

Reducing the workload and duplication associated with the regulation of General Practice in England

Choose an item.

Reducing the workload and duplication associated with the regulation of General Practice in England

Statement of Intent between NHS England, the Care Quality Commission (CQC) and the General Medical Council (GMC)

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1. Joint Statement of Intent

NHS England, the Care Quality Commission and the General Medical Council commit to work together more effectively and efficiently to improve the regulation of general practice.

Our aim is to align our processes to support the development of a regulatory system that promotes quality, safety and sustainable improvements. We will work together to improve and streamline our processes, information requests and visiting regimes, adopting a proportionate risk based approach which will modernise the regulatory landscape for general practice and general practitioners

1.1 Signatories;

NHS England



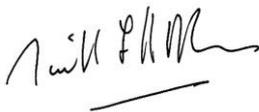
Dr. Arvind Madan
Director of Primary Care (NHS England)

Care Quality Commission (CQC)



Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

General Medical Council (GMC)



Niall Dickson
Chief Executive and Registrar (GMC)

2. Context

General practice is facing sustained pressure. Increased workload has been driven by an unprecedented rise in the number of patients seeking treatment and the growing complexity of their health needs. GPs and their staff in general practice are working increasingly long hours to meet demand.

The opportunities to reduce both the administrative workload on general practice and ensure the most appropriate use of clinical time must be seized to reduce the pressures on practices, improve working lives and to enable general practice the space to be at the heart of future changes to service delivery.

NHS England commissioned a recent study by the Primary Care Foundation and the NHS Alliance to identify the key areas where reducing bureaucracy and reshaping demand could help ease the pressure on GP and general practice workload.

The resulting report, [Making Time in General Practice](#), identified a number of practical ways in which capacity can be released within general practice to free up time for patient care, improve productivity and support GPs with their workload. This includes action by national bodies, Clinical Commissioning Groups (CCGs) and general practices themselves.

This document describes the approach being adopted by NHS England, the Care Quality Commission (CQC) and the General Medical Council (GMC) to reduce the workload requirements associated with regulation from both the perspective of GP practices and GPs individually.

3. Roles and Responsibilities

3.1 NHS England

NHS England is responsible for developing the strategic direction for general practice across England, contracting with 7875 GP practices (as at March 2016) to ensure that services are delivered in line with national and local contract agreements. This function is performed by the Local Offices of NHS England in conjunction with local Clinical Commissioning Groups.

Additionally NHS England oversees the performance of doctors in general practice by managing the National Performers List (NPL).

As a commissioner of services NHS England is engaged in a number of initiatives that aim to transform the way that general practice delivers services to patients, ensuring that patients can access sustainable, high quality services wherever they live in England. New models of care are supporting practices to work together in larger units to test new arrangements that increasingly encourage integration with other services such as community based health services and local authority 'care' provision so that patients can access comprehensive, joined up services near to where they live.

3.2 Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

By the end of 2016, CQC's first round of comprehensive inspections of GP practices will provide a baseline of information about the quality of general practice in England. This is the first time a national programme of inspections of GP practices has been undertaken.

Following this first round of inspections, we want to develop an approach to inspection that is efficient and effective, that is more responsive to risk and that is tailored to the particular situation of each service. In doing this we want to make better use of data and intelligence that enables us to better protect people who use services by triggering action where concerns are raised, and targeting inspection resources where the risks to the public are greatest.

We will work closely with NHS England and the GMC in championing a single shared view of quality in order to drive improvement through greater system alignment by reducing duplication of activity that providers experience

3.3 General Medical Council

The General Medical Council is the independent professional regulator for all licensed doctors in the UK. We help to protect patients and improve medical education and practice by setting standards for students and doctors. We support them in achieving and exceeding those standards, and take action when they are not met.

It is important that every doctor practising in the UK is competent and that their knowledge and skills are up to date. We work with employers to make sure every doctor has an annual check or appraisal.

Every five years, we ask for formal confirmation that each doctor is following the standards set out in our core guidance [Good Medical Practice](#). This system of checks is called revalidation. It gives doctors the opportunity to reflect on their practice, including feedback from colleagues and patients. Over time, revalidation should help to drive up the standards of care that doctors provide, by helping to identify problems earlier and by helping all doctors to reflect on their practice, understand what they do well and how they can improve.

