

CQC and GP Commissioning

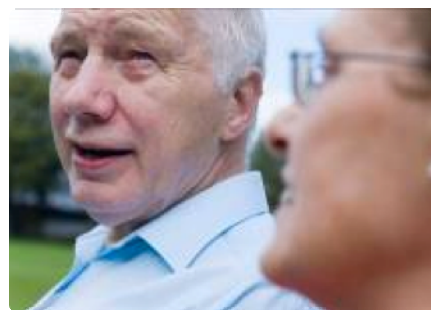
Cynthia Bower
Chief Executive
CQC
19 November 2010

Role and remit – what does CQC do?



- Single regulator for health and social care
- Focus on outcomes – we are informed by people's experiences
- Register providers of care and monitor compliance with essential standards of quality and safety
- Tackle poor quality care using risk-based regulation, to reduce the likelihood of harm
- Strengthen safety and quality assurance using a common system of registration, compliance and enforcement across all sectors
- Support choice and promote accountability for publicly funded services by providing expert, independent information
- Reduce the costs and burden of regulation

Rationale for joint regulation



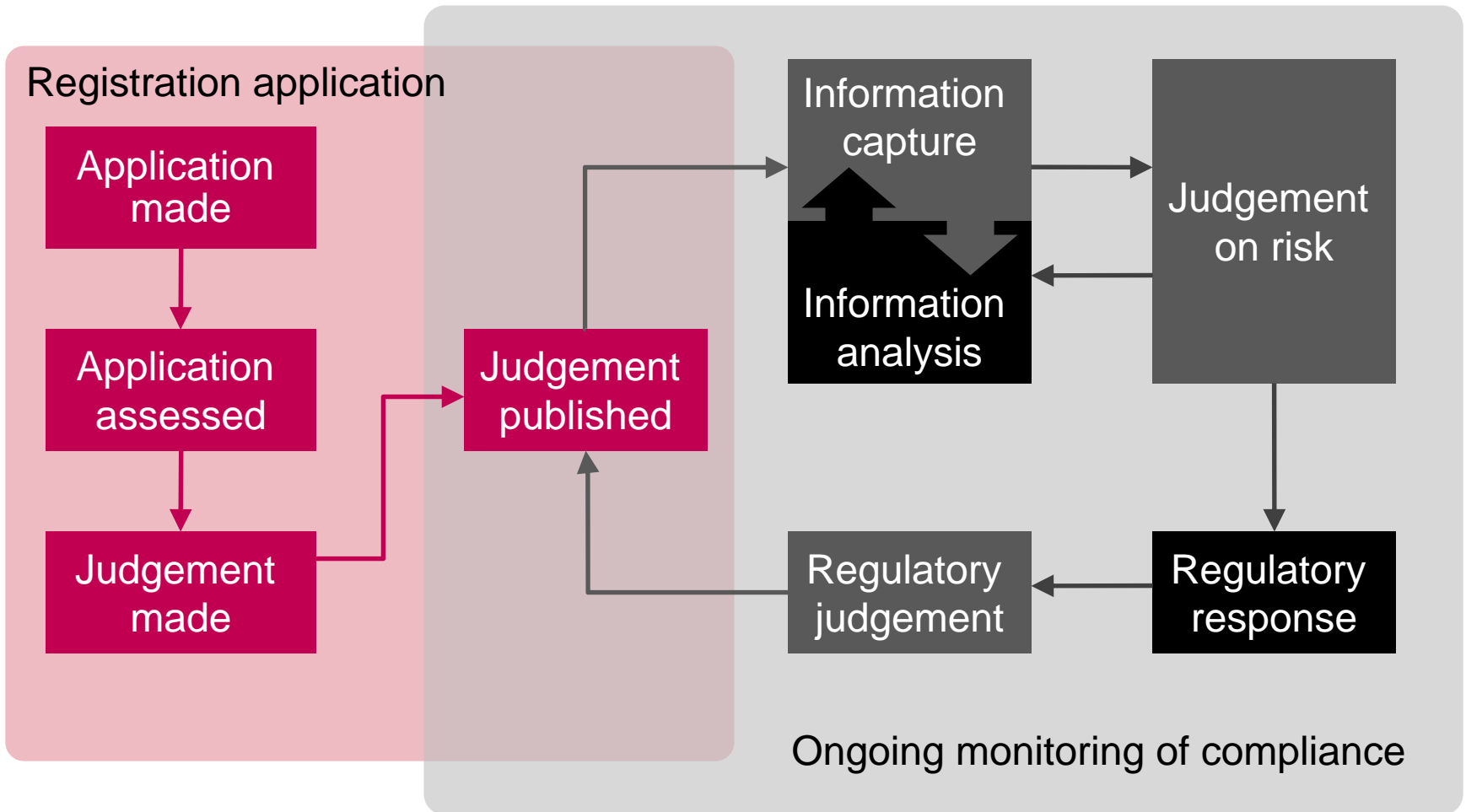
- All health and adult social care providers are meeting a single set of **essential standards of quality and safety**
- Standards are **focused on what is needed to make sure people who use services have a positive experience**
- A **single regulatory framework** across health and adult social care; people should expect safe and quality care across the board
- **Reduce the regulatory burden** and reduce costs. Three predecessors 2006/07: £210m, CQC 2009/10: £160m

