Health and Social Care in Westminster
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Our purpose and role

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement

- People have a right to expect safe, good care from their health and social care services

Our current model of regulation

Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

The landscape of care

Care Quality Commission

Care homes

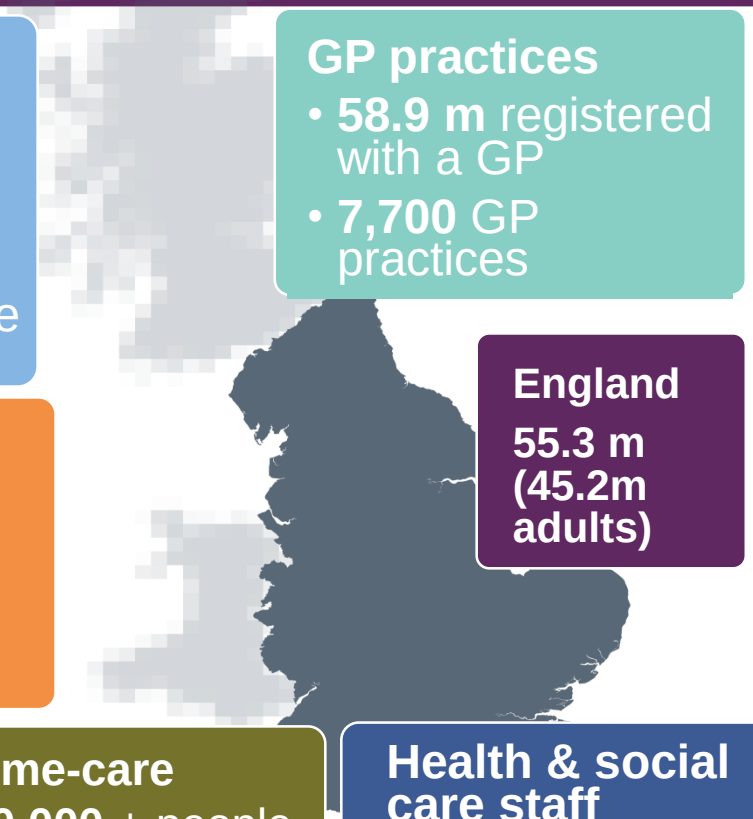
- **460,000** beds
- **223,000** Nursing home beds
- **237,000** Residential home beds

GP practices

- **58.9 m** registered with a GP
- **7,700** GP practices

NHS hospitals

- **93.9 million** outpatient appointments / year
- **12.6 million** inpatient episodes / year
- **23.7 million** A&E attendances / year
- **636,000** baby deliveries / year



England

55.3 m (45.2m adults)

Dentists

- **22 million** adults seen by NHS every 2 years
- **6.8 million** children per year

Ambulances

- **6.9m** calls receiving a face to face response
- **10** NHS trusts
- **251** independent ambulance providers

