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CQC Next phase of regulation: Consultation 3 - Independent healthcare

Summary Report

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1. Executive summary

In January 2018, CQC published its third consultation entitled 'Our next phase of regulation'. This sought the views of respondents on CQC proposals to evolve their approach to regulating independent healthcare services to bring it into line with other types of healthcare services.

There were 263 responses to the consultation from respondents including providers, commissioners, trade bodies, members of the public, voluntary sector organisations and members of CQC staff. A breakdown of respondent types is provided in section 2.3 and the main themes raised in their responses are summarised below.

Monitoring the quality of services

Most respondents agree with CQC's proposal to strengthen how they manage their relationship with providers of independent healthcare and with local and national organisations. Many respondents feel that this proposal would improve patient safety and the standard of services provided. They suggest that stronger relationships with independent healthcare providers would encourage providers to take steps to improve the quality of their services. Several respondents also believe that the proposed approach would help CQC inspectors to gain insight into the exact nature of a service and the particular circumstances which relate to its provision, allowing them to be more responsive to the needs of providers.

Many respondents suggest specific organisations or types of organisation that CQC should exchange information with, most commonly commissioning groups, including local authorities and CCGs. Several respondents also suggest that information should be exchanged with primary care services and GPs, NHS trusts or hospitals, or NHS England.

Most respondents agree with CQC's proposals to develop their Insight tool to monitor data about the quality of independent healthcare services. Some respondents feel that this proposal would improve quality of service provision, suggesting that it may help to identify trends or areas of weakness and give providers opportunity to address concerns. Respondents also say that it will help create consistency across independent and NHS providers and help to inform and improve the inspection process.

Most respondents agree with CQC's proposals to collect information regularly from independent healthcare providers. Many respondents say that this proposal would improve the quality of services provided, arguing that the process of sharing information helps providers to raise standards and identify areas of concern more quickly. Some respondents also say that data collection will help to improve transparency and accountability, prevent complacency, encourage competition and ensure there is no reduction in standards in between inspections.

For all these monitoring proposals, respondents' chief concern is around the potential impact on providers' workloads, specifically around the time spent on data collection.

Planning Inspections

Most respondents agree with CQC's proposals to move towards more unannounced and short notice inspections. Many respondents feel that this would allow a more accurate assessment of service provision as inspectors would be able to see how services 'really operate'. They argue that unannounced and short notice inspections reduce the opportunity for services to prepare for inspections and mask areas of weakness. Many respondents also believe that this proposal would lead to increased service quality. They say that services will have to be more consistent and make sure that they always meet the required standard. Some respondents feel that this proposal could impact on providers' workload. Specifically, for smaller providers, respondents are concerned that key personnel may not be available for inspections. Several respondents suggest different notice periods, ranging from 24 hours to 8 weeks.

Core services

Most respondents agree with CQC's proposal to create two distinct core services of outpatients and diagnostic imaging. Several respondents say that the proposal will have a positive impact on the accuracy of providers' ratings. They argue that it will allow a more transparent view of service quality and the distinction between the two services' assessment will enable providers to target improvements more easily.

A small majority of respondents agree with CQC's proposal to inspect medical care and surgery together where delivered together and a significant proportion of respondents are neutral on this proposal. A larger majority of respondents agree with CQC's other proposal to continue inspecting medical care and surgery separately where delivered separately. In support of combining medical care and surgery, several respondents comment that, given common personnel and management, a combined assessment approach is a logical and sensible approach. In contrast, several respondents comment that it is more logical to assess medical care and surgery together. They argue that, while the management of these services may be delivered together, the risks associated with individual services can be different. Some respondents suggest a different approach, that outpatients and diagnostic imaging should be assessed separately or together depending on the size or type of provider. They suggest that a flexible approach is needed to ensure that data is not skewed by the differing sizes of services.

While the majority of respondents agree with CQC's proposal to introduce the 'community single specialty' service, a significant proportion of respondents are neutral on this topic. Several argue that this proposal will improve assessments and service quality through simplification, reduced duplication and improved rating accuracy. Some respondents also argue that the proposal is a logical and sensible approach given that these services are often specific in the way they deliver.

Inspection

Most respondents agree with CQC's proposal to use accreditation by an appropriate recognised scheme to inform CQC inspections and reduce duplication. Some respondents feel that recognition of appropriate accreditation schemes would help reduce the pressure put on providers' workloads by inspection processes. Several respondents also believe that using accreditation schemes would help drive improvement in service quality. In contrast, some respondents are concerned that these accreditation schemes may allow providers to become complacent, that these schemes may not be as robust as CQC's methods, or that this amounts to CQC delegating their work.

Most respondents agree with CQC's proposal to publish a more accessible and user-friendly inspection report with a separate appendix of evidence for some independent healthcare providers. Many respondents say that this proposal would make reports easier to understand for both service users and providers. Some respondents feel that clear and concise reports would help service users to compare the services which are available and to make more informed choices about the best place for their care. Several respondents feel that this proposal will enable service providers to recognise and address areas of concern more quickly. The most widely-raised concern is that this proposal will result in an insufficient amount of detail being included in reports, preventing service users from fully understanding the services they are considering using.

Ratings

Most respondents agree with CQC's proposals to award a rating to independent healthcare providers for CQC's five key questions and aggregate these up to an overall rating, to rate independent healthcare providers at the service and/or location level on their four-point scale and to aggregate independent healthcare providers' ratings using CQC's published ratings principles.

Many respondents say that these proposals will ensure consistency across the whole of the health sector. Several respondents highlight potential benefits such as providing clarity, informing service user choices and incentivising independent providers to achieve the best possible overall ratings. Some respondents express concern that independent providers may not make provisions for all service areas or patient groups and it will therefore be important that ratings are adjusted accordingly.

Consultation events and wider context

Between January and March 2018 CQC held a series of 13 consultation events with providers, members of the public, local Healthwatch and CQC staff. Chapter 8 summarises the main themes raised at each event which broadly reflect the key themes set out above.

Many respondents provide general feedback about CQC and the wider health and care sector that does not relate to specific consultation questions. Chapter 9 summarises comments on the consultation process and documentation, as well as comments about

CQC's effectiveness and approach. Several respondents make positive comments about being involved with the consultation process as well as general comments about consistency between independent and NHS services.

2. Introduction

2.1 Background

In January 2018, CQC published its consultation entitled *'Our next phase of regulation'*. This followed on from previous CQC consultations on this topic launched in December 2016 and June 2017. This consultation sought the views of respondents on CQC proposals to evolve their approach to regulating independent healthcare services to bring it into line with other types of healthcare services. They proposed:

- introducing an approach to rating independent healthcare services which is consistent with the existing approach to rating all other services;

- working collaboratively with partners and providers to develop robust data collections, enabling effective monitoring of the quality of services;

- moving towards more unannounced and short notice inspections;

- making changes to how some core services are defined in independent acute hospitals and independent community services; and

- publishing shorter, more accessible and user-friendly inspection reports.

This report summarises the responses, from the public and organisations, to the consultation on these proposals. CQC will use this summary report, alongside the full response data, to get a full and detailed picture of all the consultation responses. This will inform CQC's formal consultation response and influence the development of its regulatory approach.

2.2 This report

2.2.1 Consultation process

CQC provided a webform for respondents to submit their responses to the consultation as well as a dedicated email address allowing for responses in different formats. CQC also conducted focus groups to listen to communities whose voices are seldom heard as well as events for providers focussing on specific aspects of the proposals. Summary notes from these activities were submitted for analysis along with the consultation responses and the findings are summarised in Chapter 8.

The collection of responses was managed by CQC. The analysis of responses, of which this report is the output, was conducted by OPM Group, an independent specialist company formed of OPM and Dialogue by Design. Responses were transferred in weekly batches from CQC to OPM Group via a secure data link. OPM Group carried out data entry for responses submitted by email and imported all response data into its analysis database.

The analysis of responses consisted of two strands. For the responses to the closed questions, the analysis team conducted quantitative analysis resulting in numeric data sets. For the responses to the open questions, analysts carried out qualitative analysis through manually coding the content of responses, with the help of a comprehensive coding framework which was adapted during analysis (see Appendix 2). This resulted in a large searchable qualitative data set which was made available to CQC.

2.2.2 Report structure

The structure of this summary report follows the order of sections in the consultation document, *Our next phase of regulation: a more targeted, responsive and collaborative approach – independent healthcare*. In each chapter of this report, the comments are broken down into sub-sections covering 'supportive comments', 'concerns' and 'suggestions and neutral comments'. The chapters are:

- Chapter 3: Monitoring the quality of services
- Chapter 4: Planning inspections
- Chapter 5: Core services
- Chapter 6: Inspection
- Chapter 7: Ratings

Further chapters are included covering responses from the consultation events (Chapter 8) and general comments about CQC and the wider context of the health and care sector that were not specific to any of the consultation questions (Chapter 9).

The report has four appendices:

- Appendix 1: Consultation questionnaire
- Appendix 2: Coding framework used to analyse the responses
- Appendix 3: Breakdown of responses to closed questions by respondent category
- Appendix 4: List of organisations responding to the consultation
- Appendix 5: List of organisations that respondents suggest CQC should exchange information with (Question 1c)

2.2.3 Reading the report

The purpose of this report is to provide an overview of respondents' feedback on the consultation proposals, allowing the reader to obtain an idea of their views. The report does not aim to cover all the detail contained in the consultation responses and events and should be seen as a guide to their content rather than an alternative to reading them.

As with any consultation of this kind, it is important to remember that the findings are not necessarily representative of the views held by a wider population, chiefly because

respondents and participants do not constitute a representative sample. Rather, the consultation was open to anyone who chose to participate.

