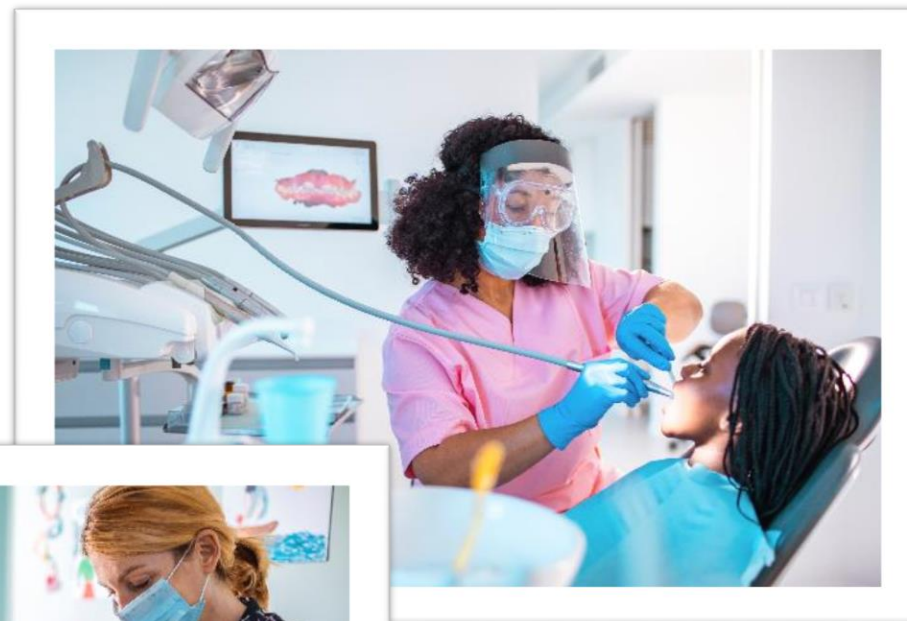
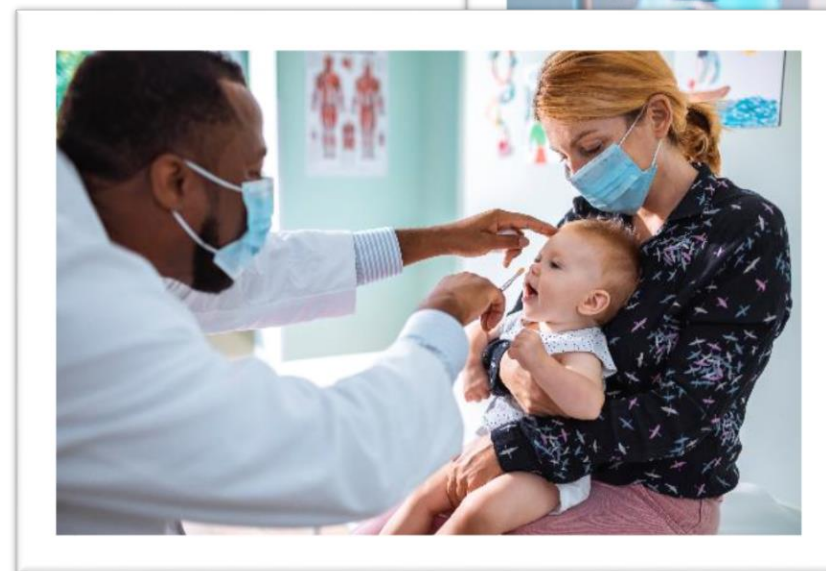


New regulatory model



Primary medical and dental services
Thursday 31 March 2022

Meet the webinar team



- **Dr Rosie Benneyworth**, Chief Inspector for Primary Medical Services and Integrated care
- **Andy Brand**, Interim Head of Inspection (East of England Region)
- **Dr Tim Ballard**, National Professional Adviser – General Practice
- **John Milne**, National Professional Adviser – Oral Health / Dentistry
- **David Gwyther**, Communications and Engagement Manager
- **Latoya Tawodzera**, Provider Engagement Officer
- **Steph Lowe**, Events Officer

