

Progress on Recommendations for an Equal Experience of CQC Regulation for Ethnic Minority-Led GP Practices

Background

Majority of General Practices are rated as either good or outstanding by the Care Quality Commission (CQC). However, concerns were raised in 2020 from ethnic minority-led GP Practices that they do not receive fair regulatory outcomes from CQC, as providers led by GPs of a White background. This resulted in a programme exploring the experience of ethnic minority-led GP practices, and how the CQC could improve methods to address any inequalities in its processes.

The research found various factors that may affect the experience of ethnic minority-led GP practices – some relating to CQC’s own regulatory processes and other wider systemic factors that disproportionately affect ethnic minority-led practices.

Aim

Regulation should be based on fairness for all those that CQC regulate and for the people who use services. As CQC’s new National Professional Advisor for Equality and Diversity in Primary Care, and an ethnic minority GP, it is my duty to ensure we carry forward the actions identified in [‘Ethnic minority-led GP practices: Impact and experience of CQC regulation’](#).

Reform

CQC is currently going through a period of major change. This brings opportunities to embed the recommendations from the research into a new regulatory model. However, it also means that some of these changes will need to happen in line with progress towards a new regulatory model. CQC leaders understand any frustration relating to the time it is taking to implement the improvements, but does wish to reassure GPs that this is a key priority for CQC, and doing it alongside this work means any changes needed are properly embedded in its approach and made in the most effective way. CQC believes it has made significant progress already in addressing this vital issue.

Here is a summary of the key findings from CQC’s research into the impact and experiences of regulation among ethnic minority-led GP practices, and the progress in addressing them:

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- The review highlighted a need for improvement in robust, meaningful data collection on ethnicity. Collecting ethnicity data is sensitive, and often people are reluctant to divulge this information lest they are victimised. However, the primary purpose of obtaining this data is to understand how different groups experience regulation. To implement this, CQC is developing the best approach to capturing this valuable information, having also explored the available data already being collected in the wider system.
- The review highlighted contextual factors: for example, being a single-handed practice, working in a socio-economically deprived area, external system pressures, a lack of support from external bodies. These can disproportionately affect ethnic minority-led practices and their ability to demonstrate how they provide good care. CQC has developed a training webinar to ensure inspectors understand these contextual factors and the challenges faced by ethnic minority-led GP practices. The regulatory model needs to acknowledge and reflect the context in which a practice operates in decision-making, without compromising on expected standards of care for people. CQC is currently determining the best way to incorporate this contextual data into the new framework in a safe, supportive and objective manner.
- CQC understands that many GP practices working under additional pressures, particularly those serving people in a more deprived area, are developing innovative ways of working to combat the impact. Supported by funding from the Regulators' Pioneer Fund, CQC set out to identify how it could recognise and share [innovative practice by NHS GP providers to reduce health inequalities](#) as part of its routine regulatory processes, assessments and engagement. As a first step, CQC will be publishing key findings from this project to the benefit of both GP practices and inspectors. This will help recognise responsive care and good leadership where a GP practice is operating in more challenging circumstances.
- Everyone, wherever they are, has the right to safe, high-quality care and GPs should be supported appropriately to achieve this. CQC is aware that support for GP practices needs to improve. [CQC's strategy](#) outlines how it will enable increased access to improvement support across health and social care, working with partners and through strong relationships at local level. CQC's new online Provider Portal will make it easier to engage, share information and keep details up-to-date. CQC will develop better guidance for providers about what the regulator – and the public – expect of them in meeting the regulations and providing good quality care. CQC is also developing training events to support practices.
- A whole regulatory approach – including the CQC regulates GP practices – is moving away from the old key lines of enquiry to a single assessment framework. This uses quality statements, which place a greater emphasis on a provider's understanding of the diverse needs of their community, addressing equity in access and experience and tackling inequalities in health outcomes, as well as a stronger emphasis on learning and innovation. This will help both address inequalities and give greater emphasis to the areas of work that GP practices, in areas of deprivation, are likely to be doing well.
- Projects are under way to increase the feedback CQC receives from patients who face barriers when communicating with the regulator to help ensure feedback is more representative. This includes building a People's Experience Framework to ensure robust and consistent consideration of the diversity of people's views, developing outreach and engagement in local areas, and producing videos in different languages to encourage people to give feedback on their care, linked to promotion of our interpreting arrangements. The way it collects information from both providers and the public, and how it is used in assessments,

will be more transparent, and how decisions and judgements are made will be more structured, rounded and consistent.

- There is a new duty on CQC to review and assess integrated care systems (ICSs). It is currently in the 'test and learn' stage and developing high level interview quality statements to ensure ICSs support their GPs and proactively tackle health inequalities in their communities. CQC is working with other key organisations to ensure GPs are supported to deliver safe, high-quality care.

CQC understands GPs want it to make these changes as soon as possible. While it will endeavour to do this, CQC will also need to ensure each workstream is thoroughly reviewed and analysed to ensure the change have the desired effects. CQC anticipates that the majority of these workstreams will be completed in time to embed into the new regulatory model throughout 2023.

Going forward, CQC will continue to measure fairness in our regulation, reflect on feedback received, and work with providers and people using services to develop how it works where needed.