Where a specific theme or point was raised by a relatively large number of respondents, the report uses the phrase 'many respondents'. Where themes are analysed and divided out into sub-themes, phrases such as 'some' or 'a few respondents' – 'a few' would signify much fewer respondents than 'some' – are used instead of smaller numbers. Because of the qualitative nature of the data and variations in respondents' use of the consultation questionnaire, any numbers relating to the open questions are indicative. The focus of the analysis is on issues raised by respondents, and opinions are often shared across respondent categories. However, where appropriate the report specifies where views were expressed by a specific category of respondents or sector.

It is common in consultations that respondents provide greater detail or variety in critical comments than they do in supportive comments. Readers should therefore note that the relative length of sections (i.e. supportive comments compared to issues and suggestions) is not necessarily a reflection of the balance of opinion.

The report includes quotations to illustrate issues raised by respondents. The quotations should not be interpreted as an indication that the view has greater significance than others. Nor should quotations be interpreted as representative of the views of other respondents of the same type.

It is important to note that, throughout the document, there is no specific 'weight' given to any respondents over others, for example, based on size or organisation. This report summarises comments based on individual responses and themes are generally prioritised by the frequency with which they were discussed across individual responses.

2.3 Respondent categories

By the end of the consultation period, 263 responses had been received. A total of 224 respondents used the webform to participate in the consultation. CQC also used their public online community to ask members consultation questions which targeted people who use services. This is an online platform which they use to post surveys to members of the public who have signed up to the panel. A total of 89 responses were received to this survey, to feed into the overall consultation. Additional responses, including the notes from the consultation events, were received by email.

Respondents using the webform were asked to indicate in what capacity they were responding to the consultation. For responses received by email, CQC categorised organisations based on the information provided. Where quotes have been used in this report we have indicated which category of respondent the quote has come from.

Table 1 - Count of overall respondents by "responding as"

Responding as	Count
Arm's length body or other regulator	9
Carer	4
CQC employee	9
Health or social care commissioner	7
Member of the public / person who uses health or social care services	33
Online Community	84
Parliamentarian / councillor	1
Provider / professional	69
Provider trade body or membership organisation	11
Voluntary or community sector representative (including Healthwatch)	15
Other	8
Consultation event notes	13

Table 2 - Counts for main sector and sub-sector if specified by providers/professionals (NB. respondents could tick more than one sector and more than one sub-sector)

Sector and sub-sector	Count
Adult social care	**4**
Independent healthcare (including hospice services)	**55**
Acute hospital or single specialty service	13
Ambulance service	2
Community healthcare	3
Hospice services	14
Independent doctors or clinics providing primary medical services, including online	11
Independent Healthcare - Acute hospital or single specialty service	2
Mental health service	4
Non-hospital acute independent doctor (including consultant level independent doctors)	1
Substance misuse service	2
Independent Healthcare - Independent Healthcare – Other	4
NHS trust	**1**
Primary or urgent care	**6**
Other	**21**

As is common in public consultations, the number of responses per question[1] varied as most respondents did not respond to all questions. Table 3 on the following pages provides an overview of the number of responses received to each question.

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[1] See breakdown: Appendix 3

Table 3 - Count of respondents by question by "responding as"

	1a	1b	1c	2a	2b	3a	3b	4a	4b	5a	5b	6a	6b	7a	7b	8a	8b
Arm's length body or other regulator	3	3	4	4	4	4	4	3	3	3	3	3	3	2	3	1	3
Carer	4	4	3	4	3	4	2	4	3	4	3	4	3	4	3	4	2
CQC employee	9	6	4	9	4	9	4	9	6	8	4	8	5	8	3	8	2
Health or social care commissioner	7	6	6	7	6	7	6	7	6	7	6	6	5	7	4	7	4
Member of the public / person who uses health or social care services	33	26	21	33	21	33	24	33	29	32	19	32	18	32	14	32	14
Other	6	5	5	5	5	5	5	5	5	5	4	5	5	5	4	6	3
Parliamentarian / councillor	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	1	1
Provider / professional	67	60	57	67	52	66	58	66	59	59	36	60	36	60	31	58	26
Provider trade body or membership organisation	12	5	3	11	3	11	5	12	5	10	3	10	4	10	3	10	3
Voluntary or community sector representative (including Healthwatch)	1	12	10	1	10	1	10	1	12	1	8	1	8	1	6	1	7
Online community	0	0	0	0	0	0	83	84	84	0	0	0	0	0	0	0	0
Total	148	128	109	147	109	146	202	229	213	134	86	134	87	134	71	133	65

Table 3 - Count of respondents by question by "responding as"

	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	14
Arm's length body or other regulator	3	3	2	3	3	3	2	2	2	3	9
Carer	4	4	4	3	4	3	4	2	4	1	3
CQC employee	9	5	9	5	9	4	9	5	9	3	7
Health or social care commissioner	7	6	7	6	6	5	6	5	6	5	6
Member of the public / person who uses health or social care services	32	28	31	24	33	22	32	15	32	13	20
Other	6	6	6	5	6	5	6	5	5	4	5
Parliamentarian / councillor	1	1	1	1	1	1	1	1	1	0	1
Provider / professional	66	54	67	45	66	42	64	42	64	32	44
Provider trade body or membership organisation	6	5	6	5	7	5	7	4	7	3	9
Voluntary or community sector representative (including Healthwatch)	1	11	1	10	1	10	1	10	1	6	10
Online community	0	0	84	84	0	0	0	0	0	0	0
Total	146	123	228	191	146	100	142	91	141	70	113

3. Monitoring the quality of services

3.1 Responses to question 1a

A total of 148[2] respondents answered the closed question 1a, which asked: *'We propose to strengthen how we manage our relationships with providers of independent healthcare and with local and national organisations. Do you agree that this is the right approach?'* To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 1 - Responses to question 1a

Question 1a: Do you agree that this is the right approach? (n=148)
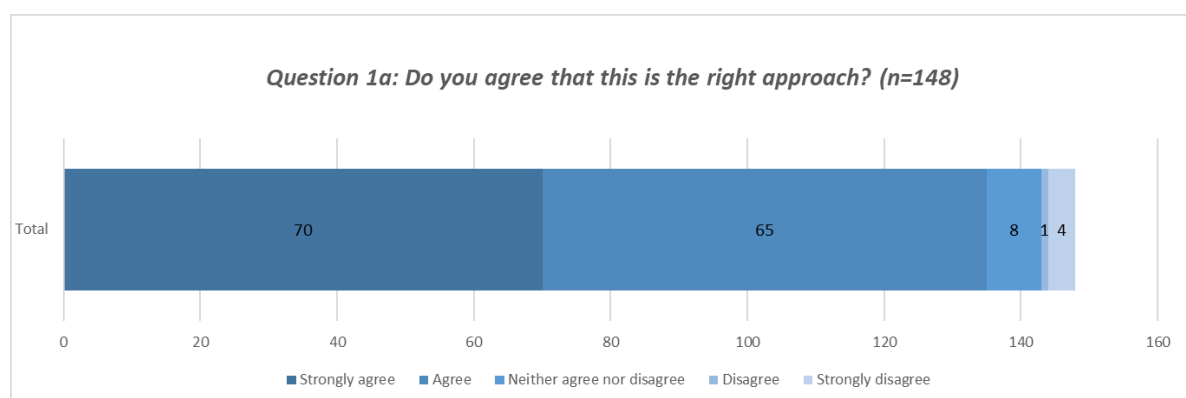
91% of the 148 respondents who answered the closed question 1a agree (44%) or strongly agree (47%) with CQC's proposal to strengthen how they manage their relationship with providers of independent healthcare and with local and national organisations. 5% of respondents neither agree nor disagree with the approach. 4% of respondents answering question 1a indicate that they disagree (1%) or strongly disagree (3%) with the proposed approach.

3.2 Responses to question 1b

There were 128[3] responses to question 1b submitted via the webform, which asked*: 'What impact do you think this proposal will have?'*

Some of the 128 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 128 respondents. These responses are summarised below.

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[2] See breakdown: Appendix 3

[3] See breakdown: Appendix 3

3.2.1 Supportive comments

Some respondents support the proposal to strengthen relationship management without providing their reasoning.

Quality of service

Many respondents feel that the proposed approach would improve patient safety and the standard of services provided. Typically, these respondents do not comment in more detail but those who do, suggest that stronger relationships with independent healthcare providers would encourage providers to take steps to improve the quality of their service, or say that increased dialogue can help organisations to address issues which have been highlighted by inspections.

"The real impact should be fewer scandals and concerns, fewer places for unscrupulous people to work and more demonstration of quality and care."

User 914 (Provider / professional – Independent healthcare)

Some respondents feel that adopting the stated approach would improve consistency of regulation across all providers. They say it would be in line with the approach taken for NHS providers and that it would minimise regional variations in regulatory approach.

Collaboration

Some respondents believe that the proposed approach would improve collaboration between CQC and providers, while a few add that it could help to create an agreed set of standards.

Similarly, some respondents say that this approach would improve communication between CQC and providers. It could help providers to stay up-to-date with changing regulations and give them an opportunity to demonstrate best practice or flag up long-term trends or problem areas. A small number of respondents focus on the role of the relationship manager, who they say can deal with providers' questions and facilitate information exchange.

"This should lead to a closer working relationship between provider and regulator."

User 988 (Provider / professional – Independent healthcare)

Some respondents say that a collaborative approach should help to improve the transparency of regulation and accountability for providers. A few respondents add that the proposed approach would help to build trust and confidence in CQC.

"Equality across all regulated services which will allow a consistent approach and outcomes for all services."

User 877 (Member of the public / person who uses health or social care services)

Knowledge of services

Several respondents, mostly providers/ professionals, believe that the proposed approach would help to improve CQC's understanding of individual providers and their services. They say that improved relationship management would improve regulatory effectiveness as it would help CQC inspectors to gain insight into the exact nature of a service and the particular circumstances which relate to its provision, allowing them to be more responsive to the needs of providers. Some respondents add that it would also improve providers' understanding of the regulator's expectations.

