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Dear provider,

**Annual regulatory review and focused inspections for practices rated good or outstanding to be introduced from 1 April 2019.**

Our [strategy for 2016 to 2021](#) set out our new approach to the regulation of general practice. This approach was based on the fact that the vast majority of GP practices have been rated good or outstanding, allowing us to introduce a more proportionate approach to regulation. This means only inspecting a sample of good and outstanding practices each year with a maximum re-inspection timescale of five years.

To support this change, we are introducing an annual regulatory review. This means each year our inspectors will formally review all of the information that they hold on each practice and consider whether it indicates that the quality of care may have changed since the last inspection or, in time, annual regulatory review. This approach will help us to prioritise our inspections where there has been most change, either deterioration or improvement. We can then continue to focus where risk is greatest while also supporting practices to improve. It will also enable us to move to more focused inspections that concentrate on those areas of most change.

As part of this process, our inspectors will arrange a telephone call with GP practices, where they will ask a [set of questions](#). They will contact practices four weeks in advance to arrange a mutually convenient time for this call. We expect the call to last no longer than one hour. The purpose of the provider information collection is to help us and practices provide context to all other information CQC has access to in order to make a decision about whether we need to inspect, what we should focus on, and when this should be. These calls are not inspections, they are a conversation about changes in quality that underpin the development of the relationship between a practice and inspector.

We encourage practices to consider the questions as part of multi-disciplinary team discussions to help reflect on what has changed over the previous 12 months. This can help practices to prepare responses to the questions that enable us to carry out an effective annual regulatory review.

It is important to understand that an annual regulatory review cannot change a rating, only an inspection can do this. The information collected during these phone calls is no more or less important than any other information and intelligence we hold. We will consider all the information in our decision making.

Our response to risk will not change, but we will also be looking at potential improvements that may indicate we need to inspect and re-rate so that we can continue to accurately describe the quality of care at a practice. Where we make the decision to inspect a practice rated good or outstanding, this will be a focused inspection in most cases. A focused inspection may not always consider all five key questions, although we will always inspect the effective and well-led key questions as a minimum. Any decision to inspect other key questions will be based on the information we hold, identify on any inspection or assessed as part of the annual regulatory review.

We have consulted the RCGP and BMA on this approach and have tested with a number of practices prior to introducing. We will provide supporting material through our regular provider bulletin, our inspectors and [through updates to our guidance](#).

Prof. Steve Field  
Chief Inspector of General Practice