Department of Health consultation on Registration of primary medical services providers with the Care Quality Commission

1. I write with regard to the Department of Health consultation on Registration of primary medical services providers with the Care Quality Commission.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 42,000 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 enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. However, we must note that the College is not in a position to assess the internal affairs and capacities of the Care Quality Commission. Clearly we wish to see systems developed that are robust, equitable and effective, and if it is the judgement of the Department of Health and the Care Quality Commission that this will require more time, then we can only accept this.

4. We have provided answers below to the specific consultation questions:
• **Should the registration by the CQC of most primary medical services providers be deferred by one year from April 2012 to April 2013?**

As suggested above, if the deferral will allow for the development of more robust procedures that will, as stated ‘help to provide an improved service and greater assurance to patients and service users’, the College will support this as a reasonable step.

• **Should this group also include GP practices that directly provide out of hours care?**

The College’s preference would be for all out-of-hours service providers to be treated in the same way and on the same timescale, in compliance with their contractual requirements. There does not appear to be a strong case made for excluding GP out-of-hours service providers, and we would require further evidence to be convinced of the need for this.

• **Should the registration of dedicated out of hours primary medical services providers (those whose main or sole purpose is the provision of primary medical services in the out of hours period) go ahead in April 2012?**

The College supports this, provided, again, that the systems in place are sufficiently robust.

• **Should the registration of NHS walk-in centres go ahead in April 2012?**

The College supports this provided that the systems in place are sufficiently robust.

• **Can you provide any new evidence or data that we should take into account when considering whether to update the impact assessment that informed the decision to register primary medical services providers?**

The consultation refers (paragraph 17) to the College’s Practice Accreditation scheme. We would strongly recommend alignment with this as a way forward for the Care Quality Commission in ensuring the robustness and equity of its systems. We refer you to our position statement on Practice Accreditation¹.

¹ RCGP, *Statement on Practice Accreditation in England* (RCGP 2006) -
• Can you provide any new evidence that we should take into account when considering whether to update the equality impact assessment that informed the decision to register primary medical services providers? Again, we refer you to the College’s Practice Accreditation scheme, which has a strong focus on service development and includes consideration of health inequalities.

5. We gratefully acknowledge the contributions of members of the RCGP Council in formulating this response.

Yours sincerely

Professor Amanda Howe MA Med MD FRCGP
Honorary Secretary of Council