Private hospitals

Over 1,200 private hospitals and clinics

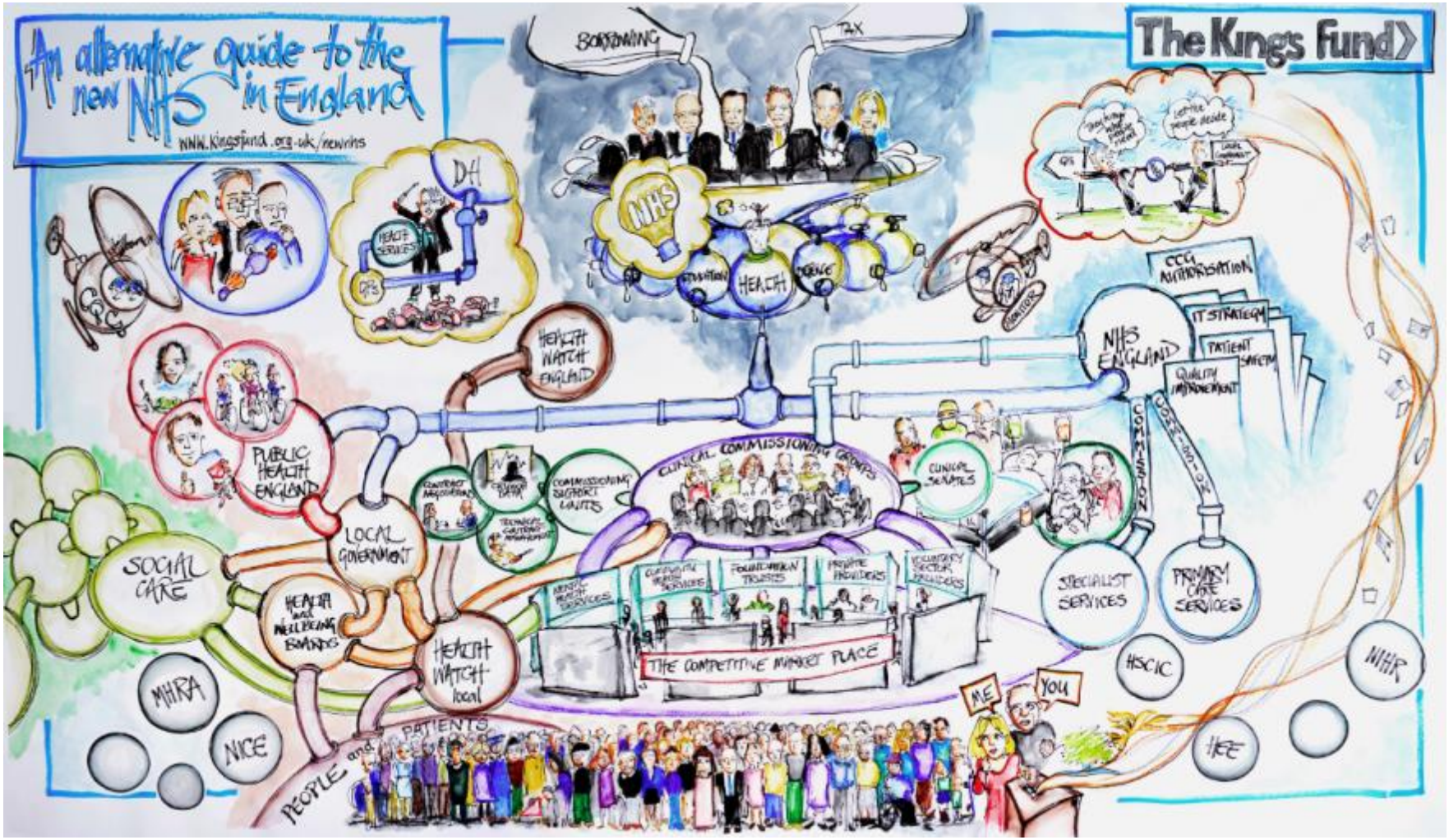
Home-care

500,000 + people receiving home-care support at any one time

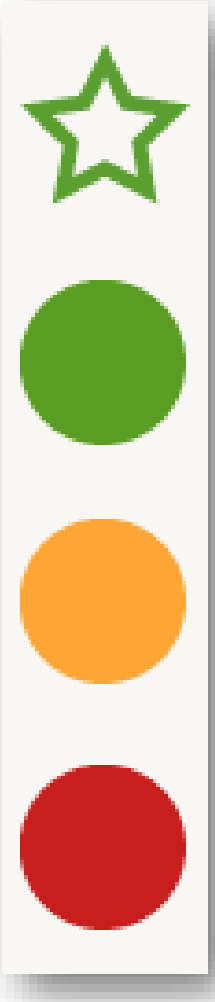
Health & social care staff

- **1.2m** NHS staff
- **1.58m** in adult social care

The system in England



What do the overall ratings mean?



