

**Royal College of Physicians of Edinburgh**

**Response to  
CQC: Our next phase of regulation**

**Summary of consultation questions**

**1a Do you think our set of principles will enable the development of new models of care and complex providers?**

[Strongly agree/ Agree/ ~~Neither agree or disagree/ Disagree/ Strongly disagree~~]

**1b Please tell us the reasons for your answer.**

While it is unlikely that the principles themselves will drive new models of working, if properly applied they should encourage change and will be important to assess and rate new complex organisations.

**2a Do you agree with our proposal that we should have only two assessment frameworks: one for health care and one for adult social care (with sector-specific material where necessary)?**

[Strongly agree/ Agree/ ~~Neither agree or disagree/ Disagree/ Strongly disagree~~]

**2b Please tell us the reasons for your answer.**

It is likely that this will provide an easier to understand system with more clarity and better comparisons. This is important for new ways of working in which there will be more integration between health and social care. However there needs to be awareness of the potential for “artificial shoehorning” where very different services with distinct cultures and ethos are slotted into a comparable framework.

**3a What do you think about our proposed changes to the key lines of enquiry, prompts and ratings characteristics?**

There is general support for these changes. The development of these items is an iterative process and we recognise that they will be modified over time as experience is gained. It is important that changes are allowed to embed for some time before any further modifications as comparison over

time within certain KLOEs needs to be made without too many confounding changes.

**3b What impact do you think these changes will have (for example the impact of moving the key line of enquiry on consent and the Mental Capacity Act from the effective to the responsive key question)?**

No specific comment.

**4 We have revised our guidance Registering the right support to help make sure that services for people with learning disabilities and/or autism are developed in line with national policy (including the national plan, Building the right support). Please tell us what you think about this.**

No specific comment.

**5 What should we consider in strengthening our relationship management, and in our new CQC Insight approach?**

It may be useful for CQC to consider a mentoring approach to improvement. Fellows have expressed desire to see a non-adversarial approach to relationship management and an understanding that the system is under tremendous pressure with significant resource gaps. A “hard-line” approach at present is likely to further damage morale rather than lead to energetic improvement.

**6 What do you think of our proposed new approach for the provider information request for NHS trusts?**

More continual monitoring will encourage change in a planned way as opposed to the snapshot response triggered by information requests at single points in time. Shortening and streamlining the regulatory burden would be welcomed. Trusts must have the space to introduce change and improvement in their everyday practices. The CQC should rightly gather intelligence from all sources such as national audits, patient voice etc.

**7 What do you think about our proposal that our regular trust inspections will include at least one core service and an assessment of the well-led key question at trust level approximately annually?**

The College supports this proposal.

**8 What do you think about our proposal that the majority of our inspections of care services will be unannounced?**

There were some mixed views on this subject, however some Fellows expressed a view that this should lead to more organised and planned change over time rather than reactive changes to cope with a planned visit.

**9a What do you think about the changes we have proposed to inspecting the maternity and gynaecology core service?**

The College supports this proposal.

**9b What do you think about the changes we have proposed to inspecting the outpatients and diagnostic imaging core service?**

The College supports this proposal.

**10a Do you agree with our proposed approach to inspecting additional services (services that we do not inspect routinely) across a range of providers or sectors?**

~~[Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]~~

**10b Please tell us the reasons for your answer.**

**11a Do you agree with our proposals for using accreditation schemes to both inform and reduce CQC inspections?**

~~[Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]~~

**11b Please tell us the reasons for your answer.**

Accreditation schemes are not as powerful as visits and would be a useful adjunct to a visit but not a replacement for a visit.

**12 What do you think about our current approach to trust-level ratings and how do you think it could be improved (taking into account the new use of resources rating)?**

The College supports the current approach.