"Both parties will have a knowledge of each other that at present does not exist. Should lead to a greater understanding by the CQC of the diversity of the organisations which fall under the Independent Healthcare Provider and which they are inspecting."

User 978 (Provider / professional – Independent healthcare)

A few respondents say that improved relationship management would enhance CQC monitoring of services.

Support with caveats

A small number of respondents caveat their support for this proposal. They say that there is relatively little detail being put forward at this time and that it is not clear what information would be required from providers.

3.2.2   Issues

Increased workload

Some respondents raise concerns about the stated proposal. The most prominent issue amongst these respondents is the increased workload which they feel increased relationship management could place on providers. They feel that this may create extra work for staff and detract from service delivery.

"It may be more work for the CQC and Service provider and may take them away from service delivery."

User 916 (Voluntary or community sector representative)

A small number of respondents also believe that this approach could threaten the independence and impartiality of CQC. They say that an element of distance needs to be retained between regulator and service provider.

A few respondents also express concerns that CQC's regulatory approach does not reflect how private or digital providers operate or their differences from NHS services, as well as that increased relationship management could reduce the time available for inspections, or that the proposed approach would result in increased costs for providers.

3.2.3   Suggestions and neutral comments

Some other respondents make suggestions related to the improvement of relationship management, which include:

- strengthening internal information sharing by Responsible Officers (ROs);

- a range of means of contact such as face-to-face, telephone and information requests;

- an annual self-assessment or update from providers;

- ensuring relationship managers do not request information which has already been collected through CQC Insight;

- ensuring all locations are kept up-to-date with the details of their relationship manager;

- a clear framework or set of guiding principles for relationship management in order to ensure consistency and transparency;

- providing details of the proposed frequency and content of relationship meetings;

- a central contact at CQC for providers with multiple service locations;

- avoiding frequent changes of relationship manager in order to help build a positive relationship;

- a mechanism for collecting cross-sector intelligence; and

- clarification of how concerns can be raised and escalated, moving from discussions to an enforcement process.

A few respondents suggest this proposal would have no impact without providing their reasoning.

3.3 Responses to question 1c

There were 209[4] responses to question 1c submitted via the webform, which asked*: 'Which organisations do you think we should exchange information with?'*

Some of the 209 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 201 respondents. These responses are summarised below.

3.3.1 Organisations

Organisations

The organisations most commonly referenced by respondents as organisations with which CQC should exchange information are commissioning groups, including local authorities and CCGs. Several respondents also suggest that information should be exchanged with primary care services and GPs, NHS trusts or hospitals, or NHS England. Some respondents also refer to the NHS more generally, as well as to the charitable or voluntary sector, patient representative groups such as Healthwatch, regulatory bodies and PHIN. A more detailed list of organisations named by respondents can be found in Appendix 5.

Furthermore, some respondents say that information should be shared with the public or with all relevant stakeholders or interested parties.

Some respondents support exchanging information with the organisations listed in the consultation document, while a small number support information sharing without necessarily specifying any organisations.

3.3.2 Issues

One organisation expresses concern that that the proposals for information sharing with private medical insurers do not take into account the element of patient choice within the independent sector.

Another organisation argues that the current list of organisations is comprehensive but is not 'future proofed'. They say that new care models in the NHS mean that independent healthcare providers are playing an increasing role in delivering NHS services and feel it is not clear how the CQC regulatory framework would develop to reflect this.

A few respondents raise concerns about the sharing of commercially sensitive data, whilst a small number say that it is not clear what information would be shared.

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[4] See breakdown: Appendix 3

3.3.3 Suggestions

A few respondents suggest criteria for the selection of organisations with which to exchange information. For example, one respondent says the organisations would differ depending on the 'client group' using the service, whilst another says CQC should look to work with suppliers of 'reliable' and 'objective' information.

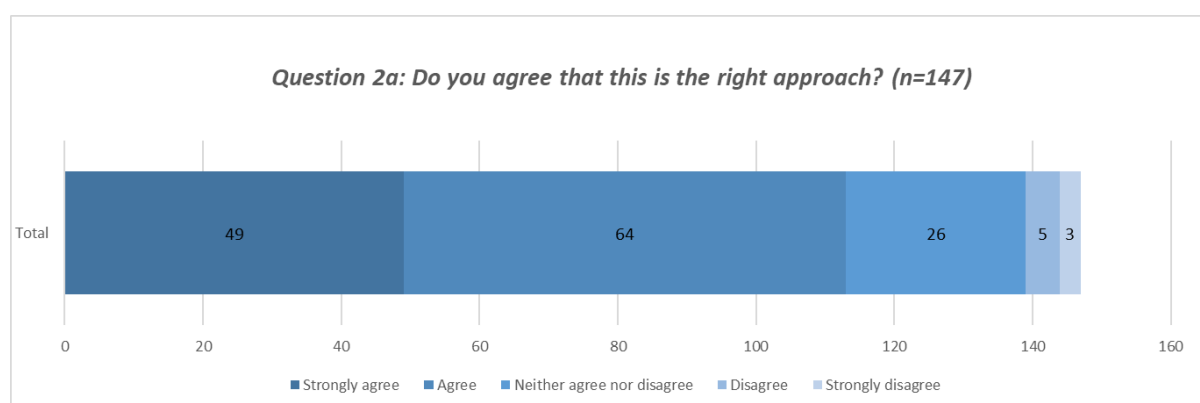Other suggestions include making providers aware of any information which is shared about them and giving them the option to verify the information.

One arm's length body/regulator feels that it collects data and produces information which is "the direct and comparable equivalent of the information available to CQC about NHS-funded care" and that therefore it makes 'absolute sense' to co-operate with CQC.

3.4 Responses to question 2a

A total of 147[5] respondents answered the closed question 2a, which asked: ***'We propose to develop our CQC Insight tool to monitor data about the quality of independent healthcare services, starting with CQC Insight for acute hospitals and mental health services. Do you agree that this is the right approach?'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 2 - Responses to question 2a

Question 2a: Do you agree that this is the right approach? (n=147)

Total	49	64	26	5	3

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

77% of the 147 respondents who answered the closed question 2a agree (44%) or strongly agree (33%) with CQC's proposals to develop their Insight tool to monitor data about the quality of independent healthcare services. 18% of respondents neither agree nor disagree with the approach. 5% of respondents answering question 2a indicate that they disagree (3%) or strongly disagree (2%) with the proposed approach.

3.5 Responses to question 2b

There were 109[6] responses to question 2b submitted via the webform which states, with reference to question 2a: *'**What impact do you think this proposal will have?'***

Some of the 109 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 111 respondents. These responses are summarised below.

3.5.1   Supportive comments

Some respondents support the proposal to develop the CQC Insight tool to monitor data about the quality of independent health services without necessarily expanding on their reasoning.

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[5] See breakdown: Appendix 3

[6] See breakdown: Appendix 3

Monitoring

Some respondents feel that this approach would improve quality of service provision, with some respondents suggesting that it may help to identify trends or areas of weakness and give providers opportunity to address concerns.

"It should also lead to efficiencies and intelligent and effective monitoring conversations with providers in order to ensure issues are addressed quickly."

User 998 (Provider / professional – Independent healthcare)

Some respondents say that this approach is consistent with the approach taken for NHS service providers. They feel it would help create a 'level playing field'. A few respondents say that this would help create clear benchmarks and increase ease of comparison across areas and sectors.

Some respondents believe that monitoring independent healthcare services using the Insight tool would improve CQC's overview of service provision. They say that CQC would have a 'continuing' view of services rather than a 'moment in time'.

"This team working approach will provide CQC with continuing insight into the quality of care delivery rather than a snap shot view of a one day inspection."

User 992 (Provider / professional – Independent healthcare)

Some respondents feel that this approach could help to inform and improve the inspection process as less information would be required from providers immediately prior to an inspection. A few respondents also say that the use of CQC Insight could help to develop a more focused approach to inspections.

"It will also potentially allow CQC to carry out a more targeted and responsive inspection programme by identifying outliers or providers whose historical data suggests that current service levels are deteriorating."

User 997 (Health or social care commissioner)

A small number of respondents feel that increased monitoring could improve the accountability and transparency of providers or increase trust amongst service users.

Support with caveats

Some respondents support this proposal but with caveats. They suggest there is a need to ensure that data is useful, that its collection does not increase provider workload, and that context is provided for the data.

3.5.2 Issues

Provider impact

Some respondents, mostly providers/ professionals, raise concerns that the data collection which would be necessary for this proposal would place a strain on the capacity and resources available to service providers, particularly smaller providers, and may result in the duplication of data requests. See Section 3.7 for more on information collection.

"The impact on the provider and the increased regulatory burden must be balanced against the usefulness of the data we are likely to receive."

User 972 (CQC employee)

A few respondents add that this proposal may impact different providers in different ways. For example, smaller providers may have difficulty meeting the IT or resource demands of data submission for CQC Insight, while providers in the independent sector may have different approaches to data collection.

A small number of respondents also express concern about the use of data from other sources and say that providers should be made aware of the data which is held relating to them.

Data quality

Some respondents raise concerns over the selection of relevant and meaningful data. They say that CQC must determine what data is available and what data is necessary whilst avoiding duplication for providers. A few of these respondents feel that the data which is available may be of limited value.

Furthermore, a few respondents question the utility of the CQC Insight tool. They express concern over the comparability and quality of data and ease-of-use and reliability of the tool.

"Practical issues such as ease-of-use and reliability will have a major impact on the success, or otherwise, of the CQC Insight tool. We know that many providers have had frustrating and costly experiences with technology solutions that behave erratically and lose data."

User 1000 (Provider trade body or membership organisation)

3.5.3 Suggestions and neutral comments

Monitoring and CQC Insight

Some respondents feel that more detail is required about this proposal. They say that more information is needed on how the Insight tool would work, when it would be introduced and the data which would be required to support it.

