

CQC consultation on flexible and responsive regulation (March 2021)

Part 1: Our proposals for change – What we want to do differently

1) *Assessing quality*

We propose to assess quality and rate services by using a wider range of regulatory approaches – not just on-site or comprehensive inspections.

- a) *To what extent do you support this approach?*
- b) *What impact do you think this proposal will have?*

The current system is onerous and the completion of the Provider Information Request is time and resource-intensive. On this basis we'll be supportive of any moves to reduce this overly burdensome approach, however we do seek reassurance on how the CQC will gather this type of information in the future and what the sources of evidence to assess quality will be. The recently introduced TMA should form part of the information gathering. We would like to know if the onus on information gathering will still rest with providers and to what extent this information is going to inform the approach taken at inspections, which to date has not been clear.

We're keen to understand what information will be used, and using what criteria, to decide which services are inspected. And clarity is sought on whether inspections will be focused on areas of concern or on an entire service regardless of the area of concern.

Any additional tools introduced at a time when resources are so tight must be efficient and link to each other so that there is no need to duplicate effort. It is our view that a self-assessment tool would be a positive way for the CQC to gather information from service providers to determine whether an inspection is required. The CQC could use this evaluation to assess against Key Lines of Enquiry (KLOE). This would provide a consistent framework in advance for the CQC in establishing if an inspection is advisable.

2. *Reviewing and updating ratings*

Rather than following a fixed schedule of inspections, we propose to move to the more flexible, risk-based approach set out in this section for how often we assess and rate services.

- a) *To what extent do you support this approach?*
- b) *What impact do you think this proposal will have?*

The principles behind this are positive but there are a lot of questions remaining about what this will mean in practice for service providers.

Once the CQC strategy is established, we support the proposal to work with pilot sites to test new approaches to assessment. This would allow providers the time and space required to develop any new systems required to gather the right evidence and data for the CQC, based on learnings from the pilots. It would also allow for a level of consistency that is sometimes seen to be lacking in the CQC's approach to inspections. Consistency would also be improved if services are given clear guidance on measurement so they measure the same elements, and equally, this then translates into what the CQC is measuring quality against.

The ability to improve ratings as a service improves rather than waiting for an inspection five years later is welcome but it is unclear from the consultation document as to how often the review of ratings is to take place so we seek clarity on that. This approach will improve confidence in the system which is welcome. It is also important for the CQC to set out what constitutes a change in quality, and how the CQC will know about such changes that then impact on ratings.

3. Rating GP practices and population groups

We propose to stop providing separate and distinct ratings for the six population groups when rating GP practices.

- a) *To what extent do you support this approach?*
- b) *What impact do you think this proposal will have?*

N/A

4. Rating NHS trusts

We propose to remove aggregation for NHS trust level ratings and replace with a single trust-level rating, based on a development of our current assessment of the well-led key question for a trust.

- a) *To what extent do you support this approach?*
- b) *What impact do you think this proposal will have?*

N/A

5. Measuring the impact on equality

We need to consider equality and human rights in all our work, so we've produced a [draft equality and human rights impact assessment](#). It identifies the opportunities and risks for doing this through our proposals. Importantly, it identifies the actions we'll take to minimise the risks and make positive change happen.

We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our draft equality impact assessment.

The proposal to more effectively gather evidence from service users is extremely positive. The implication for service providers is regarding data collection to support what is set out in the impact assessment. This may require new systems and approaches to data collection on service users so clarity on what information is required and the implementation timeframe is sought.

There is a risk that collecting feedback from service users will exclude more marginalised groups such as people who are homeless, the travelling community, people who do not speak English at their first language, or people without the internet, so serious consideration needs to be given to how the feedback received is actually representative and inclusive.

Part 2: How we'll engage with you in the future

Our promise to keep you informed and involved:

- *We'll always meet our statutory duties to consult under the Health and Social Care Act 2008.*
- *We'll engage with you in a proportionate, targeted and responsive way when we're making changes to the information and guidance we publish about how we assess quality.*
- *Our information will be up to date and the latest version will always be available on our website in an accessible and easy to understand format.*

Sue Ryder supports this promise but would like to know how it will work in practice.