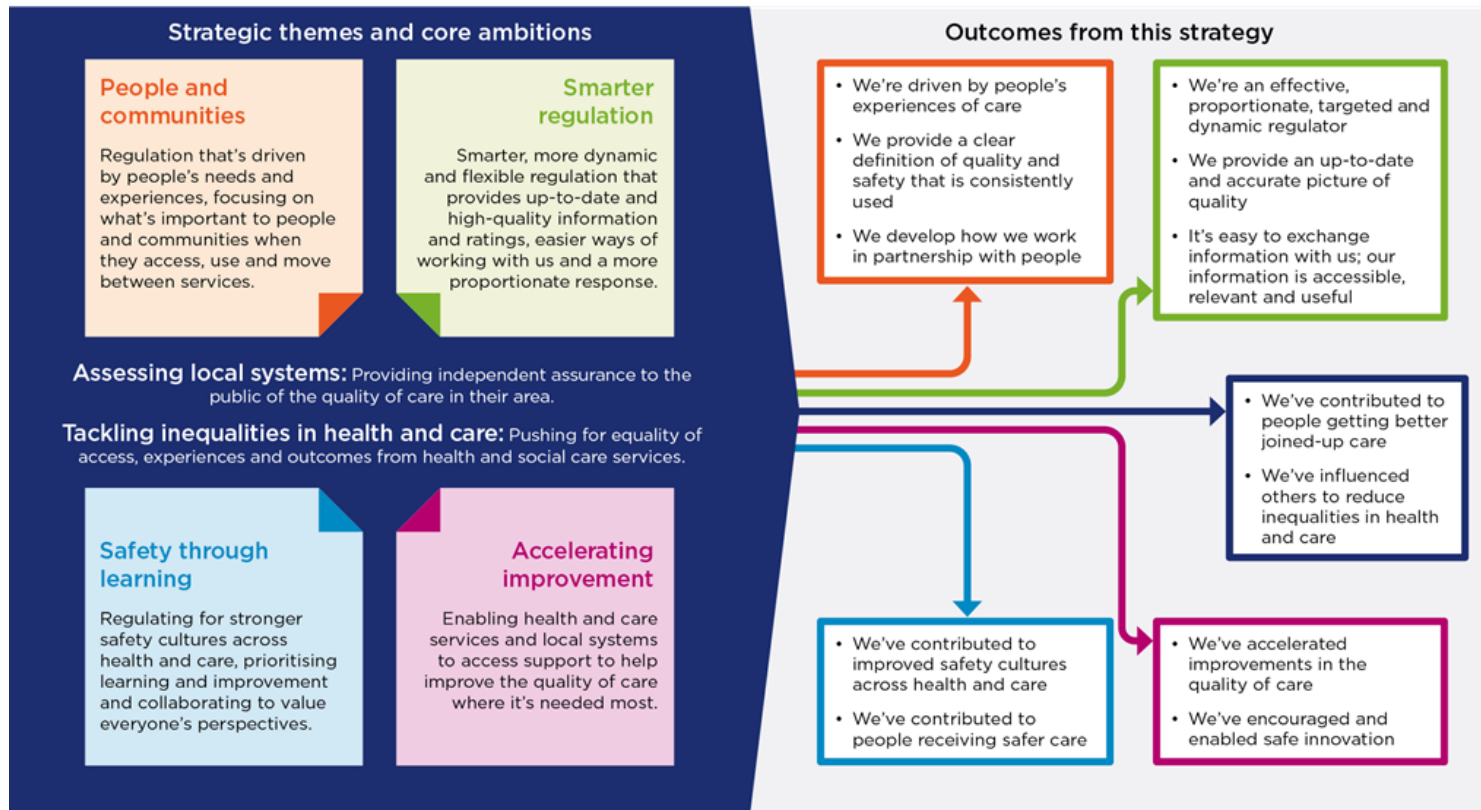
What we will cover today

- CQC Strategy
- Current CQC primary medical and dental services regulatory approach and inspection priorities
- Current and future regulatory model
- Assessment Framework
- Q&A



Our purpose

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



- Responding to risk
- Focused inspections
- Inadequate and Requires improvement services
- Registered and unrated services



Priorities for General Practice inspections

Focus on inspecting where there is risk, in particular those that could not be completed due to the pause in inspections

- Follow up inspections of inadequate/special measures services
- Band 1 sampling
- Urgent and Emergency care inspections



