



## Resumption of routine CQC inspections and the emergency support framework

The CQC will resume routine inspections of GP practices in the autumn, with no start date specified yet. Since the middle of May the CQC has been remotely monitoring practices via its emergency support framework, with inspections normally taking the form of a phone call.

The CQC say that inspection activity remains paused and has stated that "our emergency support framework is not an inspection, and we are not rating your performance." However, not participating in providing information to the CQC as part of the framework may increase the chance of being subject to a formal inspection once they are resumed.

Throughout the pandemic Londonwide LMCs have supported practices to provide safe and effective care for patients whilst looking after their own staff, including sharing best practice. Where practices have concerns, we have raised them directly with Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care for CQC and previously the organisation's London lead inspector.

Reinforcing this position, our Deputy CEO Dr Lisa Harrod-Rothwell issued the following statement earlier this week:

"Over recent months coronavirus has added massive demand on top of existing patient need, whilst the way practices deliver care has been revolutionised. Although the outcomes GPs strive for are the same as ever, Infection control is now a substantial hurdle, alongside endemic issues around workforce, sustainability and bureaucracy.

"Returning to business as usual is not an option for general practice, nor is it desirable, both because of coronavirus and the longstanding, unsustainable disparity between workload and workforce. We would urge the CQC to work collaboratively and establish an effective and proportionate inspection regime that reflects the current pressures on those delivering care, while not diminishing the safety of those receiving it.

"We are in the midst of a wholesale NHS-wide change, in which the every part of the system is having to adapt to the realities we now face, it makes sense for the CQC to be part of this, in collaboration with those it regulates. If strategic change is not deliverable then some operational changes could ease the burden on practices and release capacity for improving patient care, without any detriment to the CQC's aims, but proceeding with such limited ambition would not have the same impact."

Examples of operational issues Londonwide LMCs have supported practices with include:

The regulatory requirements enable a wide variation in the way they are interpreted by inspectors often bearing little relation to what is important to patients or deliverable in the current environment. For example, singling out the workforce mix of a practice in the midst of a recruitment crisis, even though the workforce is delivering good quality care.

There is currently a high degree of variation between the findings of different inspection teams looking at practices with very similar circumstances. There is not a fully transparent and open process which details how standards are being interpreted and applied during inspections, so practices and patients have no way of establishing how conclusions have been reached.

The current rating system does not define what is safe but defines practices as either "requiring improvement" or being "good", with a requirement that those practices who are working safely must provide evidence of continuous improvement year-in, year-out. If a practice is demonstrably safe, then it should be down to them whether to commit more staff time to further improvement, given this always involves taking up resources which could be used for delivering patient care.