices that were previously rated inadequate. A new system called the "Transitional Monitoring Application" (TMA) is composed of groups of predefined questions to be posed to the practice manager with CQC using the responses to "risk assess" practices in order to prioritise remote inspections.

We have provided robust feedback on the whole concept of the reintroduction of inspection, whatever the process, at this time. Please see Richard Vautrey's letter to Rosie Benneyworth (attached) and her reply (also attached).

Appraisals

We have worked with the NHSE appraisal team to agree a greatly streamlined appraisal process that will restart on 1st October. The new process requires no evidence and has no mandatory sections for QIA, CPD etc. The aim is for appraisal to form the basis for a professional discussion. Doctors whose appraisals should have taken place between April and October may request a voluntary new style appraisal to replace the one they missed. The requirement to have a new style appraisal for those who are due from October onwards may be suspended by local variation where localities need to prioritise the medical workforce.

Revalidation

The GMC announced that revalidation requirements were suspended from April onwards. This mirrors the suspension of appraisal. Discussions are ongoing with the GMC regarding how revalidation will be handled given the hiatus in appraisal and also opportunities for MSF.

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Dr Rosie Benneyworth
Chief Inspector of Primary Medical Services and Integrated Care
Care Quality Commission
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24th September 2020

Dear Rosie,

Re: CQC's response to the second wave of Covid-19

As you'll be aware, on behalf of the BMA's GP committee I wrote you on 12th March to raise our significant concerns with CQC's response to the developing Covid-19 pandemic. It was welcome news to hear shortly after sending this letter that you and your colleagues had written to all healthcare providers to announce the immediate cessation of routine CQC inspections.

Since then, GPs and their teams have gone above and beyond to support patients throughout the pandemic and continue to support them as we face dramatically increased referral times and backlogs across NHS services due to the impact of the pandemic. They have worked incredibly hard to rapidly embrace new ways of working to enable care to be delivered in a way that protects both patients and the workforce.

Although the first wave has passed, it was always the case that a second, possibly larger wave would follow. With the alarming current daily increase in cases back at March/April levels, and growing (6,178 new confirmed cases as of yesterday), it is extremely concerning that CQC still intends to move beyond its emergency response position and roll out its new transitional regulatory approach to GP practices from 19th October – an approach developed in anticipation of a reduction in the risks from the pandemic.

The joint statement from CQC's chief inspectors on 16th September advises that CQC will continue to adapt its approach and remain responsive as the situation changes. It is now clear that any form of routine CQC activity during this second wave would be an unhelpful and time-consuming distraction to the delivery of frontline care by GPs and their teams. As we are likely to face the most challenging autumn and winter that general practice will have ever experienced, we should all be doing what we possibly can to release GPs and other frontline workers for patient care.

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Drawing vital health workers away from direct care at such a time risks serious negative effects on our patients.

We are at a critical crossroads in the fight against Covid-19. Practices must not be distracted from their primary focus of ensuring the ongoing care of their patients. We would therefore urge CQC to again immediately halt all non-essential inspections and practice monitoring and delay the introduction of its transitional regulatory approach until the emergency has passed.

I look forward to hearing from you.

Yours sincerely,

Dr Richard Vautrey
Chair, BMA general practitioners committee, England

Cc: Ian Trenholm, Care Quality Commission Chief Executive
Sir Simon Stevens, NHS Chief Executive
Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care

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Dr Richard Vautrey
Chair
General Practitioners Committee
British Medical Association

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28 September 2020

Dear Richard

Thank you for your letter of 24 September 2020.

I absolutely agree that general practice has played a key role in supporting the rest of the health and social care system during the pandemic. We have seen the hard work across the sector to ensure people continue to receive the services they need in a safe and effective way. That includes the impressive work done to quickly innovate and develop new models of care to meet the needs of people receiving services and keep them safe.

As we've said in previous statements, our regulatory role during the pandemic has not changed, our core purpose to keep people who use services safe remains. We continue to inspect based on risk, adapting our approach so we can undertake as much activity as possible without crossing the threshold.

We know that whilst the large majority of general practice delivers good or outstanding care, there are some areas of poor care that need to improve in order to keep people safe. It is important for us to undertake activity to understand and address these issues so that we can keep the public, government and the sector informed and assured around issues of quality and access.

However, in recognition of the current challenges the sector faces, how we deliver that purpose has changed and going forward we will continue to balance being supportive of providers and acting where we need to address poor and unsafe care.

As you say in your letter, in March we took the decision to pause our programme of routine inspections. I want to emphasise that our transitional approach is not a return to routine inspections.

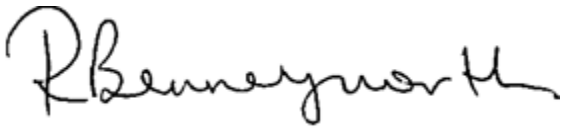
Instead, our transitional approach builds on our Emergency Support Framework to give us the ability to understand risk across the sector in a way that minimises the need to visit providers. Our approach will be focused on risk. We will continue to

inspect if that is the only way to address risks to safety and potential harm to people who use services. We also want our transitional approach to be able to identify where providers are delivering outstanding and innovative care. That means we can share good practice to support the sector, particularly as we begin to face winter pressure and the second wave.

Finally, I want to assure you that our transitional approach will remain responsive to the changing situation. We will continue to monitor how the pandemic is impacting health and social care providers, engage with the public, our key stakeholders and the sector and, where needed, adapt our approach.

I look forward to speaking to you soon.

Yours sincerely



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