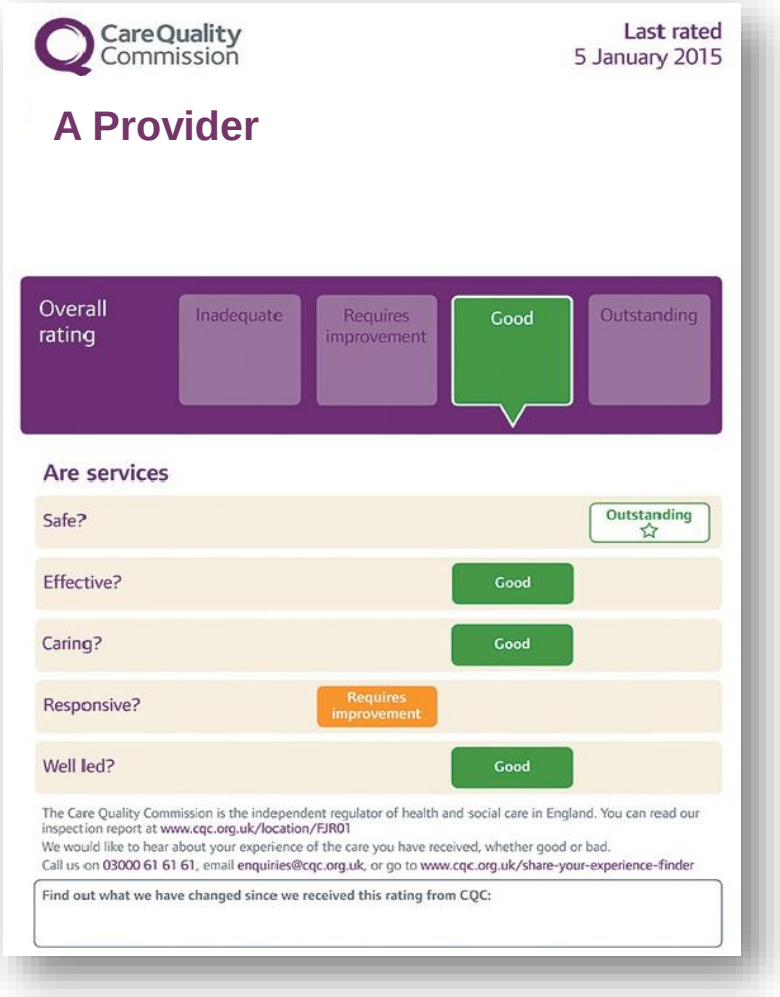
Outstanding
The service is performing exceptionally well.

Good
The service is performing well and meeting our expectations.

Requires improvement
The service isn't performing as well as it should and we have told the service how it must improve.

Inadequate
The service is performing badly and we've taken action against the person or organisation that runs it.

Display of ratings



Why? Public able to see rating of service quickly and easily

Where? Providers should display in prominent area in public view and on website

CQC will send a template for completion and display

CQC will check this during inspections

Ambition

Our ambition for the next five years:
A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care

Four priorities to achieve our strategic ambition

1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness

What will our strategy mean for primary care?

- Reduce duplication for providers, agree actions jointly where there are risks of poor care
- Extend inspection intervals for good or outstanding practices
- Focus on understanding innovative models of care and areas where potential risks may emerge

Federations and other new care models: focus on well-led question, consider inspection of sample locations alongside, understanding potential risks using local data