Urgent and Emergency Care inspections

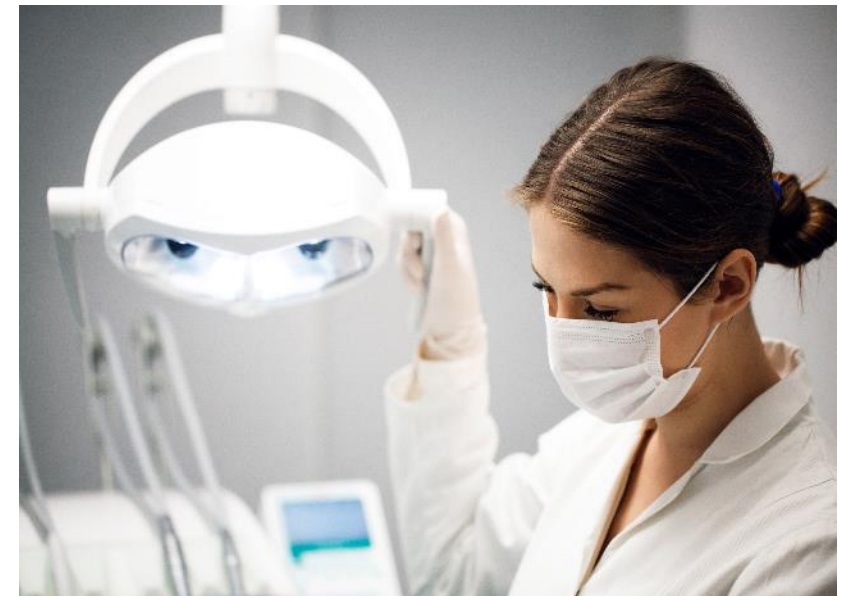
We are restarting work to coordinate our approach to inspecting urgent and emergency care pathways

This will include focused inspections of a sample of GP locations within identified systems



Priorities for Dental inspections

- Practices that have not been visited since before 2015
- Practices providing services using conscious sedation
- Continued evolution of “smarter working” to reduce burden on providers whilst still assuring the public of good care.
- Continued focus on the DMA as an assessment / monitoring tool.
- Promote the use of Intelligence to aid our monitor function.
- Giving priority to “Safe” “Effective” and “Well Led”
- Continuing to have regard for access issues in dentistry
- Following up on “smiling matters”- joint working with ASC and system wide.
- Build on the outcome of our pilot inspection work with the Acute sector.



Our model now and in the future

Model: Now

Assessment frameworks (multiple)	Ongoing monitoring but inspections schedule based on previous rating	Inspection: gather evidence using KLOEs (Single point in time)	Develop judgements (offline) Line-up judgements against ratings characteristics	Publish narrative inspection report
---	---	---	---	--

Process

Single assessment framework	Ongoing assessment of quality and risk	Not just inspection - variety of options (multiple points in time) – more time spent in higher risk services	Team assigns score based on evidence found	Ratings updated, short statement published
------------------------------------	---	---	---	---

