January 2016

Consultation on CQC regulation fees

1. The RCGP welcomes the opportunity to respond to the Care Quality Commission’s consultation on regulatory fees.

2. The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with expertise in patient-centred generalist clinical care.

Summary

3. We welcome the opportunity to respond to the Care Quality Commission’s consultation on regulatory fees. The College is however disappointed that - at a time when there is widespread concern across the profession that the current CQC inspection regime is not fit for purpose, and is causing unnecessary burden on general practice, practices will now be asked to cope with increased fees. Whether
across a 2 or 4 year time period, the administrative workload that inspections result in is unacceptable, at a time when general practice is under intense resource pressure.

4. Practices in England provide 370 million consultations a year, a figure that is rising as more people develop multiple long term conditions. Practices need to focus their resources on providing quality care for these patients, not funding inspections that evidence obtained by the College has shown to detract from patient care and conducting the administration that accompanies them.

5. General practice is currently facing a recruitment shortage, with a minimum of 5000 GPs needed by 2020. In order to reach this figure, general practice needs to demonstrate it is an attractive and rewarding career, as well as prevent current GPs leaving the profession, or morale within general practice falling further. The burden of the proposed increased CQC fees will inhibit any efforts made by the College, NHS England and Health Education England on this matter.

6. Despite the fact the CQC must claim full cost for their inspections, the College is unconvinced that the current CQC inspection regime demonstrates value for money. The College proposes that a more light touch approach be adopted for practices which have previously demonstrated that care they provided is above standard, and is pleased to see that the CQC is considering such an approach in their Building on Strong Foundations report. A less resource heavy approach would be more cost effective. Furthermore, taking into account the number of practices which have closed or merged with others, the amount of practices being inspected should have fallen and the College is concerned that this reduction has not been accounted for in the inspection fee increase.

7. The College is pleased to see the Department of Health step in to help practices meet the cost of the proposed increase in inspection fees through the GP contract, increasing its value by to up to £15 million in 2016-17. However, the CQC should consider an alternative mechanism for recouping its costs, one that is more straightforward and places less of a burden on the profession. The most sensible solution would be for the Department of Health to meet the cost of the fee increase via a direct payment to the CQC, as opposed to routing it through general practice. It is also not yet known how sustainable the Department of Health’s offer to subsidise these increased fees will be, as there has been no guarantee that it will continue in the long term, or cover the whole of the proposed increase. If the cost of the
proposed fee increase is not met in full, this will have a detrimental impact on practice finances and ultimately on the standard of patient care.

**In setting fees for 2016/17, which of the two options for achieving full chargeable cost recovery would you prefer CQC to adopt?**

8. As stated above, the College is strongly opposed to increasing cost of general practice inspections. The College has concerns regarding the cost effectiveness of the current CQC regime and therefore we question the necessity of the increase. The College feels that the increase in fees and the administrative work this places on an already strained general practice workforce will result in increased fatigue amongst GPs, more GPs choosing to leave the profession, and will fuel perceptions of general practice as an unattractive career. All of these factors will have detrimental effects on patient care.

9. The College also questions the introduction of full chargeable cost recovery in general practice if these increase in fees are to be subsidised by the Department of Health. This seems a convoluted way of recovering this cost and the College is also concerned that the Department of Health will not be able to sustain this subsidy, meaning that more practice income will be diverted away from the provision of frontline patient care.

**Would you prefer CQC to adopt another option for setting fees for 2016/17?**

10. The CQC should reconsider the ways in which it has calculated this fee increase. We would like the CQC to take into consideration the fact that practices are closing at a higher rate than ever and that practices are merging to form new models of care resulting in the number of practices needing to be inspected falling.

11. In the past the College has highlighted that the CQC should consider a more light touch approach to inspections, especially with practices that have already shown they are providing above standard patient care. If such an inspection approach were adopted, focusing on the criteria that matter most to patient care, the cost of inspection would reduce.