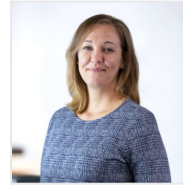




AUTHOR / KEY CONTACT



Nicole Ridgwell
Senior Associate

✉ nicole.ridgwell@la-law.com
☎ 020 7492 9834

General Practice Regulatory Update

Whilst the weather may not have noticed, we have now moved into British Summer Time, and the clocks have gone forward. This signals more than a lost hour's sleep for the GP sector. As of April 2023, CQC inspections are ramping up again to compensate for CQC's announced reduction in visits over the past months due to winter pressures.

CQC had agreed to inspect GP practices from December 2022 to March 2023 only in cases where there was a 'risk of harm' to patients. In reality, this meant that CQC would inspect where they had received cause for concern (whether from members of the public, whistleblowing complaints or other flags of concern) but would not inspect simply because it had been a set number of months since their last inspection.

GPs may consider that this brief winter "*reprieve*" was anything but. The Royal College of General Practitioners has described it as "[one of the most challenging yet for general practice](#)" and in their March 2023 report '[Fit for the Future: GP Pressures 2023](#)' found that:

- General practices in England carried out 4.6 million (9%) more appointments in December 2022 and January 2023 than in the same months the winter before the pandemic.
- Whilst the number of appointments continues to grow, the number of full-time equivalent fully qualified GPs has dropped by 2,077 (7%) since 2015.
- Providing an easily accessible pot of funding over winter may help, but this would not be enough to solve the challenges facing general practice. For example, the lack of clinical staff available to hire using the additional short-term funding, and the lack of physical space to host more staff, limits practices in utilising the funds effectively.
- There needs to be an adequately funded flexible plan to prepare general practice to deal with surges whenever they occur.
- Many of the resources that staff said would help require longer-term investment and would not be solved through a short-term funding pot.

- Significantly expanding GP training places must be a priority whilst acknowledging that it takes ten years to train a fully qualified GP from entry to medical school.
- The workload pressures in general practice over the winter of 2022/2023 were immense, and high levels of patient demand are set to continue for some time.

Despite these findings, the reduction in inspections is over, and CQC has confirmed that it will be re-imposing set timeframes for the forthcoming inspections:

- Re-inspection within six months for a rating of inadequate
- Re-inspection within 12 months for a rating of requires improvement
- Otherwise, an annual regulatory review process and provider information collection as standard through its [current inspection framework](#)
- 'Risk of harm' inspections, reactive to new information, to continue

Whether led by 'risk of harm' or the standard inspection process, CQC is keen to demonstrate its focus on people's experience of care and how it responds to this feedback. For example, using the "[136% increase in the use of the 'Give us Feedback about Care' function on the CQC website](#)" as triggers for CQC inspections.

It will be interesting to see if, and if so, how CQC may use the data now available on NHS Digital's website ([February 2023](#) just released at the time of writing). This statistical resource aims to inform the public about their GP practices and allow the Government and stakeholders to assess and support winter preparedness. It also provides a handy benchmark for GP practices and CQC to determine a particular practice's statistics against the national and geographical averages (on length of appointment, ability to obtain a same-day appointment, whether the appointment was face-to-face, etc.).

As we always emphasise, all registered providers within any regulated sector must stay abreast of all available resources to ensure they remain compliant with the relevant regulations. Where new data sources are available that may influence the regulator or are a potential source of positive comparison for a provider, we strongly recommend that GP providers consider this to be another potential tool when analysing their responses to CQC inspections.

Where, for example, a provider's statistics are above the national or geographic average, this should be a source of celebration, reassurance to the public, positive promotion, and evidence for CQC. Whilst monitoring the NHS digital data is, of course, one more task to place on providers in such a busy sector, it would appear to be one

that could pay real dividends both now as CQC inspections increase and to provide statistical analysis to lobby for better and more efficient support before next winter comes around.

We represent and advise GP practices through challenges to CQC reports and responses to enforcement action taken by CQC and with employment and commercial issues relevant to GP practices. We understand that every business is different. We work with you to understand your circumstances and explore your options to agree on the most appropriate strategy to achieve your aims. We can provide advice and representation throughout the CQC process, alongside support with ancillary issues such as safeguarding matters, inquests, employment advice and assistance dealing with banks, commissioners, families and the media.

If you have received a critical inspection report or alternative enforcement action from CQC, please get in touch with our [health and social care lawyers](#) to discuss how we can help at Nicole.Ridgwell@LA-Law.com.