Model: Future

Our assessment framework

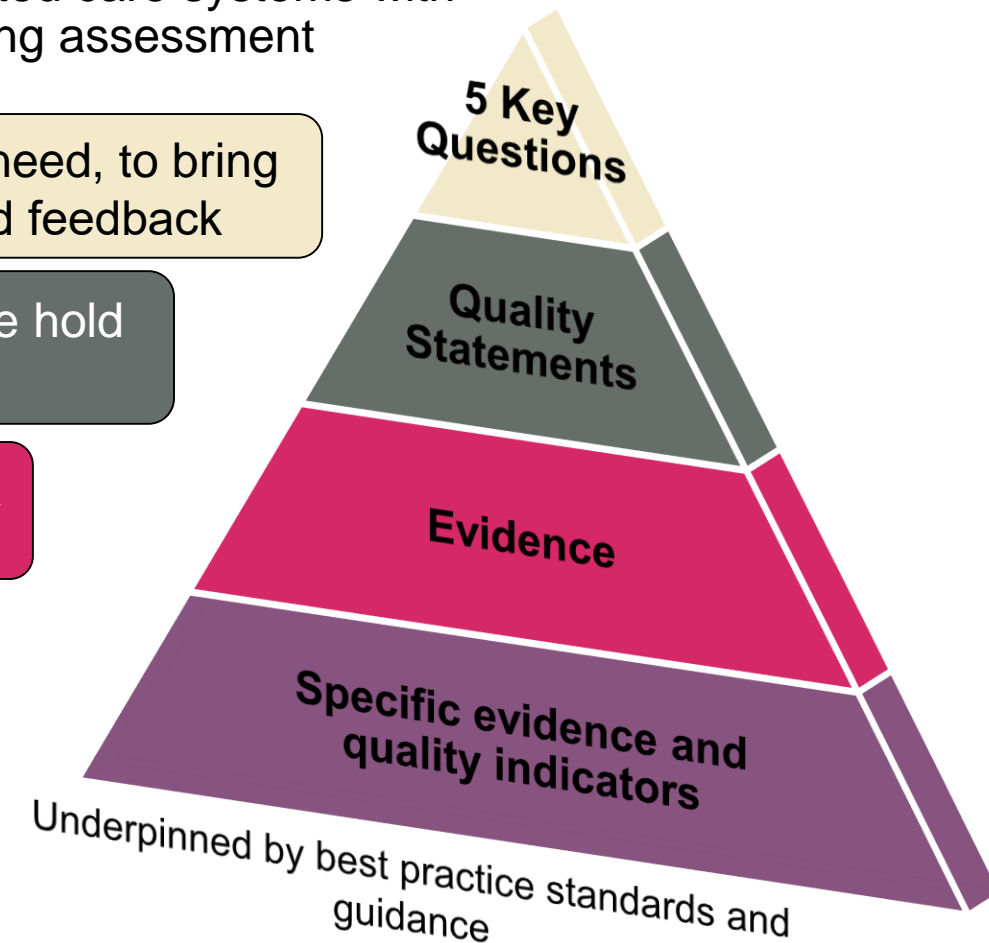
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group





‘I’ statement: When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.



‘We/Quality’ statement: We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.

The 5 key questions and topics

Safe

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Responsive

- Person-centred care
- Care provision, Integration, and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Effective

- Assessing needs
- Delivering evidence-based care and treatment
- How staff, teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Well-led

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion

Caring

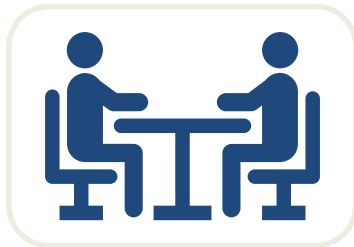
- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Evidence categories

- Six evidence categories and key pieces of evidence required to make a judgement for each quality statement
- The required evidence will differ according service type or level of assessment
- Tailored evidence requirements, updated over time to reflect standards and guidance
- All information easily accessible for both our inspection teams as well as providers



People's Experiences



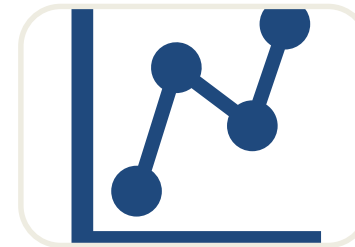
Feedback from staff and leaders



Feedback from partners



Observation



Outcomes



Processes

- Single assessment framework applied flexibly to meet different requirements
- Areas of focus for Integrated Care Systems:
 - Leadership
 - Integration
 - Quality and safety
- Areas of focus for Local Authority assessments:
 - Working with people
 - Providing support
 - Ensuring safety
 - Leadership

- Continued engagement to develop the new regulatory model further
- Start to 'scenario test' the model with small numbers of providers

We'll continue to share opportunities to get involved with shaping this work and we'll look to share more detail on when the new regulatory model will be rolled out soon.

How to stay up to date



Get involved on our digital platform

Continue the conversation

Sign up here: <https://cqc.citizenlab.co/en-GB/>

Provider bulletin and blogs

Sign up for your sector bulletin here: <https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc>

All blogs can be found on our medium page: <https://medium.com/@CareQualityComm>



CQC Twitter account

For the most up to date, immediate information

Follow: @CQCProf



CQC Connect

Listen to all of the latest episodes, on your favourite podcast provider

<https://linktr.ee/cqcconnect>

Any questions?

QUESTIONS



Thank you and close