Several respondents make suggestions about monitoring and the use of the CQC Insight tool. These include:

- reviewing the data collected by other monitoring organisations and regulators to minimise duplication for providers;

- requesting data in the same format as other monitoring organisations and regulators;

- using the Insight tool to capture internal information held on CRM systems;

- involving providers in the development of the tool;

- working with independent providers to agree what data will be required from them;

- focusing on mental health services as these relate to many areas of care need including substance misuse, learning disability, dementia, domestic abuse and homelessness recovery;

- including metrics for complaint handling in the monitoring process;

- extending open access for insurers so that they may submit concerns; and

- setting a deadline for independent providers to bring their reporting systems in line with the requirements of CQC Insight.

Meanwhile, a few respondents suggest this proposal would have no impact without necessarily expanding on their reasoning in detail.

3.6 Responses to question 3a

A total of 146[7] respondents answered the closed question 3a, which asked: **'We propose to collect information regularly from independent healthcare providers to help us to monitor the quality of services in between inspections. Do you agree that this is the right approach?'** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 3 - Responses to question 3a

Question 3a: Do you agree that this is the right approach? (n=146)

Total: 59 | 62 | 12 | 10 | 3

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree
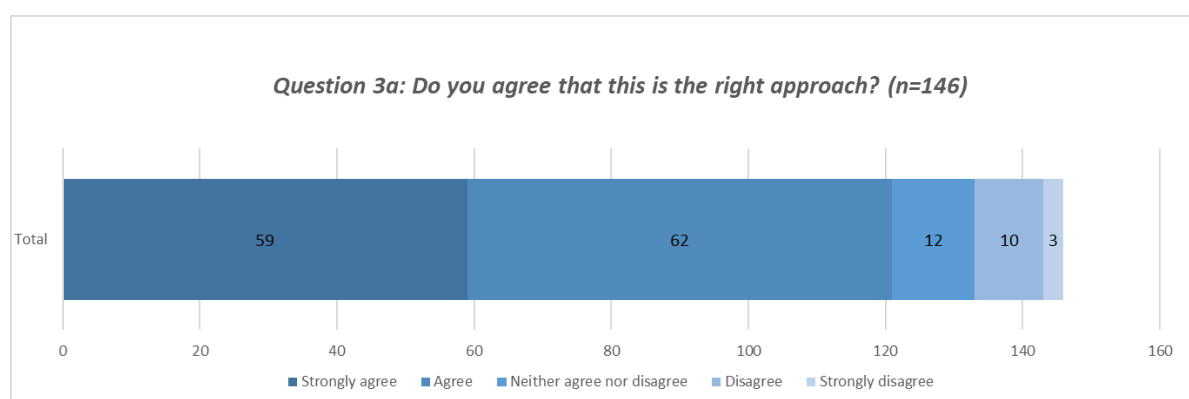
83% of the 146 respondents who answered the closed question 3a agree (42%) or strongly agree (40%) with CQC's proposals to collect information regularly from independent healthcare providers. 8% of respondents neither agree nor disagree with the approach. 9% of respondents answering question 3a indicate that they disagree (7%) or strongly disagree (2%) with the proposed approach.

3.7 Responses to question 3b

There were 202[8] responses to question 3b submitted via the webform which states, with reference to question 3a: *'What impact do you think this proposal will have?'*

Some of the 202 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 196 respondents. These responses are summarised below.

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[7] See breakdown: Appendix 3

[8] See breakdown: Appendix 3

3.7.1   Supportive comments

Some respondents support the proposal to regularly collect information from independent healthcare providers in order to help monitor the quality of services in between inspections without necessarily expanding on their reasoning.

Driving improvement

Many respondents, mostly from the online community, say that this proposal would improve the quality of services provided. These respondents typically do not provide further detail, but where they do they argue that the process of collaboration and sharing information helps providers to raise standards. Similarly, some respondents feel that information collection will help to identify areas of concern more quickly and give a better focus on these issues, or identify areas of good practice and allow these to be recognised and shared.

"In our experience, where there has been a high level of information exchange with our inspectors, this has helped services to improve and assured inspectors that the services are maintaining high standards."

User 983 (Provider / professional – Independent healthcare)

Some respondents also feel that information collection will help to maintain standards at all times. They say that data collection will help to prevent complacency, encourage competition and ensure there is no reduction in standards in between inspections.

Accountability and transparency

Some respondents believe that information collection and monitoring of independent services will increase the accountability and transparency of service providers. They feel that providers will have to be more open about their services and associated data.

"It will provide more transparency and empower service users."

User 981 (Provider / professional – Independent healthcare)

Moreover, some respondents say that regular information collection and monitoring of independent services will help to inform patient choice. They say it would give the public a clearer picture of the standard of service provision.

Some respondents also feel that it would help to ensure consistency of approach across all providers.

Overview of services

Some respondents say that this approach would give CQC a more realistic insight into a provider's service. Similarly, some respondents say that information collection would improve the inspection process as inspectors would have a more accurate picture of an organisation and also that it could shorten the inspection process by reducing the amount of data which must be submitted beforehand.

"A better insight into the provider's activity for the CQC should result in more accurate awareness of performance."

User 933 (Voluntary or community sector representative)

Some respondents also feel that this proposal would improve providers' reporting and the accuracy of the data which they submit.

Support with caveats

Some respondents caveat their support for the stated proposal. They typically focus on the workload which this proposal may place on providers and seek to ensure that this is minimised.

3.7.2 Issues

Increased workload

Several respondents, mostly providers/ professionals, express concern that this proposal would place a strain on staff and resources. They believe that regular information submission would increase providers' workload and may result in duplicate data requests as information is already submitted to other organisations. A few respondents feel that an increase in workload for staff as a result of this proposal could result in a reduction in the quality of patient care.

"…the resource and time required to gather information cannot be underestimated and the CQC will need to work closely with independent providers to agree exactly what evidence is required and in what (uniform) format."

User 999 (Arm's length body or other regulator)

Some respondents feel this effect would be particularly pronounced for smaller providers who have fewer resources available to them. A few also say that independent healthcare providers often have different systems for collecting and processing data. They say that processes will need to be put in place to allow data submission in a format which meets CQC's requirements.

"The Government has invested Billions of pounds of public money into developing sophisticated data gathering systems within statutory bodies. Third sector providers have seen no such investment yet it appears we will be expected to gather similar data. We are unsure as to how this will be achieved and reported."

User 970 (Provider / professional – Adult social care)

A small number of respondents say that this proposal may result in some services struggling to attract service users if problems are revealed by data submission.

Accuracy

Some respondents feel that the data collected may be misleading or inaccurate. They say that inspections are necessary to make sure that no areas of concern are being missed as a result.

Meanwhile, some respondents say that providers often have to submit information which is not relevant to the services they provide and that care must be taken to ensure data collected is 'meaningful'. For example, one respondent says that references to registered nurses or nursing assistants are left blank by substance misuse services.

3.7.3   Suggestions

Information collection

Several respondents make suggestions related to the collection of information. For example, one organisation feels that providers' governance, management and reporting of patient safety incidents are a 'key area' and detail the type of information which they say could be collected in order to monitor this. Meanwhile, a membership organisation says that information should only be collected if it specifically supports CQC's regulatory activity.

"To ensure success, the type of information collected will be key to identify good and poor practice and care, identification of trends and areas which require immediate or early intervention. A key area for HEE is how providers govern, manage, report patient safety incidents and then learn from these to improve staff training and skill mix in teams."

User 1001 (Arm's length body or other regulator)

Other suggestions include:

- making use of existing data collections, including data required by commissioners and data collected by PHIN;

- utilisation of publicly available information to avoid duplication of information requests;

- collecting data on complaint handling, such as timeframes for responses and the number of complaints;

- encouraging independent providers to submit data in order to address under-reporting to the national Mental Health Services Data Set (MHSDS);

- adapting the data collection process for smaller providers;

- recognising the variety of services and data collected in the independent sector;

- standardising information requested by CCGs in order to reduce workload;

- providers working with CCGs to ensure common reporting templates;

- piloting a data collection scheme before implementation;

- allowing providers sufficient time to collate data for submission; and

- using data collection to examine the potential barriers which any demographic may face in accessing services.

More detail required

Some respondents argue that more detail is required in order to make a judgment on the impact of the stated approach. They say that it is not clear what data would be collected or how often it would be collected.

"It is difficult to assess the impact without understanding what data will be requested and at what intervals from providers."

User 998 (Provider / professional – Independent healthcare)

4. Planning Inspections

4.1 Responses to question 4a

A total of 229[9] respondents answered the closed question 4a, which asked: *'We propose to move towards more unannounced and short notice inspections. Do you agree that this is the right approach?'* To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 4 - Responses to question 4a
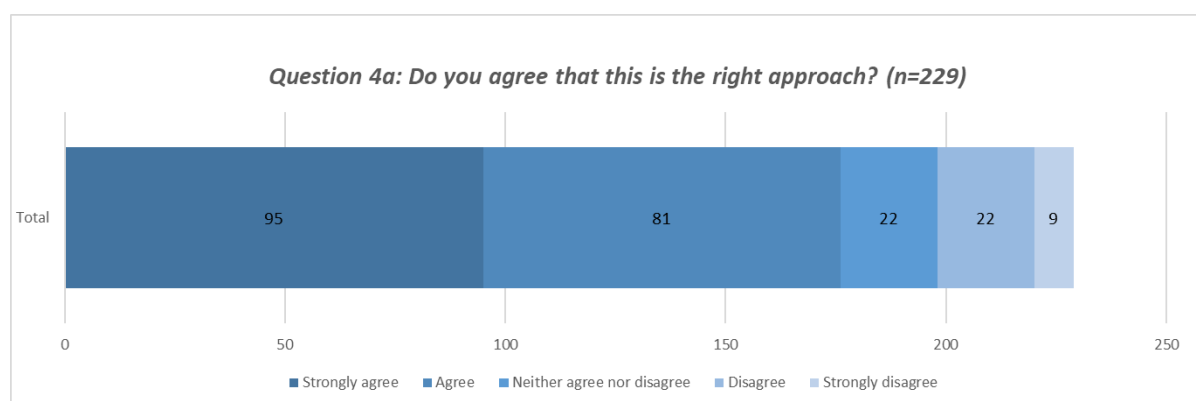
77% of the 229 respondents who answered the closed question 4a agree (35%) or strongly agree (41%) with CQC's proposals to move towards more unannounced and short notice inspections. 10% of respondents neither agree nor disagree with the approach. 14% of respondents answering question 4a, mostly providers/ professionals, indicate that they disagree (10%) or strongly disagree (4%) with the proposed approach.

