

1. What does compliance mean for a GP practice? Does it mean lots of protocols in ring-binders?

Compliance means that the care a practice delivers meets CQC's 'essential standards'. It is a practice's own responsibility to make sure these standards are being met – CQC's role is to check whether the provider is doing so. These standards are outcome based, which means CQC checks the quality of care people are receiving and what their experience has been, largely by speaking to patients, their families and carers, and to staff, and by observing care where appropriate.

When CQC inspects, we will be asking GPs and practice managers how they assure themselves about the quality of care they offer. The systems any responsible GP or practice manager uses to assure themselves should be evidence enough for us.

Demonstrating compliance will mean different things for different practices depending on the way they operate, their premises, their size etc. It does not mean lots of protocols in ring binders.

2. When will the negotiations with GPC over the detail of registration, compliance and fees be concluded?

CQC's essential standards apply to all health and adult social care providers. These standards are the same for all providers and will not change for primary medical care providers. However, when assessing registration applications and checking compliance we will be proportionate when applying the standards to providers in the primary care sector.

The one-year delay in registration has given us the time to review the process to ensure it as simple as possible for GPs. We are working with stakeholders and providers to ensure that what we do and what we ask makes sense for the sector.

More details will be available in the months ahead and we very much want to make this one-off registration process as effective as possible.

3. How long will it take the average GP practice to complete the registration information? Will this mean piles of paper printed out or an online tick-box?

The registration web form is being reviewed to make it as simple and easy to understand as we can, while meeting the requirements of the legislation.

It does require the practice to have gathered some information and undertaken work beforehand to assess their compliance, but how long this takes will depend on the practice. As I said, if you have sensible measures in place to assure yourself about the quality of service you offer, this should not be a particular burden.

We expect a practice which is delivering good quality care to already be meeting the majority, of not all, of the essential standards; we do not require evidence of compliance to be sent in with the application form.

4. If we say we are compliant will you believe us? Tell us how you will use data that is already available on GP practices to reduce duplication of information requests.

CQC responses to Family Doctor Association member questions

CQC will believe that you have made an honest declaration based on the evidence available to you. On the registration form providers will be asked to declare compliance and to complete a declaration that everything in the form is true and accurate.

This is a legal declaration and failure to declare possible non-compliance is a serious issue. This 'transitional' registration process does allow providers to be honest about where they think they are failing to meet standards, so this is the time to be candid about your performance. If you declare non-compliance, you will be expected to tell us what you are going to do to become compliant and by when.

We are looking at what other information can be used within the assessment of the registration application; this may include information from the GMC or from the local commissioning board.

5. Do we have to rip up our carpets, can our curtains and terminate our toy boxes?

Rumours around carpets, curtains, toys and books in waiting rooms, and dress codes are just that – rumours. None of these are likely to cause us concern, or lead to non-compliance with the essential standards of quality and care registration with CQC requires.

One of the essential standards of care that patients should expect from a primary medical service it is provided in safe, accessible surroundings that promote their wellbeing.

This care could be provided in an older building, or even a building that doesn't have, for example, disabled access. In these circumstances we would want to be assured that you have identified the risks associated with this, and have taken reasonable steps to manage them (or have a plan in place on how you will manage the risks), so that your patients still receive care in an environment that is safe and accessible.

For example a practice without disabled access may inform all new patients when they register and may offer to make home visits to those patients unable to enter their buildings.

We understand that the patients you care for and the premises you work in aren't 'one size fits all', and therefore how you ensure your patients experience quality care isn't 'one size fits all' either. The important thing is you identify risk and manage it appropriately.

6. Will approved GP training practices have to prove all over again that they are fit to practice?

The CQC is not a professional regulator; it regulates the practice and the care it delivers, not the individuals working within the practice. Therefore the provider of the GP practice will be required to register with CQC, but where appropriate the provider can use evidence to serve both purposes. CQC's aim is to ensure that we don't duplicate effort, while making sure we carry out the checks the law says we must.

7. Will CQC get strong messages out to PCTs NOW that they do not yet know the final form of the regulations to stop PCTs telling practices to do things in the name of the CQC which are ultra vires?