Our new model of regulation



Before registration	After registration
➤ Rules based	➤ Judgement within a framework
➤ Retrospective	➤ Near real time
➤ Annual cycle	➤ Continuous
➤ Trust level only	➤ Trust, location, service levels over time
➤ Non-specific rating	➤ Specific conditions (e.g. service, regulation)
➤ 20% inspections	➤ All trusts checked at least two yearly
➤ Few investigations	➤ Multiple specific targeted checks and visits
➤ No enforcement	➤ Strong enforcement powers
➤ Partners not involved	➤ Working closely with partners

Registration and compliance monitoring



Role and remit – legislative timescale



**April
2010**

NHS Trusts



**Oct
2010**

Adult social care and independent healthcare providers



**April
2011**

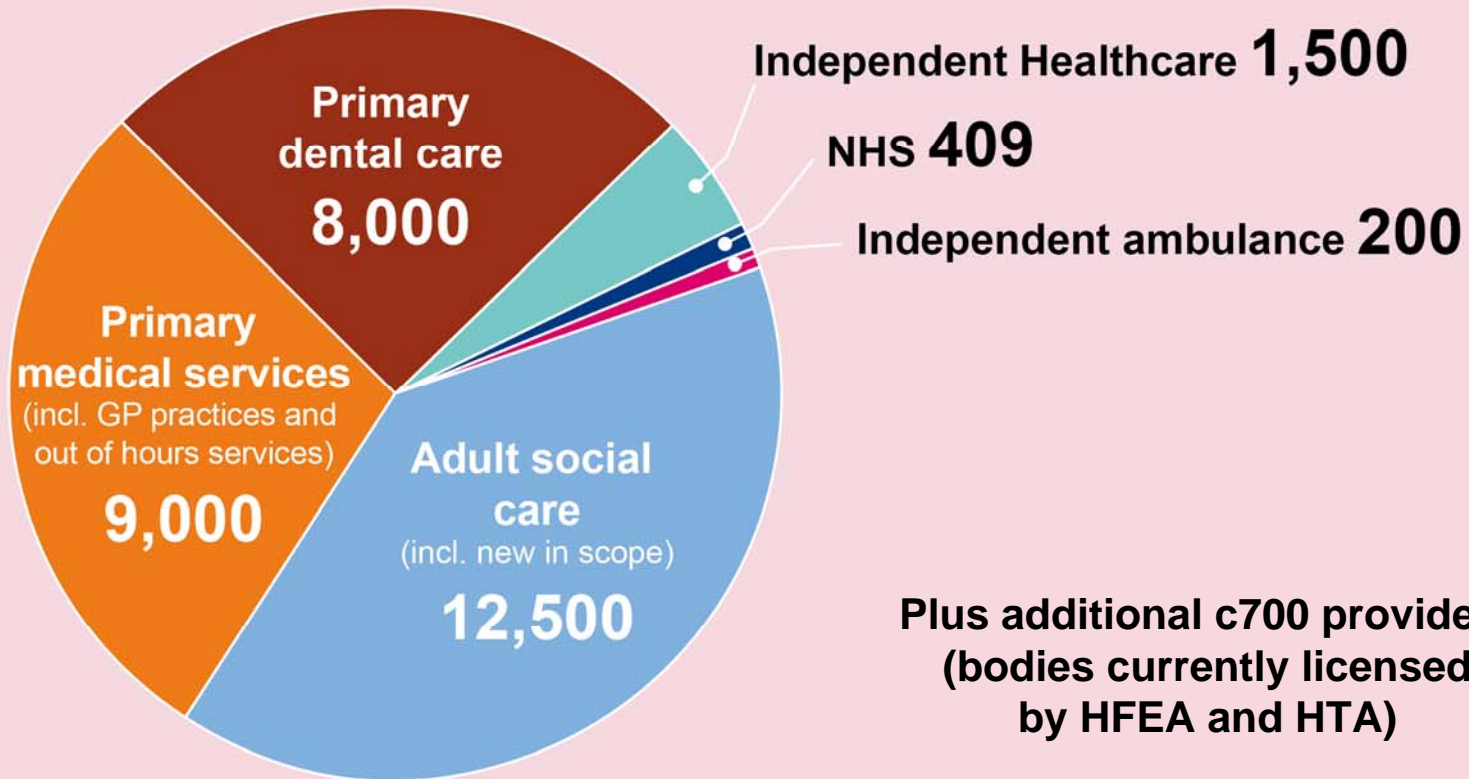
Primary dental care, private ambulances



**April
2012**

Primary medical services - GP practices, OOH etc

Role and remit - who do we regulate?



How we gather evidence to monitor compliance



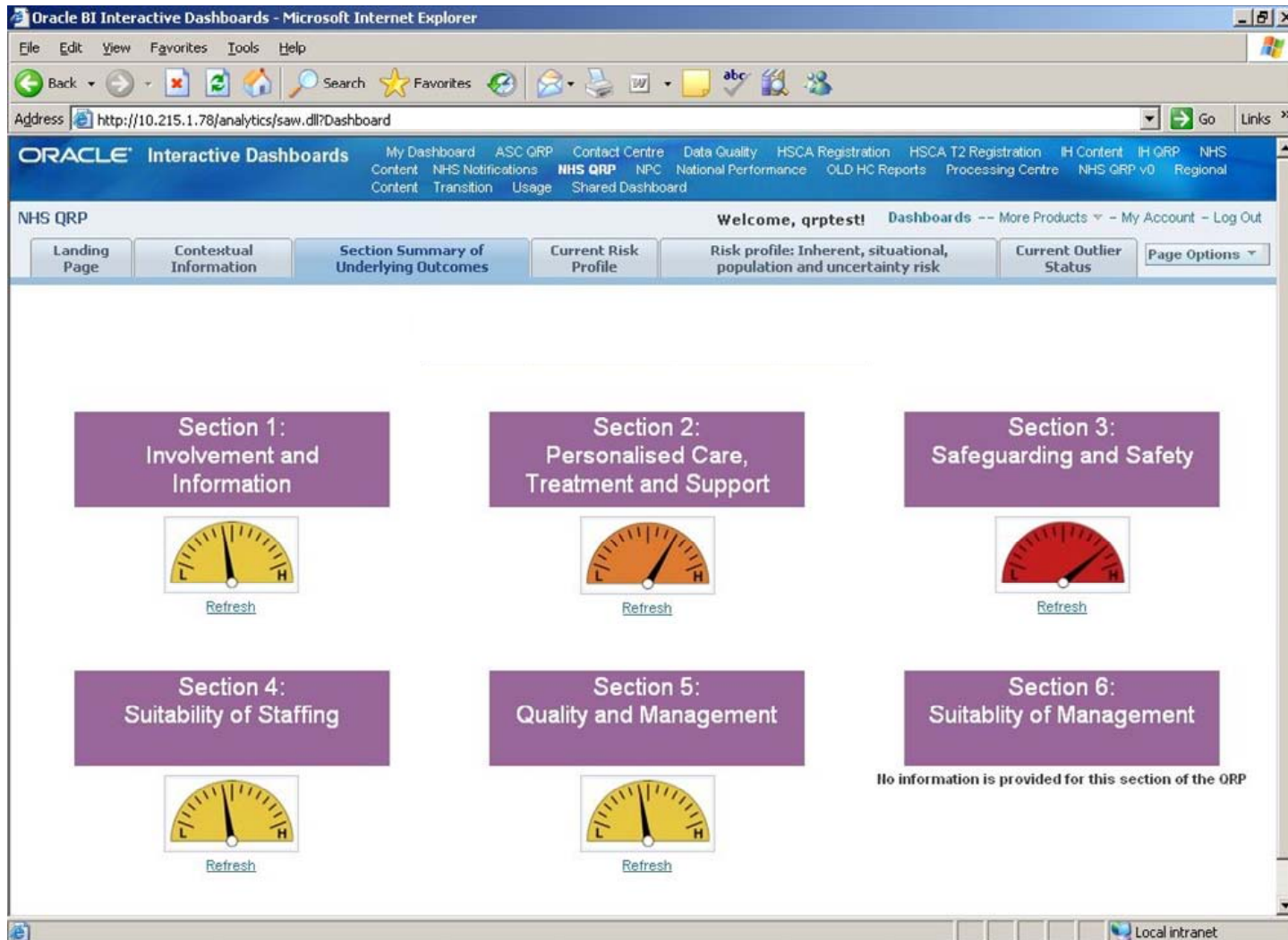
- Looking at **outcomes**, a person's experience of the care they receive
- **Involving people** who use services in our reviews of compliance
- Using a wide **range of sources** of evidence
- Focusing on **how** care is delivered
- Being **targeted** and **responsive** – taking swift action to follow up concerns