4.2 Responses to question 4b

There were 213[10] responses to question 4b submitted via the webform which states, with reference to question 4a: *'What impact do you think this proposal will have?'*

Some of the 213 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 213 respondents. These responses are summarised below.

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[9] See breakdown: Appendix 3

[10] See breakdown: Appendix 3

4.2.1 Supportive comments

Some respondents support the proposal to move towards more unannounced and short notice inspections without necessarily expanding on their reasoning.

More accurate

Many respondents, mostly from the online community, feel that more unannounced and short notice inspections would help to give a more accurate assessment of service provision as inspectors would be able to see how services 'really operate'. Similarly, several respondents say that unannounced and short notice inspections remove or reduce the opportunity for services to prepare for inspections and 'mask' areas of weakness.

"I think the key to any true form of measurement is to view matters in their true light and certainly by turning up unannounced, this should happen."

User 1065 (Online community)

Driving improvement

Furthermore, many respondents believe that unannounced and short notice inspections would increase the quality of service provision. Many, mostly from the online community, comment that this would ensure that providers maintain their levels of performance at all times rather than 'upping their game' for an inspection. They say that services will have to be more consistent and make sure that they always meet the required standard.

"Commissioned providers should have management and operational measures in place to deliver high quality, value for money services on any given day that an individual or formal inspector wishes to view its operations. Therefore more unannounced / short notice inspections should be seen as routine to the best providers."

User 951 (Health or social care commissioner)

A few respondents argue that this approach would help to identify good practice and areas of weakness, whilst a small number say that this proposal would have no impact on good services because for them it 'doesn't matter' when CQC inspects them.

Moreover, small numbers of respondents believe that this proposal could improve the accountability of service providers, lead to better training of staff or increase public confidence in the inspection process.

Support with caveats

Some respondents caveat their support for this proposal. They say that this proposal would only work for some providers or only accept the need for unannounced inspections where there are concerns about the service. A few respondents support short notice inspections but oppose unannounced inspections.

4.2.2 Issues

Increased workload

Some respondents feel that this proposal could increase providers' administrative workload and the stress which could be placed on staff. This is felt, mostly by providers/ professionals, to particularly impact smaller services which have fewer staff and less resources available to them.

Some respondents feel that this could mean inspections are disruptive for providers and impact negatively on service users as a result. They say that without notice providers may have to cancel appointments or that staff would have less time to be able to provide a service and that this would affect the standard of patient care. One respondent says that they could potentially be faced with the choice of continuing with an inspection or caring for patients with 'significant' mental health issues.

"Service delivery can be disrupted in a very small organisation and my concern here relates to disruption in patient care. We should always be mindful of the impact the inspections have on delivery of care with core staff."

User 944 (Provider / professional – Independent healthcare)

A small number of respondents feel that this proposal could damage trust between services and inspectors as it would appear to 'treat everybody as a suspect'.

Availability for inspection

Some respondents, mostly providers/ professionals, also raise the availability of key personnel (particularly registered managers), data or patients if an inspection is carried out unannounced. They say that staff may be away on leave or otherwise off site and that data is not necessarily held in a way that would be immediately accessible. This is felt to be particularly relevant for smaller services, who a small number of respondents say also may not have patients available.

"…for small providers, it is quite possible that the registered manager and other key staff necessary for a meaningful inspection may simply not be on-site every day."

User 1000 (Provider trade body or membership organisation)

A few respondents feel that this approach may be challenging for providers which operate in multiple locations or which offer home, community, mobile or online services. They say that, as above, staff or service users may not be available to speak to inspectors, or that the inspection process 'may not work' where services are not carried out on one particular site.

A small number of respondents also suggest that unannounced inspections may not give an accurate picture of a service as the type and level of service provided may vary at different times.

Inspection frequency

A small number of respondents comment on the frequency of inspections. Concerns include that the amount of time in between comprehensive inspections may be a disincentive to work towards improvements in quality.

4.2.3 Suggestions

Notice period

Several respondents make suggestions related to inspections. Some of these relate to the amount of notice which should be given before an inspection. Respondents variously suggest:

- using only unannounced inspections;
- a notice period of 24 to 48 hours to allow staffing arrangements to be made;
- a notice period of 2 weeks to allow staffing arrangements to be made;
- a notice period of 4 weeks; and
- a notice period of 8 weeks for providers where CQC have no existing concerns.

Other suggestions

Other suggestions include:

- consulting family and visitors of service users as part of the inspection process;
- consulting local Healthwatch as part of the inspection process;
- placing greater emphasis on service users' views in the inspections process;
- using 'secret shoppers';
- using a mixture of announced and unannounced inspections over a period of years at a particular location;
- supporting providers and sharing good practice between inspections;
- targeting organisations which need to improve; and
- having more frequent inspections for independent services than other services as they are less likely to have regular external visitors.

5. Core Services

5.1 Responses to question 5a

A total of 134[11] respondents answered the closed question 5a, which asked: ***'In independent acute hospitals, we currently assess the existing core service of 'outpatients and diagnostic imaging'. We propose to separate this core service to create two distinct core services of 'outpatients' and 'diagnostic imaging'. Do you agree that this is the right approach?'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 5 - Responses to question 5a
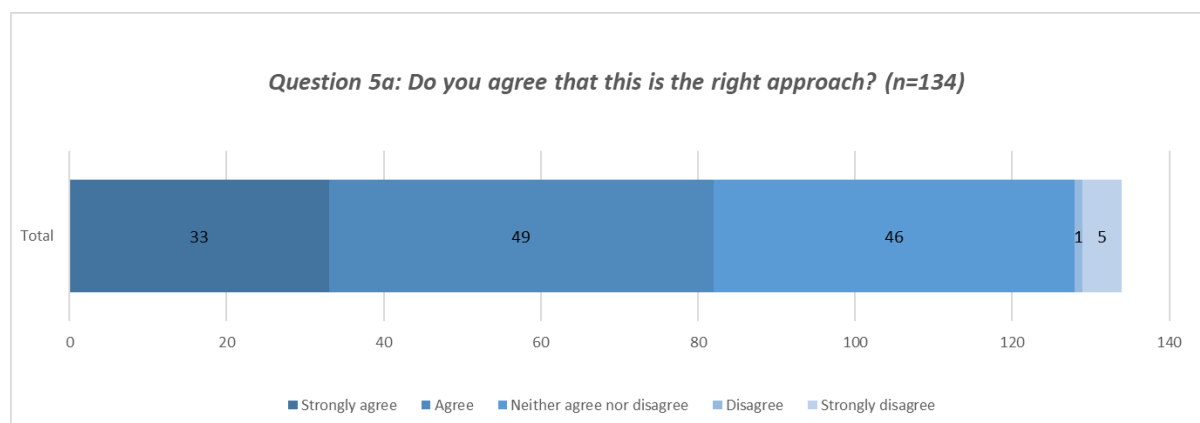
61% of the 134 respondents who answered the closed question 5a agree (37%) or strongly agree (25%) with CQC's proposal to create two distinct core services of outpatients and diagnostic imaging, with members of the public/ service users more likely to agree or strongly agree than providers/ professionals. 34% of respondents, mostly providers/ professionals, neither agree nor disagree with the approach. 4% of respondents answering question 5a indicate that they disagree (1%) or strongly disagree (4%) with the proposed approach.

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[11] See breakdown: Appendix 3

5.2 Responses to question 5b

There were 86[12] responses to question 5b submitted via the webform which states, with reference to the proposal described in question 5a: '***What impact do you think this proposal will have?***'

Some of the 86 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 65 respondents. These responses are summarised below.

5.2.1 Supportive comments

Several respondents comment that the proposed separation of outpatients and diagnostic imaging will have a positive impact on the accuracy of providers' ratings. Respondents argue that, by assessing them separately, all parties including the public, patients and providers will have a more transparent view of service quality.

"Separating the assessment of outpatients and diagnostic imaging services would allow for these services to be rated separately, giving patients a clearer picture of the quality of each service."

User 999 (Arm's length body or other regulator)

Some respondents suggest that the distinction between the two services' assessment will enable providers to target improvements more easily. As a result, they believe this will improve provider service quality.

Some respondents also comment that the differences between outpatients and diagnostic imaging necessitate their separate assessment. Respondents highlight that these services carry different risks while others comment that independent healthcare providers may only provide one of these services.

A small number of respondents reiterate their support for the proposal without providing a rationale.

5.2.2 Issues

In terms of the impact of this proposal on ratings, only a small number of respondents believe that it will have a negative impact. These respondents focus on the perceived low satisfaction levels that outpatients and diagnostic imaging already receive.

A few respondents raise concerns with the proposal itself. These comments include:

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[12] See breakdown: Appendix 3

- potential increased cost and administrative workload due to separate preparations required for separate assessments;

- services may be missed in a perceived gap between outpatients and diagnostic imaging, due to varying definitions of the scope of outpatients;

- potential overlap between outpatients and diagnostic imaging; and

- perceived inflexibility of splitting the assessment without considering the varying sizes and complexity of providers.