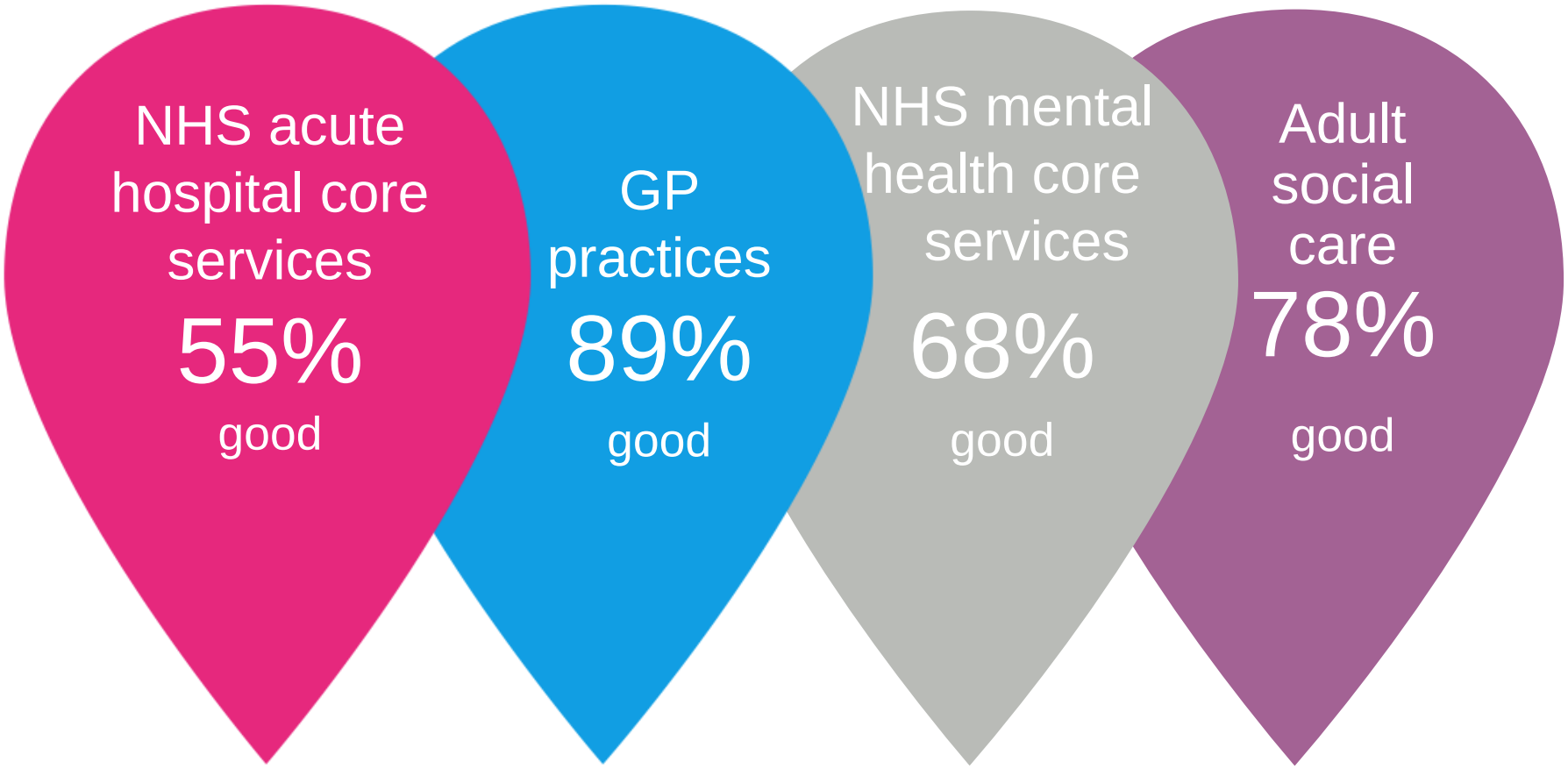
For urgent and emergency care, including OoH and NHS 111: inspect related services at the same time

Our challenge to the primary medical sector

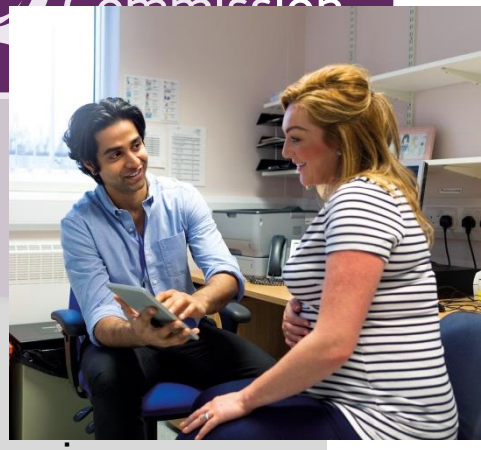
- Invest in strong governance and visible leadership, both clinical and managerial
- Report all safety incidents both within the practice and externally, and embed a culture of learning among staff
- Improve the consistency of quality improvement activity
- Improve access to services
- Consider how providers can integrate and work together to reduce variation in quality
- Improve medicines optimisation through a culture of learning from medicines related safety incidents

The quality of care across England is mostly good

Much is encouraging – despite challenging circumstances, most people are still getting high quality care



