

To: All GP Practices in Surrey and Sussex LMCs

15 March 2017

Dear Colleagues

Letters to Practices from CQC: GP Insight

I am writing to all practices, as over the next few weeks, practices should receive a letter and attached data pack from CQC. This does not relate to an inspection; all first inspections have now been completed and the CQC is entering into a consultation process regarding the next cycle of inspections, which are unlikely to commence before October 2017.

The letter from CQC is in reference to what CQC are calling without any obvious sense of irony CQC Insight; GP Insight is a sub-section of this.

GP Insight brings together national, publicly available data on practices, this includes QOF, GP Patient Survey, and NHS Business Services Authority held information. CQC is planning to use this information to inform future inspections and to identify variation amongst practices. In the CQC's letter it states that GP Insight should not be taken as a judgement on performance. but this issue represents one of the major concerns by GPC and LMCs about CQC's continuing use of such data and the public perception that may result. The CQC has also noted that there will be no change in a practice's published rating until they are inspected again, which for most practices will be some years away.

CQC is asking practices to review the data it provides alongside this letter and to contact CQC if the practice believes any data is incorrect. For timing reasons, the 2015/16 QOF data is being used. CQC are also aware that current data collection of immunisation uptakes is unreliable. In addition, practices that have merged may have incomplete data, and no data is published specifically relating to branch surgeries, only data relating to the CQC registered practice is published.

CQC is hoping to publish this information in May, and practices are being asked to contact CQC on enquiries@cqc.org.uk (putting 'GP Insight' into the subject line) to inform them of this. However, CQC notes that none of this data is put into context, for example, in terms of practice demographic information. This again is a concern raised by LMCs and GPC.

> Local Medical Committees for Croydon, Kingston & Richmond, Surrey, East Sussex and West Sussex

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Within your GP Insight data is your practice's z-score; this assesses your practice's data against the average of all practices in England. CQC has provided further statistical information to describe how the z-score is calculated, but the outcome is that, compared with a national average, each practice will either have a positive z-score, indicating the practice's position is below the England average, or a negative z-score, indicating it is above. Again, CQC emphasise z-scores are not of themselves an assessment of quality, but it is likely CQC will wish to make further enquiries into practices which are +2 or more as this is considered statistically significant, although no details of this process are available.

I am sure some colleagues will have further questions, and CQC have developed three background papers available at:

http://www.cqc.org.uk/content/gp-insight-verification

These are:

- CQC Insight NHS GP Practices: Frequently Asked Questions
- CQC Insight NHS GP Practices: Indicators and Methodology Guidance
- CQC Insight NHS GP Practices: Statistic Methodology Guidance

Clearly as a first step, practices may wish to review the data held by GP Insight for accuracy, however, practices are not there to act as proof-readers for CQC's datasets so if your z-score is above the English average, and given that in terms of local and patient interest this is about as far as matters are likely to go, you may feel drilling down into further details is an academic exercise until or if you are contacted by CQC. If your z-score is less than the English average, then cross-checking data may be more worthwhile, although as CQC itself cannot amend data held by a third party, unravelling this may be a rather drawn out process. It may be more time-efficient to await a likely GPC statement as to the unreliability of GP Insight – which once available the LMC will send out – and utilise this as a response to any enquiries. Final CQC publication of GP Insight data for all practices is currently planned for May.

There is one key point now regarding CQC; as from 1 April 2017, as GP practices you are not paying for any of it. As taxpayers, of course, you are indirectly paying for inspection within the GP Sector as NHS England are now responsible for reimbursing fees to GP practices.

As always, if you have any CQC related enquiries which are not answered within their website and documentation, please not hesitate to contact the LMC office.

With best wishes.

Yours sincerely

Dr Julius Parker
Chief Executive