5.2.3   Suggestions and neutral comments

Some respondents suggest that outpatients and diagnostic imaging should be assessed separately or together depending on the size or type of provider. They suggest that a flexible approach is needed to ensure that data is not skewed by the differing sizes of service.

"Dependant on the organisation which is why across this service provider group inspections need to be tailored according to the variation of providers. For larger organisations diagnostic services may take many forms but in smaller hospitals may only be an x-ray department with an outpatient setting."

User 978 (Provider/professional - Independent healthcare)

A small number of respondents make other suggestions in relation to the separation of outpatients and diagnostic imaging, such as:

- assessment at corporate level for multi-location providers to determine the impact upper management could have on individual location ratings;

- individual consultation with providers to solicit views on whether they feel this separation is appropriate;

- consideration of children and young people's needs specifically to ensure paediatric standards are met; and

- continued consideration of children's services as 'core' services for inspections (they feel that the box on page 20 of the consultation document suggests this would no longer be the case.)

A few respondents comment that as the providers they refer to in their response only host one of these services, they do not foresee this proposal having any impact on their ratings.

5.3 Responses to question 6a

A total of 134[13] respondents answered the closed question 6a, which asked: ***'In independent acute hospitals, we currently assess 'medical care' and 'surgery' as two separate core services. Some hospitals manage these services together, with no separate governance or organisational arrangement, and they treat patients on the same wards with the same staff. For these hospitals, we propose to combine these two services into a single core service of 'inpatients'. Do you agree that this is the right approach?'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 6 - Responses to question 6a

Question 6a: Do you agree that this is the right approach? (n=134)

Total	24	45	51	11	3

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree
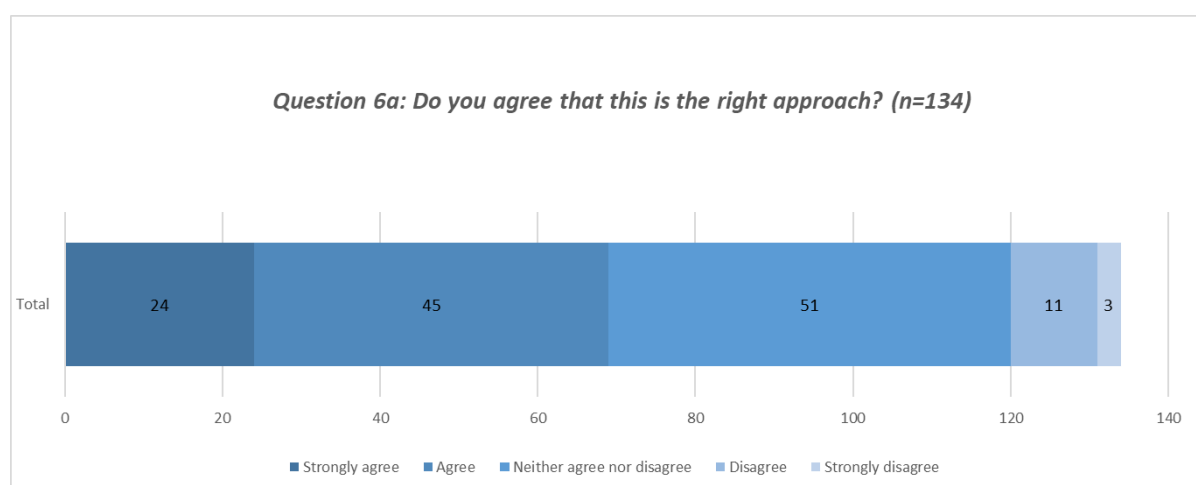
51% of the 134 respondents who answered the closed question 6a agree (34%) or strongly agree (18%) with CQC's proposals to inspect medical care and surgery together where delivered together, with members of the public/ service users more likely to agree or strongly agree than providers/ professionals. 38% of respondents, mostly providers/ professionals, neither agree nor disagree with the approach. 10% of respondents answering question 6a indicate that they disagree (8%) or strongly disagree (2%) with the proposed approach.

5.4 Responses to question 6b

There were 87[14] responses to question 6b submitted via the webform which states, with reference to question 6a: *'**What impact do you think these proposals will have on a provider overall and in relation to its ratings?'**

Some of the 87 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report.

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[13] See breakdown: Appendix 3

[14] See breakdown: Appendix 3

The remaining comments from the webform plus any received via email or from the online panel come to a total of 65 respondents. These responses are summarised below.

5.4.1 Supportive comments

Several respondents qualify their support by commenting that the combined assessment approach is a logical and sensible approach given that these services are often delivered together. They often highlight the common personnel and management between services.

"The process has so many overlaps in the case so yes the services should be assessed as one."

User 944 (Provider/professional - Independent healthcare)

A few respondents expand on this point that a flexible approach, assessing medical care and surgery separately or together where appropriate, is logical and sensible.

Some respondents highlight a potential benefit of this proposal that combining the assessment will improve the inspection process. This includes simplifying the approach and reducing duplication through less time spent on keeping records and assessing the same governance. Respondents also highlight the potential benefit of being able to better assess patient pathways between medical care and surgery.

Some respondents go further to suggest that the proposal will improve service quality. They argue that a combined assessment will encourage a better team spirit, shared training and shared resource planning, together leading to increased efficiency.

A small number of respondents reiterate their support for the proposal without providing a rationale.

5.4.2 Issues

Several respondents comment that medical care and surgery are too distinct to be assessed together. They argue that, while the management of these services may be delivered together, the risks associated with individual services can be different. As a result of this concern, respondents suggest that combining the assessment could make it harder to determine the services' quality.

"The experience of patients who have had surgery and those receiving medical care may be distinctly different, even if they are managed together by the service. The public want to know what their expectations of the service should be in each discrete category."

User 946 (Member of the public / person who uses health or social care services)

A few respondents go further to suggest that the proposed approach will cause a decline in service quality. They argue that broadening the scope of inspection may allow risks to be overlooked or obscured. Another concern is that staff expertise will be generalised to cover the two different services compared to the current specialisation.

5.4.3 Suggestions and neutral comments

A small number of respondents make suggestions in relation to the combination of medical care and surgery assessments, including:

- consultation with providers to solicit views on whether they feel this combination is appropriate; and

- ensure patient pathways between medical care and surgery are effectively assessed;

- ensure expertise is assessed as being able to cover the full range of services; and

- separate cancer service assessments where oncology departments are sizable.

Beyond general requests for more information, a few respondents ask for clarity on:

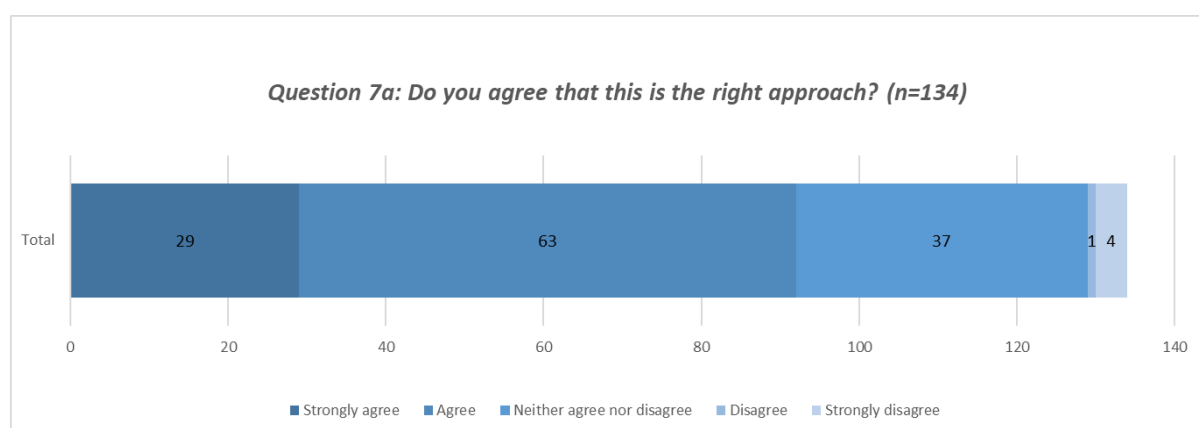- how CQC will decide where medical care and surgery are assessed together, and where they will be assessed separately;

- how this combination will affect the aggregation of ratings; and

- how combined ratings will be compared with previously separate ratings.

A few respondents comment that providers that already offer high quality services do not need to worry about this proposal having any impact on their ratings.

5.5 Responses to question 7a

A total of 134[15] respondents answered the closed question 7a, which asked: *'In hospitals where medical and surgical services are managed separately, we propose to continue to inspect the two separate core services of 'medical care' and 'surgery'. Do you agree that this is the right approach?'* To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 7 - Responses to question 7a

Question 7a: Do you agree that this is the right approach? (n=134)

Total: 29 | 63 | 37 | 1 | 4

Legend: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

69% of the 134 respondents who answered the closed question 7a agree (47%) or strongly agree (22%) with CQC's proposals to continue inspecting medical care and surgery separately where delivered separately. Members of the public/ service users and voluntary sector representatives more likely to agree or strongly agree than providers/ professionals, although the majority of providers/ professionals do still fall within this category. 28% of respondents, mostly providers/ professionals, neither agree nor disagree with the approach. 4% of respondents answering question 7a indicate that they disagree (1%) or strongly disagree (3%) with the proposed approach.

5.6 Responses to question 7b

There were 71[16] responses to question 7b submitted via the webform which states, with reference to question 7a: *'What impact do you think these proposals will have on a provider overall and in relation to its ratings?'*

Some of the 71 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 45 respondents. These responses are summarised below.