Primary medical services



- GP quality is good – 89% good and 4% outstanding – serving 52 million people
- High-performing GP practices collaborating and using non-traditional roles to support and reduce referrals
- Safety is main concern for GPs - poor risk management, learning from incidents and poor leadership
- Rising demand not matched by workforce growth in general practice
- 61% of urgent care and out-of-hours rated good and 8% outstanding
- Online services improving people's access to care – initial concerns around safety and safeguarding have improved on re-inspection
- Improved access needed to speech and language, occupational therapies and diagnostics for children with autism

Primary medical services

The purpose of the consultations

How we propose to update our approach and our assessment framework to reflect the changing provider landscape

more integrated approach that enables us to be **flexible** and **responsive** to changes in care provision

more targeted approach that focuses on **areas of greatest concern**, and where there have been improvements in quality

greater emphasis on **leadership**, including at the level of overall accountability for quality of care

closer working and **alignment** with NHS Improvement and other partners so that providers experience **less duplication**

There are three consultations on these changes: one in Winter 2016/17, one in Summer 2017 and one in early 2018.

Primary medical services regulation

We will begin to implement changes in how we regulate primary medical services in phases.

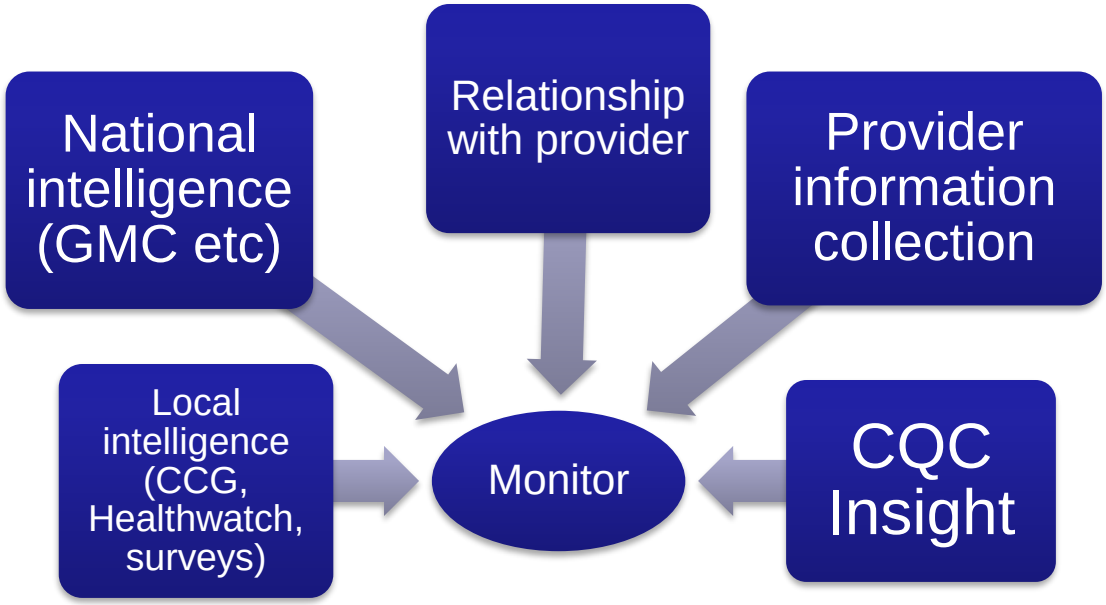
Change	Timescale
Introducing our new Insight model	June 2017
New assessment framework introduced **and** inspection interval of up to five years for providers rated good or outstanding	Nov 2017
Refined approach to inspecting and rating population groups **and** introduction of shorter inspection reports	Apr 2018
Introducing the new system of provider information collections and annual regulatory reviews for good and outstanding services	Later in 2018
Shift to focused, rather than comprehensive inspections of good and outstanding services based on intelligence	

Implementing changes to registration

- Holding providers to account at the right level
- Redefining the definition of a registered provider and asking all entities to meet that revised criteria
- Making ownership relationships and links between providers clear to the public
- Introducing digitalised provisions to collect information, having this information available to providers and allowing them to only take action when that information changes
- Implementing in a phased by across different types of providers from 2018/19

How do we monitor services?

- Our monitoring helps us to identify possible changes in quality of care and target our operational activity effectively.
- Refers to all practices, but especially important now as we move to longer inspection intervals for those rated as good and outstanding
- Our intelligence comes from a number of sources:



Local system reviews - areas for priority focus

We encourage national leaders to:

Enable and encourage health and social care partners to establish aligned objectives, processes and accountabilities.