CQC responses to Family Doctor Association member questions

The essential standards of quality and safety are not subject to change nor is there any current plans for them to change and will be applicable to all GP practices. You can see them on our website and no-one should be demanding things in CQC's name that are not part of these standards.

PCTs should not be telling practices to do things in the name of CQC. GP practices are not subject to regulation by CQC until April 2014 and where we have found out that this has gone on we have spoken to the PCTs involved and will continue to do so.

8. How will the registration and compliance for smaller practices avoid being over-burdensome? What about branch surgeries?

Our guidance and methods are designed to avoid being prescriptive. For very obvious reasons, we wouldn't expect the same kinds of evidence from a small surgery and an acute hospital. As a rule of thumb, the systems that allow a GP to take assurance about the quality of the care they offer themselves should suit CQC's needs.

Our guidance on locations for GP practices states that for most NHS GP practices:

- A main GP surgery will be a 'location'.
- A branch surgery will be a location if it is managed independently of a main surgery, and is static and fully-equipped to provide the regulated activities.

A branch surgery will not be a location if it is managed from the main GP surgery, is mobile or is not fully-equipped to provide the regulated activity. In this case, the provider's statement of purpose should make clear that these services are provided or managed from the head office location (the main GP surgery).

For example, a branch surgery in a community hall that is not usually set up for that purpose will not need to be registered as a location.

Similarly outreach or visiting services, such as services provided to a care home or a prison, are not separate locations if they are managed from a main surgery. They will be covered by the registration of the surgery from which they are provided.

9. How many practices do you anticipate will be refused registration? Who should be worried about the process of registration and monitoring?

When CQC registered the private GP surgeries in October 2010 no surgeries were refused registration. Because this is a new system of regulation for Primary Medical Services, the transitional regulations (the underpinning law) for registration allow you to declare 'non-compliance' with any of the essential standards that you don't yet meet. We will need to understand how you plan to become compliant and by when.

In the most serious of circumstances, we have the power to refuse registration, or following registration to close down a service. This will be a rare occurrence. Practices offering good care have nothing to worry about – CQC's registration and monitoring system does, however, offer us strong tools to hold poor care providers to account.

10. With whom will you sense-check registration forms and the procedure before the system goes live?

We will be sense checking the registration forms, guidance etc with the sector. We are doing this through a number of different ways including through our provider reference group (which any provider can join), online Q&A sessions, through focus groups with providers and through working with stakeholders such as the GMC, BMA and NHS Alliance.

We would encourage providers to join our reference group so that they can input into this process and shape registration and the monitoring of compliance:

www.cqc.org.uk/prg

11. What value will CQC registration add to practices and their relationship with their patients? How would you sell the idea of registration if it were voluntary?

Simply put, regulation means someone is checking whether care services are meeting certain standards. Patients will know from April 2013 that CQC is out there checking services across England, holding them to account against standards of quality, and taking enforcement action to make sure that services that fail to meet these standards either put things right, or lose their licence to operate. CQC will publish what it finds to make sure the public can see what our latest checks discovered, and when.

Where there are concerns, the registration system means we can take swift action to protect the public. Our enforcement options are extremely wide, ranging from a warning notice to immediate closure. That means CQC can be proportionate and use appropriate tools to support improvements – or to take more stringent action to protect people from harm.

One of the key benefits of regulation is people having confidence in the quality of the sector. Strong regulation means people can make choices about care knowing that someone is holding those services to account.

12. The legislation underpinning CQC registration is complex and clunky. How will CQC simplicate and add lightness?

In short, CQC has worked to try to interpret the legislation in a proportionate way that allows us to check whether GP practices are meeting the standards set in law, without placing an undue burden on them.

In more detail, the essential standards of quality and safety have been created from the 28 regulations that you are legally required to comply with, which are set out in the legislation governing our work. The essential standards provide guidance on how you can meet the regulations and are written in a way that is not prescriptive and allows a proportionate approach dependent on the type of provider, their size, the population they serve and so on.

We are working to provide guidance over the coming year which makes registration and monitoring of compliance understandable. We recognise the need to use language which is understood by all and where we have to use complicated terminology that we need to provide a clear explanation. We will be testing our guidance out with providers through our reference group to make sure we achieve this.