Quality and Risk Profile (QRP)

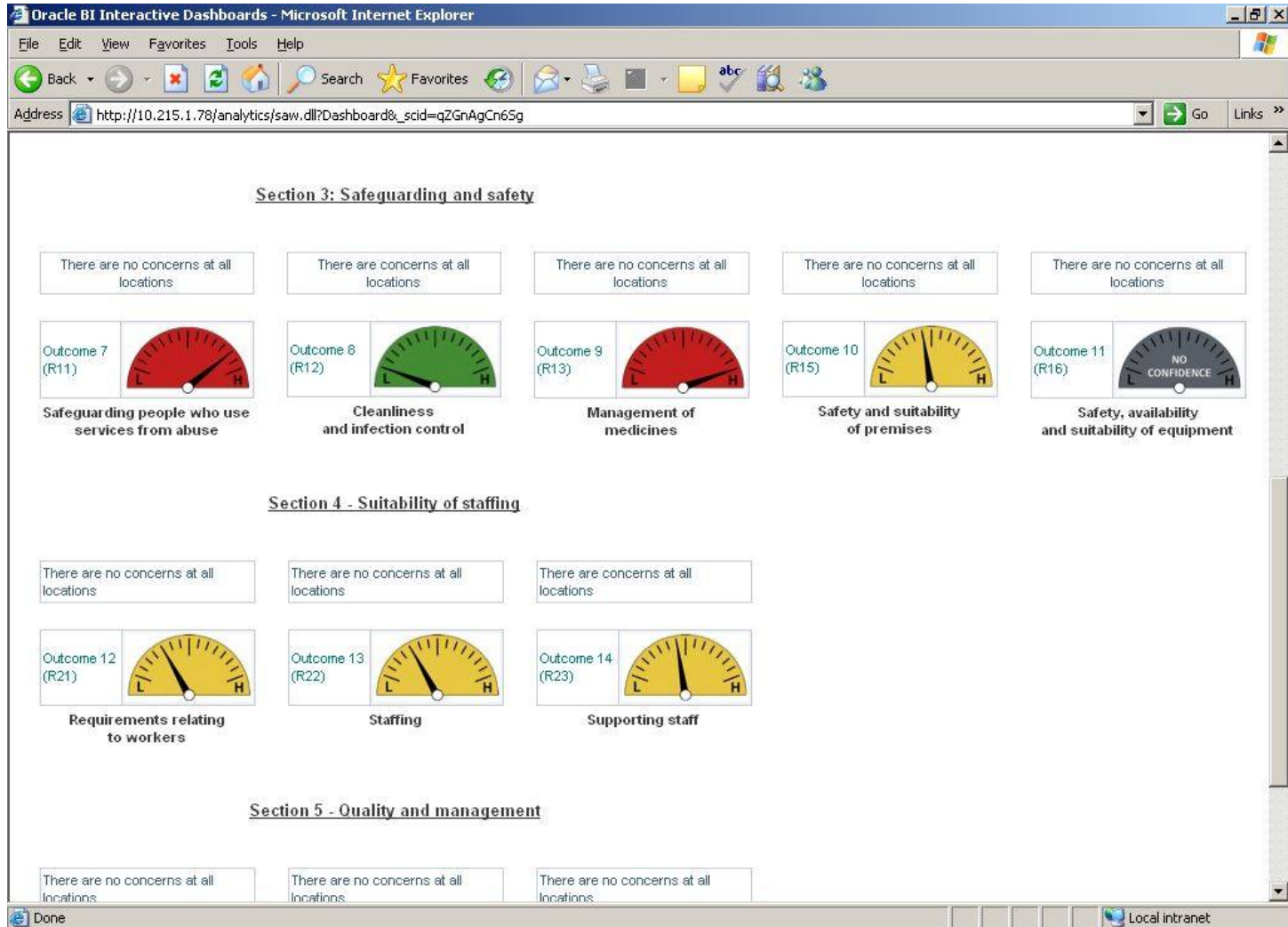


- Gathers all we know – from Monitor, other regulators, people who use services, trusts
- Assesses risk of a trust becoming non-compliant
- Prompts front line regulatory activity
- Not a rating, ranking or league table
- Inspectors make judgements based on information in the QRP – the QRP itself does not give a judgement
- Constantly updated and builds over time – not a ‘perfect’ state
- QRP is a prompt – a tin opener, not a dial