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[15] See breakdown: Appendix 3

[16] See breakdown: Appendix 3

5.6.1 Supportive comments

As above at 5.4.1, several respondents qualify their support by commenting that the separate assessment approach is a logical and sensible approach given that these services are often delivered separately. They often highlight the difference in management between these services.

"Due to the fact that these services have separate organisational and governance arrangements it seems sensible that they should be inspected separately"

User 1000 (Provider trade body or membership organisation)

Some respondents believe that this proposal will improve the quality of assessments. They highlight the potential for more detailed inspections to lead to fairer and more accurate ratings. A few respondents suggest that this potential improvement in assessment will lead to better service quality, with improvements being targeted to the appropriate areas.

"The rating will be more accurate and true rating as it will focus on that speciality. It will be easier to evidence it as it will be specific. It will allow for a more focused plan if areas need improving."

User 939 (Voluntary or community sector representative)

Some respondents reiterate their support for the proposal without providing a rationale.

5.6.2 Issues

A small number of respondents express concerns with the proposal to inspect medical care and surgery services separately where these services are delivered separately. These concerns focus on the perceived lack of an overall view of services, especially regarding shared management.

"Wonder if this will skew results and not provide that bigger overview of the whole service. The dimension reviewed where surgical or medical patients are cared for as inpatients should not be different if separately located or co-located."

User 997 (Arm's length body or other regulator)

5.6.3 Suggestions and neutral comments

Several respondents comment that this proposal will have little or no impact on provider ratings. They argue that as this is continuing the status quo, there is no reason to suspect anything will change. In a similar vein, a few respondents comment that there is no reason to change the assessment process as they believe this is already working effectively.

A few respondents make suggestions in relation to the combination of medical care and surgery assessments, including:

- a single framework with flexibility to assess together or apart, rather than two separate approaches;

- assessment of how medical advisory committees (MACs) manage and review medical care and the quality of surgical services; and

- assurance that assessments, whether joint or separate, will still be easily comparable between providers.

A small number of respondents make general requests for more information without any specific demands.

5.7 Responses to question 8a

A total of 133[17] respondents answered the closed question 8a, which asked: **'Some independent community healthcare providers may only deliver a single service, or may deliver only a small part of a community service. For these providers, we propose to introduce the 'community single specialty' service. Do you agree that this is the right approach?'** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.
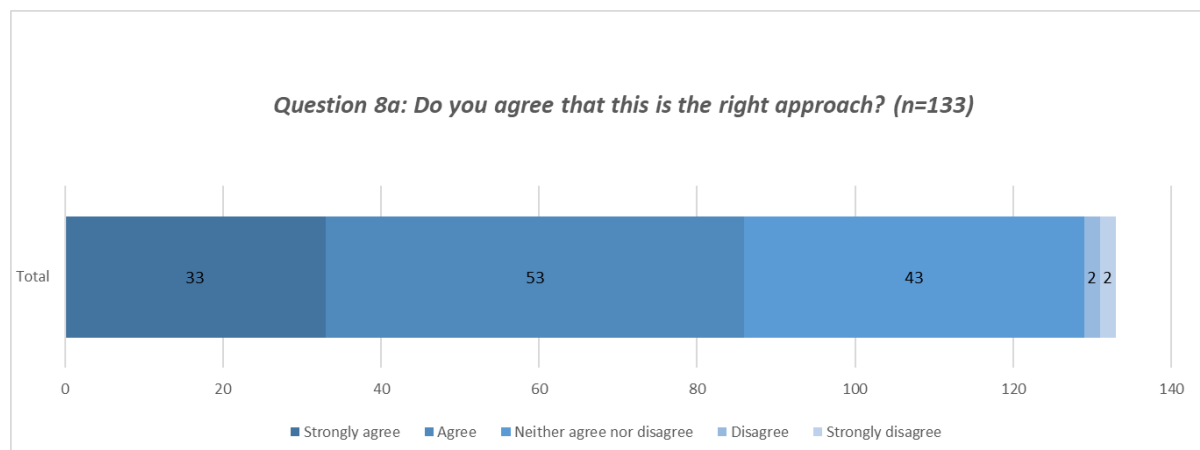
65% of the 133 respondents who answered the closed question 8a agree (40%) or strongly agree (25%) with CQC's proposal to introduce the 'community single specialty' service, with members of the public/ service users more likely to agree or strongly agree than providers/ professionals. 32% of respondents, mostly providers/ professionals, neither agree nor disagree with the approach. 3% of respondents answering question 8a indicate that they disagree (2%) or strongly disagree (2%) with the proposed approach.

5.8 Responses to question 8b

There were 65[18] responses to question 8b submitted via the webform which states, with reference to question 8a: **'What impact do you think this proposal will have on a provider overall and in relation to its ratings?'**

Some of the 65 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 49 respondents. These responses are summarised below.

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[17] See breakdown: Appendix 3

[18] See breakdown: Appendix 3

5.8.1 Supportive comments

Several respondents reiterate their support for the proposal without providing a rationale. Of those who do provide a rationale, several argue that the proposed approach will improve the quality of assessment. These comments focus on simplification, reduced duplication and improved rating accuracy. Several respondents suggest that this improved assessment will lead to better service quality, with improvements being easier to target.

"Again avoids duplication and reduces time spent for both CQC and the provider"

User 900 (Health or social care commissioner)

Some respondents explain their support for the proposal by commenting that the specific assessment approach is a logical and sensible approach given that these services are often specific in the way they deliver. A few respondents specifically state that this proposal is better for smaller providers, though they do not provide a rationale.

5.8.2 Issues

A few respondents express concerns around the impact this proposal will have on the quality of inspections and assessment. These include the proposal's potential for an undue increase in bureaucracy in comparison to the size of provider.

"Seems an unduly bureaucratic approach. Each service will have a rating. That is what will matter to the user."

User 879 (Voluntary or community sector representative)

5.8.3 Suggestions

A few respondents suggest that the application of this approach should be proportional to the providers' size. They believe that this would be essential to ensure small providers' workloads are not unduly increased.

"This needs to be proportionate to the size of organisation and the resources that they have and I would say fairly light touch. It would not want to deter them from operating a community service."

User 888 (Parliamentarian / councillor)

One organisation suggests that CQC use their guidance and standards to inspect community single speciality services.

Respondents make some other suggestions in relation to introducing community single speciality assessments, including:

- individual consultation with affected providers to solicit views on whether they feel this new approach to assessment is appropriate;

- exclusion of dental services from this proposed approach given the existing regulation they undergo;

- focus on safeguarding as many of these services relate to children's healthcare;

- focus on community single speciality services' interdependences with social care; and

- focus on the accountability and suitability of staff, due to the high numbers of volunteers involved in such services.

Beyond general requests for more information, a few respondents ask for clarity on:

- which specific services would be re-classified as community single speciality;

- how this proposal will impact mental health providers;

- whether these services would need to be registered separately;

- whether this approach will be alongside or replace the current approach; and

- whether this approach will follow patient pathways.

6. Inspection

6.1 Responses to question 9a

A total of 147[19] respondents answered the closed question 9a, which asked: ***'If a service has gained accreditation by an appropriate recognised scheme, we propose to use this to both inform CQC inspections and, over time, reduce our inspection activity and duplication for providers. Do you agree that this is the right approach?'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 9 - Responses to question 9a

Question 9a: Do you agree that this is the right approach? (n=147)

| Total | 45 | 54 | 16 | 19 | 13 |

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree
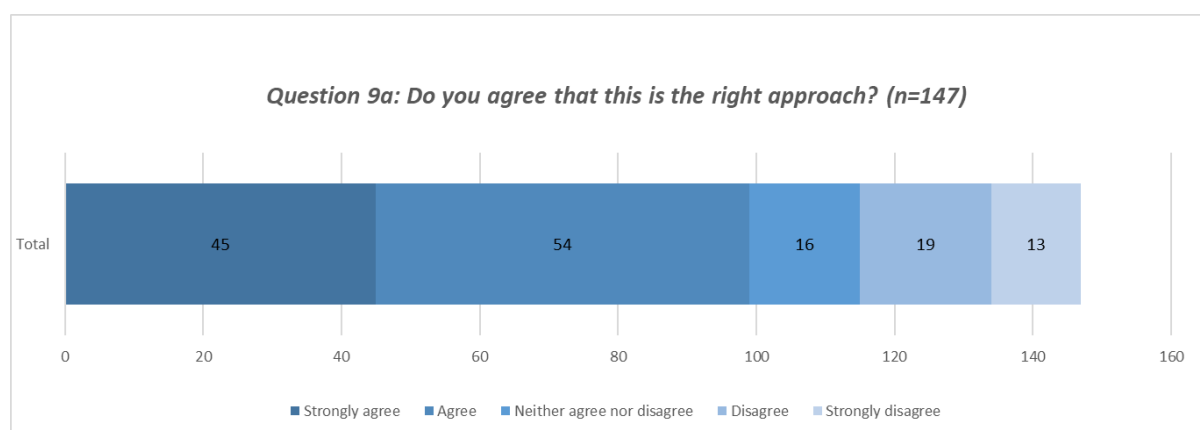
67% of the 147 respondents who answered the closed question 9a, mostly providers/ professionals, agree (37%) or strongly agree (31%) with CQC's proposal to use accreditation by an appropriate recognised scheme to inform CQC inspections and reduce duplication. 11% of respondents neither agree nor disagree with the approach. 22% of respondents answering question 9a indicate that they disagree (19%) or strongly disagree (13%) with the proposed approach, with members of the public/ service users much more likely to disagree or strongly disagree than providers/ professionals.

6.2 Responses to question 9b

There were 123[20] responses to question 9b submitted via the webform which states, with reference to question 9a*: 'Please explain why you agree or disagree with this proposal.'*

Some of the 123 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report.

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[19] See breakdown: Appendix 3

[20] See breakdown: Appendix 3

The remaining comments from the webform plus any received via email or from the online panel come to a total of 127 respondents. These responses are summarised below.

