Dear Lord Patel,

House of Lords Committee on the Long Term Sustainability of the NHS

I understand from some members of the Committee that there is some concern about CQC’s regulation of GPs. I thought it would be helpful to write to the Committee to set out our current approach, and to outline how this will change as we implement our new strategy. I also wrote to Lord McColl on this subject last August, explaining our approach to inspections of GP practices and how we use evidence as indicators of the robustness of systems and processes in place. This was with specific reference to an incident relating to the storage of medicines and vaccines that was raised by Lord McColl in one of the Committee’s oral evidence sessions, but this was something that we found in many of the practices we inspected in the early stages of our programme.

We completed our inspections of GP practices by the end of January this year. This means that, for the first time, there will be a baseline of how safe, effective, caring, responsive and well-led GP practices are across the country. We will build on aspects of our current approach that have worked well and driven improvements in the quality of care. We will rebalance our resources to focus on those areas where there may be unidentified or emerging risks, or where we need to understand more about innovative models of care – for example digital health care and new, more integrated care services.

As we implement our strategy, we will move towards an intelligence driven approach to inspection. We will consult on the detail of the changes to our methodology for regulating GPs later this year, but in general terms we will:

- Work with partners to reduce duplication for GP practices, including setting up the national GP Regulation Board which includes representation of all the key bodies involved in regulating GPs, and agreeing jointly what action should be taken by whom where there may be risks of poor quality care.
• Work with the General Medical Council and NHS England so that GP practices only need to provide a single description of their quality and a single data return, reducing the amount of duplication and potential contradiction
• Move to a maximum interval of five years for inspection of GP practices rated good and outstanding – subject to practices providing accurate and full data, and our confidence that quality has not change significantly. The frequency and scope of each inspection will be based on the current level of concern that we have about the service, or their potential for improvement
• Focus on areas where there may be emerging risks, or where we need to understand more about innovative models of care, for example, independent doctors or digital health providers
• For federations and other new care models, focus on how well-led they are at corporate level, and consider inspecting a sample of locations, alongside looking at local area data to understand potential risks

GPs are facing a range of pressures – a changing demographic with people living longer but with more complex conditions; the GP population is ageing, with fewer doctors choosing to go into general practice meaning there is an increasing shortage of doctors; people are finding it increasingly difficult to access GP services. We do not wish to add to this pressure – our regulatory activity, and the changes we are making to the way we will regulate GPs in future are intended to minimise the burden of regulation as far as we feasibly can, whilst assuring the quality and safety of the services being provided to safeguard the public from harm. Alongside this, NHS England has recently announced that it will reimburse all GPs for their CQC fees as part of the 2017/18 contract settlement.

I would be happy to discuss this further.

Yours sincerely,

[Signature]

Sir David Behan
Chief Executive