Written evidence from the Royal College of General Practitioners

Introduction

1. The Royal College of General Practitioners (“the College”) is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The College is an independent professional body with expertise in patient-centred generalist clinical care.

2. The College is supportive of proportionate regulation that protects patient safety, ensures acceptable standards and promotes accountability, whilst addressing long-standing unacceptable performance. Effective regulation should add value to patient care and not distract from the quality of their care.

3. Regulation should improve the protection of the public whilst increasing the efficiency of the system. It should also provide greater support to professionals to ensure they have the right skills and experience to deliver high quality care without diverting already limited resources away from hard pressed GPs.

4. Despite the enormous pressures on GPs, general practice is the highest performing of all sectors regulated by the Care Quality Commission (“CQC”). This is a huge tribute to GPs and their teams who are working flat-out to deliver patient care.

5. The current regulatory system can be complicated, confusing and slow to react however there appears to be a desire to move to a simpler, more proportionate system with greater consistency that reduces costs and the regulatory burden.

6. The College has a positive working relationship with the CQC who has shown a willingness to adapt its approach based on our feedback. We will continue to work with the CQC to monitor the impact of the new measures, reduce the administrative and bureaucratic burdens on GPs, and ensure that inspections focus on what matters most to patients.

Value for money

7. In 2015, the College commissioned research into the CQC inspection regime by Ipsos MORI. The survey received responses from 426 GPs and practice managers, from 316 practices across England, all of which had been inspected since April 2014.

8. Whilst 88% of respondents agreed with regulation in principle, 74% felt that changes were needed to the current approach and only 15% agreed with its current approach.
9. Using the total amount of time spent on the inspection and the average salary of those in general practice, the time and cost associated with CQC inspections was calculated. The workload associated with CQC inspections in general practice is estimated to be equivalent to 1.3 million consultations a year, and costs general practice £14.2 million in staff time; time and money which would be better spent on improving patient care.

10. At the beginning of 2017, the CQC consulted on proposals to increase the fees paid by practices by about 75%. The CQC argued that general practice costs had been subsidised by other providers and that the revised fee represented the real cost of regulating the sector.

11. The College, together with the British Medical Association, opposed these proposals and submitted a robust response to the consultation. The response highlights the lack of evidence that the current model of regulation represents value for money, the added pressure that the fee increases place on a system in crisis, and concerns that CQC are making changes before they understand the financial implications of the planned new regulatory model.

12. The Department of Health has met the increase in these costs from the GP contract and GP Forward View sources thereby circulating funding around the system rather than finding a substantive solution. This short-term measure diverts much needed money away from direct patient care.

13. The College welcomes the CQC’s latest fee proposal contained in their October 2017 consultation to move to a more proportionate fee scheme however, it is disappointing that overall fees for the sector will not be reduced despite the changes to the regulatory regime.

14. The College previously suggested that the CQC could reduce its costs by considering an inspection regime based on proportionate regulation and reducing the inspection interval for practices rated good or outstanding. These proposals along with the other changes to the regulatory regime will come into effect over the coming year and should help to improve value for money.

15. It is promising that the CQC will monitor costs over the next 18 months while the new model of regulation is implemented as well as annually reviewing fees for individual providers with the aim of achieving fairness, equality and proportionality.

16. Following the implementation of the changes to the regulatory model, the CQC should undertake an evaluation to ensure it makes a positive difference to patient care. It should also establish the full impact on value for money and the value and effectiveness of its regulatory activities to ensure the CQC is providing appropriate support to practices based on their individual circumstances.
CQC’s new regulatory model

17. In June 2017, the CQC published a consultation on its proposals for a new model of regulation and changes to the inspection regime. The College submitted a response having sought the views of members and Council. We expressed the view that the individual proposals had value but that collectively they do not address the issue of the growing regulatory and administrative burden on GP practices.

18. The concerns that we expressed regarding the CQC’s current regulatory regime were:

   a. a lack of evidence that the current model of regulation adds value;
   b. unacceptable variation in how the assessment framework is applied on the ground;
   c. a lack of value for money;
   d. a focus on elements of quality that do not reflect the role or the priorities of general practice;
   e. unreasonable fee increases;
   f. a lack of alignment between CQC strategy and what happens on the ground; and
   g. the workload and distraction caused by regulatory activity in the current pressurised environment.

19. We welcomed the move to a maximum inspection interval of three to five years with a lighter touch and data driven model. It is pleasing that the CQC will look at higher levels of governance such as federations and super practices as the primary care landscape changes.

20. We are pleased with the intention to develop a more proportionate model of regulation however we have concerns about implementing the changes in practice in a timely fashion so that GPs start to feel a difference.

Data

21. The introduction of the insight model in using intelligent data to inform the inspection regime has the potential to reduce the burden on practices in preparing for inspections and to help focus regulatory intervention where it is most needed. However, there is a concern that there could be additional administrative costs and time placed on GPs to ensure data is correctly input and up to date.

22. Monitoring and intelligence gathering must be effective to ensure resources are committed to those areas which are most in need.
23. The transition period to a new inspection regime may be disruptive to GPs who have developed internal quality assurance or monitoring processes around the existing framework. The changes must be clearly communicated with plenty of notice to allow practices to update their internal processes. The CQC should produce guidance material to assist practices with the changes.

**Timeliness in publishing reports**

24. GPs care about their ratings, especially when they are at the boundaries of two ratings and there is serious concern about the time taken to produce practice ratings and reports.

25. Most GPs use their report to understand the ways in which they could provide better care to patients however some practices are unable to implement changes due to limited resources, staff and funding.

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