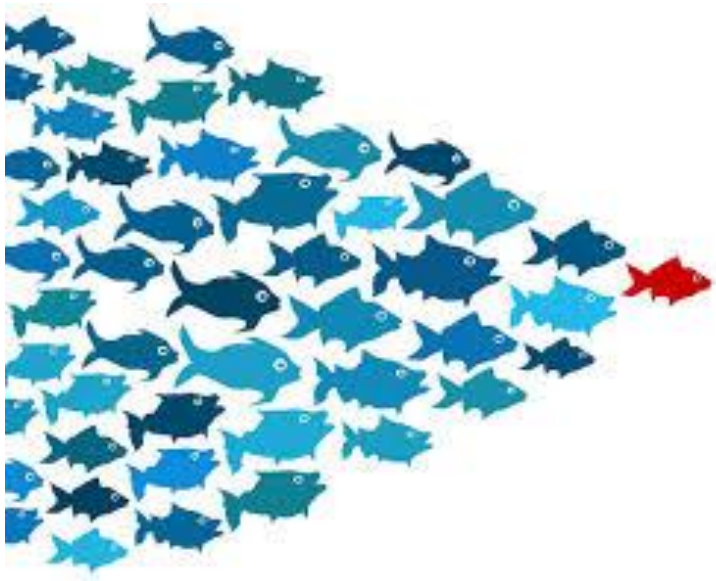
Address the risks in the social care market as a matter of priority and ensure that there is a national focus on joint health and social care workforce strategies.

Enable local systems to invest in out of hospital services to keep populations well through preventative support.

Local collaboration and joined up care

Golden thread connecting vision to delivery through different organisations

- **Shared vision** and strong leadership
- All staff to share that vision and deliver to action
- Work together as part of a system



NHS trust inspections – what we have changed

Changes to KLOEs and inspection methodology

- Focus our inspections where we have the greatest concerns or services that might have improved
- Develop our local relationships with providers, with Healthwatch and local and regional public organisations
- Accommodate new models of care
- Align our approach with NHS Improvement to avoid duplication

Next phase approach for NHS trusts

Care Quality Commission

9 weeks → *12 weeks* → *12 weeks*

Provider information request

- Used for monitoring, inspection and rating
- Includes a provider's statement of quality

Regulatory planning meeting

- Internal CQC meeting to determine inspection activity
- Using stakeholder views, CQC Insight, local relationships

Inspection

- Announced well-led inspection
- At least one unannounced core service

Reporting

- Reports will be published on our website

Ongoing monitoring – all year round

- Replacing Intelligent Monitoring with new Insight model
- Strengthened relationship with providers
- Focused inspections if concerns – change core/location rating only
- Continue to listen to people who use services

What we will do differently

- Support innovation by working with providers delivering care in new ways
- Focus more on the quality of care for population groups and how well care is coordinated across organisations
- Rate how well NHS Trusts are using their resources

- Focus resources towards higher-risk applications at registration
- Build and use our insight to target our inspections where risk is greatest or quality improving

What we will do differently

- Expect providers to describe their own quality against our five key questions
- Share data sets with partners, other regulators and commissioners on care quality

- Improve the experience of providers and the public by moving as many interactions as possible online
- Invest in our internal systems and improve our processes to make sure that we can work efficiently and effectively

What will our strategy mean for hospitals?

- Focus on core services that require improvement
- Update ratings based on smaller, more focused inspection; use more unannounced inspections
- Expect providers to describe their own quality against our five key questions
- Work with NHS Improvement to give new ratings on efficient use of resources
- Produce shorter reports, more quickly that make clear how we have come to our conclusion

Hold an annual review of each provider to determine where to focus our inspection activity for the year ahead

Key points

- The majority of **people are receiving good quality care**. This is something to celebrate.
- Over 80% of inadequate services improve on re-inspection but for services that require improvement nearly 40% don't improve and 5% get worse
- We are focusing on encouraging improvement in services rated RI
- We will do this **flexibly and proportionately**, using inspector judgement and existing risk and enforcement frameworks
- We will monitor these services more closely to identify changes in quality (up or down) and respond more quickly, as required