QRP – how it will look



QRP – how it will look



QRP – how it will look



Oracle BI Interactive Dashboards - Microsoft Internet Explorer

Address: http://10.215.1.78/analytics/saw.dll?Dashboard&_scid=qZGnAgCn65g

ORACLE Interactive Dashboards

NHS QRP

Welcome, qrpctest! Dashboards -- More Products -- My Account -- Log Out

Underlying Information for: Outcome 9 (R13) Management of medicines

Item ID	Description	Data Source	Time Period Start	Time Period End	Comparison with Expected	Weighting of items		
						Data Quality	Patient Experience	Strength of Outcome Mapping
10140	The proportion of respondents to the adult inpatient survey who stated that they were not given clear written information about their medicines. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Much worse than expected	2	3	3
5699	The proportion of respondents to the adult inpatient survey who stated that a member of staff did not explain the purpose of the medicines they were to take at home in a way they could understand. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Worse than expected	2	3	2
5700	The proportion of respondents to the adult inpatient survey who stated that a member of staff did not tell them about medication side effects to watch for when they went home. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Similar to expected	2	3	3
5814	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them how to take new medications. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Tending towards worse than expected	2	3	3
5815	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them the purpose of the medications they were to take at home in a way they understood. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Similar to expected	2	3	3
5816	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them about medication side effects to watch for. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Similar to expected	2	3	3
8824	The proportion of respondents to the adult inpatient survey who stated that they were not told how to take their medication in a way they could understand -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Much worse than expected	2	3	3

Local intranet

- Shows our judgement and how and when made
 - Clearly information for people who use services
 - Flexible – updated when we make a new judgement
 - Subject to user testing to ensure it delivers information to inform user choice
 - Will apply across health and adult social care
 - NHS launch early 2011; social care summer 2011
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- It is the **duty of health and social care providers to ensure compliance** at all times
 - Should a provider **not become compliant** with the standards required, CQC can:
 - give a warning notice
 - impose or vary conditions
 - suspend registration on some services
 - issue a fine
 - prosecute
 - or close a service by cancelling registration.
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- All GP consortia in place April 2013
 - GP consortia will not be registered or monitored (not providers)
 - Details about size, coverage and framework of consortia are unclear and likely to be variable
 - Assurance from CQC will be critical throughout commissioning transition period
 - Effective and well-defined relationship between consortia and CQC is crucial
 - CQC will work with Commissioning Board and consortia to shape the details of working with these groups
 - CQC is fully engaged in review of early warning system to ensure new commissioning structures are reflected and all assurance and improvement levers are understood
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CQC and GP consortia will work together in different ways:

- Information about quality in QRPs will help consortia to commission – profile for each provider in their locality
 - Sharing information and responding to concerns – CQC will seek consensus on asking questions, following up, balance of contract management and enforcement, reporting – consortia and CQC must not duplicate
 - Innovation and flexibility – regulatory model seeks to support change
 - CQC model encourages the patient voice – consortia must represent all populations including vulnerable groups
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- NHS commissioning board will commission primary medical care from GP practices, but...
- GP consortia will play a significant role in quality improvement of primary medical care services
- GP practices will be registered with CQC in April 2012, applications open October 2011 (consortia April 2013)
- We will work with consortia to ensure essential standards in primary medical care are monitored and assured effectively, and burden and duplication are minimised
- We will work in partnership to define how an early warning system will work for GP practices

- CQC's role 'strengthened' – joint licensing with the economic regulator; working with GP consortia, NHS Commissioning Board, NICE and other major players
 - ALB review: taking on new responsibilities:
 - Human Fertilisation and Embryology Authority
 - Human Tissue Authority
 - HealthWatch
 - National Information Governance Board
 - Creation of HealthWatch - 'Consumer champion' within CQC for health and adult social care services in England. Independent body within the regulator. Lots to be clarified e.g. funding, local structures.
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- CQC – Helping make care better for people
- Questions?
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