The vast majority of GPs in England will have been revalidated by the end of March 2016 – over 40,000 in total. Thousands of doctors say the process is helping them improve their practice - ultimately that is a good thing for patients who rightly expect that these checks are happening and around 1 million of whom have already contributed feedback on their GPs as a result.

Revalidation is not perfect. This is an ambitious system which only started three years ago. We have appointed independent researchers to help us review how revalidation and appraisals are working to help shape the future of revalidation. We will work closely with CQC to reduce the overlaps between revalidation and their inspection regime, to avoid duplication and reduce the workload associated with regulation on GPs and GP practices.

4. The current system

The system of medical regulation has evolved over time rather than having been designed from a single, agreed blueprint. There is a perception within the medical profession that it is over-regulated, with too many bodies setting standards and imposing requirements with potential for regulatory overlap. A lack of clarity about which body is responsible for which areas of monitoring and regulation carries a risk of duplication but also of potential gaps in the system which is designed to ensure patient safety.

These overlaps exist:

- between CQC GP practice requirements and GMC revalidation requirements
- between evidence sought by NHS England for contract compliance and CQC's regulatory requirements
- between NHS England in its oversight role of the National Performers List (NPL) and GMC's regulation of GPs on the GP register, and
- between NHS England in its oversight of national contracts and CCGs in their oversight of local contracts and accountability for system performance.

NHS England, CQC and GMC already work closely together to share data but there is more work to be done to align our processes and minimise the workload for general practice.

5. What we plan to do

5.1 NHS England, CQC and GMC commit to;

- identifying immediate actions to support GPs and GP practices to reduce the workload associated with regulation
- align and streamline regulatory and commissioning processes taking a more targeted and risk based approach to regulation and contract management;
- improved information gathering and intelligence about services - We need to ensure that the data and information we identify to collect, measure, and monitor, is clear and consistent, and proportionate to risk
- make it easier for commissioners and regulators to access and use shared information about quality, giving GPs time to focus on improving quality of care at the frontline

5.2 Key Outputs

We will clarify and make more explicit the evidence required from practices by the three organisations with a focus on:

1. Significant Event Audits (SEAs)
2. Clinical audit
3. Complaints reviews.

We will align information requests and develop more integrated systems that move towards self-reporting:

- a) Combined electronic and web based declaration of contract compliance (NHS England's 'e-declaration') and CQC inspection requirements / developing risk based commissioning / regulation
- b) Minimising duplication of checks being undertaken by the GMC and NHS England through better sharing of information between the NPL and the GMC
- c) Simplify Responsible Officer reporting arrangements for GPs in training, by removing requirements for trainees to be registered on the NPL.

Concurrently, we will engage with others to support the development of practice and individual GP level metrics that can support the development of a prepopulated practice level dashboard showing trends and comparative practice outcome data, developed as a tool to support personal and practice reflection and audit.

We will establish a joint Programme Board to provide oversight and coordination for the regulation of general practice. Membership will also include Health Education England, Healthwatch England, the NMC, and NICE.

The Programme Board will provide a forum for sign-up by statutory bodies to a common framework – a shared view of quality – which will be co-produced with the professions and the public as the basis for a joined-up approach to monitoring and improvement.

We will engage with patients, the public and the profession to identify the most appropriate primary care information that will help us operate in a robust, efficient and proportionate way. Whilst we recognise that there are some immediate opportunities for improvement, we will ensure that all future developments around data and information are aligned and coordinated; optimised to keep the workload implications for primary care firmly in mind, whilst meeting the needs of our respective organisations.

We will also consider the implications of the growing role of clinical commissioning groups (CCGs) as general practice commissioners and work with CCG leaders to identify the implications of co-commissioning for this agenda.

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In particular we will ensure that our focus on regulation today supports the development of regulation for tomorrow, recognising the need to adapt our approach to regulation to fit and support the emerging new models of care

5.3 Timescale

1. April 2016 - Establish the GP Programme Board to oversee the programme of work required to streamline our processes.
2. April - October 2016: development of the work programmes required to align information requests
3. April 2017: implementation

5.4 In Summary

Through our actions, we aim to reduce unnecessary workload both on practices, and on General Practitioners. This is crucial if together we are to support practices to release capacity to provide more direct patient care, better able to focus on improving access and quality and to support general practice realise its potential at the heart of the NHS.