



Royal College of  
General Practitioners

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**Care Quality Commission: Consultation on changes for more flexible and responsive regulation**

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the Care Quality Commission (CQC) consultation on proposed changes for more flexible and responsive regulation<sup>1</sup>
2. The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.
3. The RCGP has long called for an inspection programme that strikes a better balance between giving GPs sufficient time for clinical consultations, while also quality assuring safe patient care. While some of the administrative requirements and processes in general practice are necessary for quality assurance, the changes brought about by the COVID19 pandemic have presented an important opportunity to rethink regulation and

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<sup>1</sup> CQC, *Strategy: Consultation on changes for more flexible and responsive regulation* (2021)  
[https://www.cqc.org.uk/sites/default/files/Consultation\\_on\\_changes\\_for\\_more\\_flexible\\_and\\_responsive\\_regulation\\_consultation\\_document\\_1.pdf](https://www.cqc.org.uk/sites/default/files/Consultation_on_changes_for_more_flexible_and_responsive_regulation_consultation_document_1.pdf) (Accessed 19/03/20)

make it more proportionate for GPs, so they are better able to focus on providing quality care.

4. The proposed changes are a valuable step on the way to a regulatory system that puts greater trust in professionals delivering patient care. 95% practices in England were rated 'good' or 'outstanding' by the Care Quality Commission in 2019, these practices must be entrusted to deliver care for their patients without oppressive oversight.<sup>2</sup> In the RCGP report, *General practice in a post-Covid world*, we highlighted the need for a proportionate and intelligence-led inspection regime that minimises bureaucratic workload, which often adds little value to patient care, for the majority of practices that are consistently rated as good or outstanding.<sup>3</sup> As such, these proposals for a more focused inspection process, flexible in time and direction, are welcome.
5. The RCGP is also supportive of the proposals to simplify the inspection ratings for GP practices, in recognition of the that the current regime is unnecessarily complex. The RCGP agrees that the quality of treatment provided for different population groups cannot be meaningfully separated into discrete areas, away from the broader quality matters within providers. The proposals to adopt a simpler, proportionate and focused approach will mean that quality assurance can continue address the needs of patients within these population groups.
6. RCGP remains cautiously optimistic that the proposals for a more flexible and proportionate inspection regime will reduce regulatory workload for GPs and their teams. However, it is vital that the CQC are open and transparent in how they decide where to focus their regulatory power, given the inherent differences between GP practices, and between the different populations that they serve.<sup>4</sup> There is strong evidence that areas of high deprivation have less central funding, are often under doctored, are more likely to be single-handed practices, and are often run by Black Asian and Minority Ethnic (BAME) staff.<sup>5</sup> CQC must be careful that their inspection regime is not punitive or indirectly discriminatory to providers within those communities. In February 2021, the RCGP Council called on the CQC for a series of measures to look at the impact of its inspections on GPs from BAME communities.<sup>6</sup> We would like to see CQC explore how processes can be evaluated independently. CQC and other system partners must also take steps to ensure these practices are able to access the necessary support and resource that can facilitate any necessary quality improvement activity.
7. The RCGP also calls on CQC colleagues to publish the equality impact assessment used to evaluate the proposed new regulatory approach.

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<sup>2</sup> Care Quality Commission (2019) *The State of Health Care and Adult Social Care in England 2018/19* Available at: [https://www.cqc.org.uk/sites/default/files/20191015b\\_stateofcare1819\\_fullreport.pdf](https://www.cqc.org.uk/sites/default/files/20191015b_stateofcare1819_fullreport.pdf) (Accessed: 19/03/21)

<sup>3</sup> RCGP (2020) *General practice in a post-Covid world* (RCGP) Available at: <https://www.rcgp.org.uk/learning-resources/covid-19> (Accessed: 19/03/21)

<sup>4</sup> Fisher, et al., (2020) *Level or not? Comparing general practice in areas of high and low socioeconomic deprivation in England* (The Health Foundation) Available at: <https://www.health.org.uk/publications/reports/level-or-not> (Accessed: 19/03/21)

<sup>5</sup> Fisher R., & Asaria, M., (2020) *How might COVID-19 affect the number of GPs available to see patients in England?* (The Health Foundation) Available at: <https://www.health.org.uk/publications/long-reads/how-might-covid-19-affect-the-number-of-gps-available-to-see-patients-in-england> (Accessed: 19/03/21)

<sup>6</sup> See: (Accessed: 19/03/21)