Enforcement policy

- The enforcement policy, that was introduced and took effect from 1 April 2015, explains CQC's approach to taking action where we identify poor care, or where registered providers and managers do not meet the standards required in the new regulations.
- The Decision Tree supports and complements the policy
- Specific serious incident guidance details how incidents may trigger civil and/or criminal enforcement actions
- All can be found on our website and are reviewed regularly

Enforcement policy: Purpose and principles

Purpose:

- Protect people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard
- Hold registered providers and managers to account for failures in how the service is provided

Principles:

- Being on the side of people who use regulated services
- Integrating enforcement into our regulatory model
- Proportionality
- Consistency
- Transparency

An overview of CQC's civil and criminal enforcement powers

Severity

- Requirements (formerly known as compliance actions)
- Warning notices
- S.29 warning notices

Protect people who use services by requiring improvement

Civil enforcement powers

- Impose, vary or remove conditions of registration
- Suspension of registration
- Cancellation of registration
- Urgent procedures

Failing services

- Immediate action to protect from harm
- Time-limited 'final chance'
- Coordination with other oversight bodies

Protect people who use services by requiring improvement

Criminal powers

- Penalty notices
- Simple cautions
- Prosecutions

Holding individuals to account

- Fit and proper person requirement
- Prosecution of individuals

Hold providers to account for failure

Civil enforcement powers

Purpose:

Protect people who use regulated services from harm and the risk of harm

Powers:

- Impose, vary or remove conditions of registration
- Suspension of registration
- Cancellation of Registration
- Urgent procedures under sections 30 and 31 HSCA 2008

Failing services

Immediate action to protect from harm or time-limited ‘final chance’

Requires Coordination with other oversight bodies

Criminal enforcement powers

Purpose:

- Holding providers and individuals to account for failure

Powers:

- Simple cautions
- Penalty Notices
- Prosecution

Note: Criminal enforcement action may run parallel to civil enforcement action

Regulation 22 specifies the offences we can prosecute

Location Inspection Directorate	Location Primary Inspection Category	Number of Inspections	Number of Locations
Adult social care	Community based adult social care services	15	12
	Residential social care	8	8
Adult social care Total		23	20
Hospitals	Acute Services - Non Hospital	1	1
	Acute hospital - Independent non-specialist	3	3
	Acute hospital - Independent specialist	5	5
	Acute hospital - NHS non-specialist	1	1
	Acute hospital - NHS specialist	1	1
	Community substance misuse	2	2
	Mental health - community & hospital - independent	6	5
Hospitals Total		19	18
Primary medical services	Dentists	14	13
	GP Practices	26	24
	Independent consulting doctors	31	29
	Remote clinical advice	1	1
	Slimming Clinics	2	2
	Urgent care services & mobile doctors	3	2
Primary medical services Total		77	71
Grand Total		119	109

		Number of Active Locations With/Without Latest Overall Ratings					
Location Inspection Directorate	Location Primary Inspection Category	Outstanding	Good	Requires improvement	Inadequate	No Published Ratings	Total Number of Active Locations
Adult social care	Community based adult social care services		9	4	1	11	25
	Residential social care		8	5		1	14
Adult social care Total			17	9	1	12	39
Hospitals	Acute Services - Non Hospital					32	32
	Acute hospital - Independent non-specialist	3	7	3		21	34
	Acute hospital - Independent specialist		1	1		70	72
	Acute hospital - NHS non-specialist			1		2	3
	Acute hospital - NHS specialist			1		4	5
	Ambulance service					2	2
	Community health - NHS & Independent					3	3
	Community substance misuse					2	2
	Independent consulting doctors					1	1
	Mental health - community & hospital - independent		1	2		5	8
	Mental health - community & residential - NHS					2	2
Hospitals Total		3	9	8		144	164
Primary medical services	Dentists					284	284
	GP Practices	2	32	6		3	43
	Independent consulting doctors					149	149
	Prison Healthcare					1	1
	Remote clinical advice					1	1
	Slimming Clinics					2	2
	Urgent care services & mobile doctors				1	4	5
Primary medical services Total		2	32	6	1	444	485