Care Quality Commission

Outstanding Practice

STPs, Regulation & the Role of the CQC

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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

- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement
- Outstanding, Good, Requires Improvement, Inadequate

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

Our current model of regulation

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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 a **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 quality of care across England is mostly good

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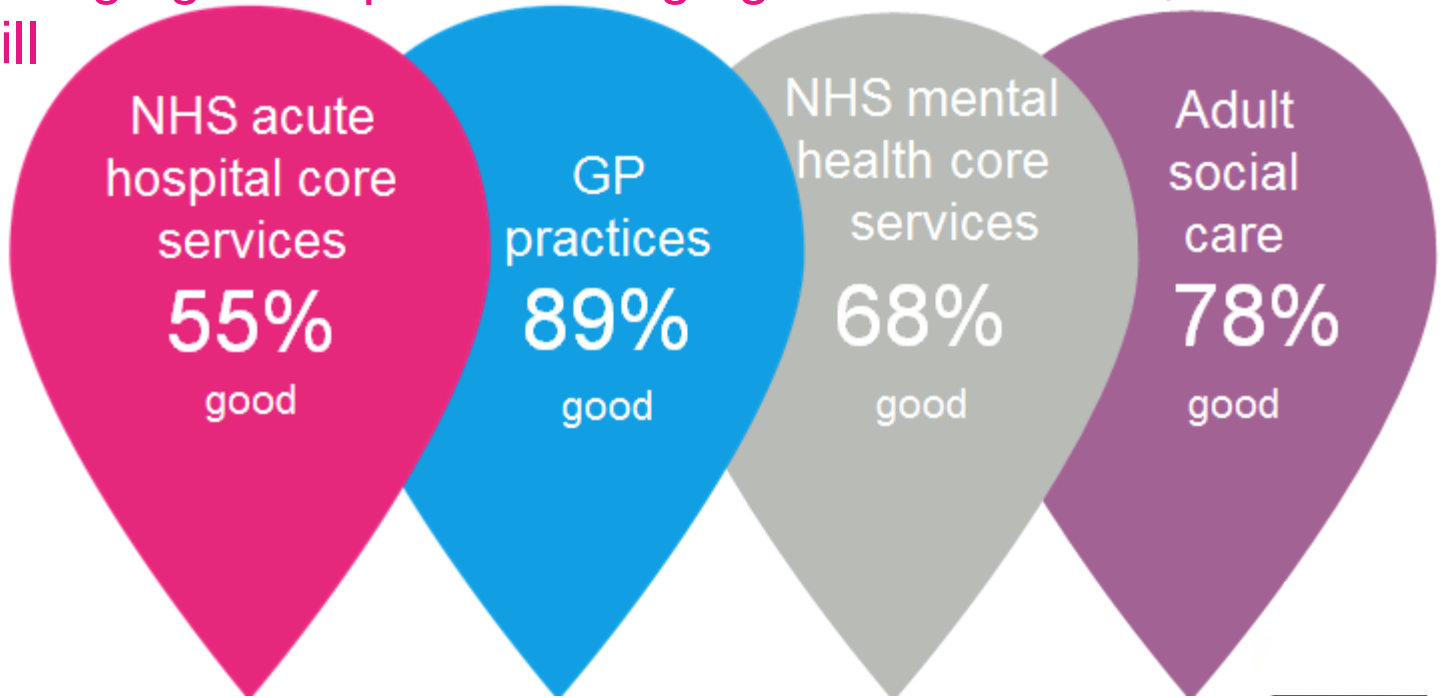
Much is encouraging – despite challenging circumstances, most people are still getting high quality care



Source: The state of health and adult social care in England 2016/17

Primary medical services

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- 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

Outstanding Characteristics

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Overall
Outstanding

- **Easy to access appointments** and services through several communication channels
- **Good and effective leadership** extends beyond the manager and those values are cascaded to **inspire staff**
- Staff training and support
- **Open culture** – people who use services/staff/relatives shared views and issues
- Strong links with **local community**
- **Working with multi-professional colleagues and from other organisations**
- Support patients and carers with **emotional needs**
- Services empowering patients to **self manage long-term conditions**

What is the CQC Regulatory Role Regarding STPs

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Our commitment

New strategy sets a priority to ‘Encourage improvement, innovation and sustainability in care’. We will work with others to support improvement, and to adapt our approach as new care models develop

Our opportunity

Our local insight and our national reach means we have the tools to encourage STPs’ efforts to improve quality – and to find out if and how we need to work different to help them do that

What are the implications of STPs for CQC?

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Registration:

We need to be able to respond and adapt to be able to register new and different types of care in the most appropriate way.

Working across sectors and places:

We need to be able to support the shift to place-based working by collaborating across directorates to share expertise across sectors and across localities and regions.

Opportunity and challenge for quality:

If STPs work, we should see quality improve, but in a financially-challenged context we need to encourage local and national partners to prioritise quality alongside (not instead of) financial balance.

A word on registration…

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STPs may include plans that will require changes to registration, eg:

- Setting up a new care model that needs to be registered as a new organisation
- Reconfiguring the way services are provided so providers need to change their registration
- Closing some services/locations so some providers may need to vary or cancel their registration (or suspend it?)

We want to encourage footprints to consider these issues:

a. To help them navigate the registration process

b. To understand whether and how we need to improve our processes

We want to support STPs in three main ways

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1. **Provide constructive challenge** to encourage footprints to give full consideration to quality.
2. **Provide information** to help footprints access helpful evidence and insight about care quality (eg every footprint has received a bespoke CQC data-pack about their local provider ratings).
3. **Gather local intelligence** so we can identify if CQC can support or needs to do things differently (eg helping to register new models of care with CQC).

We’re here to support and advise. It is not CQC’s role to ‘sign-off’ STPs.

CQC has nominated ‘STP Leads’ from inspection directorates

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A single point of contact for each footprint

STP Leads have reviewed each footprint’s draft plans

They’re an ambassador for quality – and for CQC

We're also influencing nationally to make sure quality remains a priority

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Through our place on the national STP working group, the Five Year Forward View Board, and other national bodies like the National Quality Board, we're working to make sure that improving care quality continues to be an equally important priority as achieving financial balance and improving the health of the population.

Find out more…

Talk to the lead Deputy Chief Inspectors in your region:

- Central: Janet Williamson
- North: Debbie Westhead
- London: Ted Baker
- South: Ruth Rankine

Get in touch: Dominique Black, Strategy Manager, Dominique.Black@cqc.org.uk

If you have questions about new models of care: email enquiries-newmodelsofcare@cqc.org.uk