6.2.1   Supportive comments

Some respondents support the proposal to use accreditation to inform CQC inspections and in time to reduce inspection and duplication without necessarily expanding on their reasoning. They say that the proposal would be 'good', 'sensible' or 'beneficial'.

Reducing duplication

The majority of respondents, mostly providers/ professionals, say that this proposal would help to avoid duplication of work or be more efficient. Some of these respondents feel that recognition of an appropriate accreditation scheme, where such a scheme exists, would free up time, money and resources. They say it would reduce providers' workload and minimise the 'burden' which inspections place on them. A few respondents believe that this would allow providers to focus on service provision and staff development.

"There are several extremely robust accreditation programmes that providers engage in. Taking these into consideration will reduce duplication of effort and time."

User 987 (Provider / professional – Independent healthcare)

A small number of respondents also comment that this proposal would reduce duplication for CQC as it would make use of existing data and allow them to focus on underperforming areas.

Driving improvement

Several respondents, mostly providers/ professionals, argue that accreditation schemes are evidence of a providers' attainment of high standards or commitment to improve. They therefore feel that recognising these schemes in the monitoring and inspection process would help to drive standards and improve or maintain quality of care. A few respondents believe it is important to recognise the effort and investment which does into gaining accreditation.

"A comprehensive and evidence based accreditation scheme will deliver a root and branch review of the quality of a particular service and demonstrate areas in need of quality improvement. Engagement with these schemes is evidence of a positive culture within a particular service and at Board level, a commitment to quality and improvement."

User 999 (Arm's length body or other regulator)

Some respondents say that using accreditation to inform CQC inspections makes best use of accreditation bodies' specialist knowledge. They argue that the accreditation process

involves experts with specific experience and that it would be beneficial for CQC to recognise this.

Support with caveats

Some respondents caveat their support for this proposal. The most common caveat provided is that the effectiveness of this proposal would depend on the standards and rigour of the accreditation schemes.

6.2.2 Issues

Accreditation

Some respondents express concern about the proposal to reduce inspection activity for accredited services. They feel that inspections are necessary to ensure that standards are maintained and that providers do not become complacent.

"We strongly believe that all services should receive regular, rigorous and comprehensive inspections regardless of gained accreditation… Accreditation should contribute to informing the inspection process and not replace it."

User 1022 (Voluntary or community sector representative)

A small number of respondents also express concern about consistency in inspections by accreditation bodies. For example, one voluntary sector representative feels that recognising accreditation could lead to variations in the standards of care between services accredited by different bodies and seeks assurances over the 'robustness' of the proposed approach.

Maintaining standards

Some respondents feel that accreditation schemes may not be of the same standard as CQC inspections. They argue that some schemes are not sufficiently robust or detailed in their approach and assessments.

"These accreditations are not robust enough to cover a longer period of time and do not go into the detail of a proper inspection. For example we are accredited but the accrediting body has never stepped foot in our service. They rely on us sending reports and data."

User 922 (Provider / professional – Independent healthcare)

A small number of respondents believe that accreditation does not reflect true performance as services can 'meet the criteria without necessarily delivering the service as stated'.

Regulatory approach

Some respondents are concerned that this proposal amounts to delegating CQC's work. They feel that CQC should be taking the lead in regulation. A small number of respondents

also raise concerns over the continued independence of regulation if CQC chooses to use accreditation schemes to inform its inspections.

A few respondents question who will have responsibility for overseeing the accreditation bodies or raise the issue of who would be accountable for the maintenance of high standards if inspections are reduced based on external accreditation.

"Another concern is around the accountability for ensuring high quality care in services that are subject to a reduction in inspections due to accreditation."

User 1022 (Voluntary or community sector representative)

Other Issues

A few respondents raise concerns about the cost associated with gaining accreditation. They suggest that services will feel they are at a disadvantage without accreditation and caution against increasing costs for smaller services in particular.

"It will be important that CQC do not inadvertently drive additional costs to providers through mandating accreditation schemes."

User 981 (Provider / professional – Independent healthcare)

A small number of respondents say that their organisations would not be eligible for accreditation schemes or that accreditation schemes may not be relevant.

A few respondents feel that accreditation may lose relevance over time or could lapse. They say that it will be necessary to ensure that any accreditation is up to date.

6.2.3 Suggestions

Recognised schemes

Some respondents make suggestions around the selection of accreditation schemes which would be recognised by CQC. These suggestions include:

- identifying suitable schemes in advance so that providers do not work with accreditation services which are not CQC approved;

- establishing clear criteria for the selection of recognised schemes so that where two similar schemes are available, the rationale for selecting one over the other is clear;

- viewing good data standards as an indicator of good standards overall, and therefore encouraging either participation in data standards accreditation schemes or the creation of such a scheme where none exists;

- avoiding the validation of schemes which are 'paid for directly' and 'indirectly controlled by' providers;

- applying 'strong safeguards' to ensure selected schemes protect patient experience;

- working with 'professional regulators and professional bodies' with 'a rigorous approach to accreditation'; and

- allowing national service representatives to have input into the selection of schemes.

Other suggestions

A few respondents made other suggestions: there should not be an 'automatic obligation' to work with accreditation schemes as there may be a 'sound clinical justification' for not doing so; and an incentive in CQC fees to encourage providers to pay for accreditation schemes.

6.3 Responses to question 10a

A total of 228[21] respondents answered the closed question 10a, which asked: *'We propose to publish a more accessible and user-friendly inspection report with a separate appendix of evidence for some independent healthcare providers. Do you agree that this is the right approach?'* To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 10 - Responses to question 10a

Question 10a: Do you agree that this is the right approach? (n=228)

Total	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	75	115	20	10	8

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree
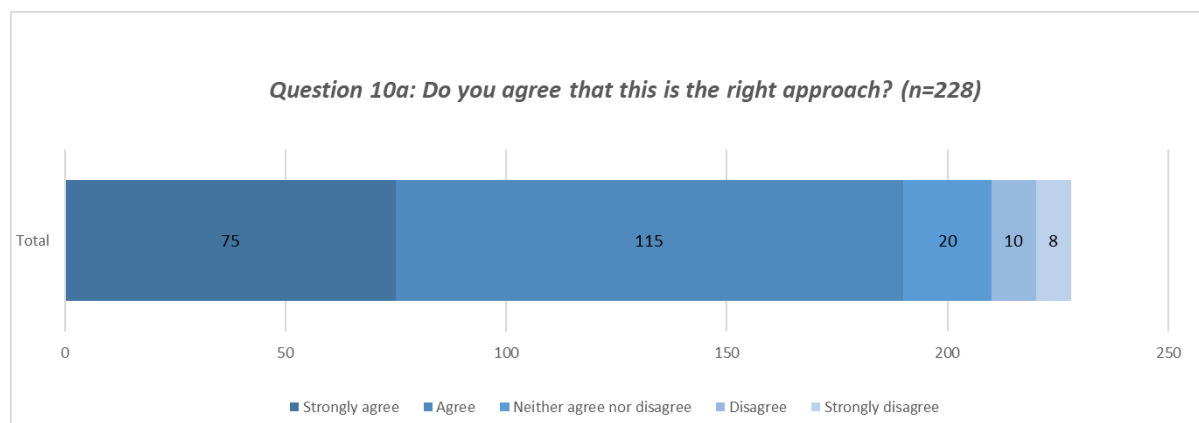
83% of the 228 respondents who answered the closed question 10a agree (50%) or strongly agree (33%) with CQC's proposal to publish a more accessible and user-friendly inspection report with a separate appendix of evidence for some independent healthcare providers. 9% of respondents neither agree nor disagree with the approach. 8% of respondents answering question 10a indicate that they disagree (4%) or strongly disagree (4%) with the proposed approach.

6.4 Responses to question 10b

There were 191[22] responses to question 10b submitted via the webform which states, with reference to question 10a: *'What impact do you think this proposal will have?'*

Some of the 191 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 193 respondents. These responses are summarised below.

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[21] See breakdown: Appendix 3

[22] See breakdown: Appendix 3

6.4.1 Supportive comments

Some respondents support the proposal to publish more user friendly reports without necessarily expanding on their reasoning.

Accessible reports

Many respondents, mostly from the online community, support reports which are clearer and simpler. They say it would be good for reports to be 'accessible' and 'user-friendly' and feel that removing jargon and complicated language would make reports easier to understand for both service users and providers.

"It needs to be in plain and simple language for all members of the public to be able to understand. Too often reports are full of jargon and acronyms that make reading very difficult and seem a waste to publish."

User 1044 (Online community)

Similarly, several respondents, mostly from the online community, support a shorter, more concise report as they feel this would be 'easier to digest' and less time consuming to read. Some respondents, mostly from the online community, argue that service users would be more likely to read the reports as a result of this proposal.

"A smaller and more user friendly inspection report is more likely to be read by more people."

User 1101 (Online community)

Some respondents feel that clear and concise reports would help service users to compare the services which are available and to make more informed choices about the best place for their care.

"By providing simpler more user friendly reports service users will be able to make informed decisions about the best places of care and treatment for their condition."

User 998 (Provider / professional – Independent healthcare)

Driving improvement

Several respondents, mostly providers/ professionals, feel that this proposal may help to improve standards or identify areas of improvements. Most of these respondents say that more accessible reports will enable service providers to recognise and address areas of concern more quickly. Others say that service providers can learn from other organisations' inspection reports if these are more accessible.

"It ought to encourage and facilitate use of the findings to improve standards of service delivery."

User 893 (Member of the public / person who uses health or social care services)

Appendix

Some respondents support having a separate appendix of evidence for some independent healthcare providers. They say that having such an appendix ensures that providers understand the details of good or poor practice and provides detail for those who want it whilst allowing others to gain a 'reasonable understanding' from the main report.

"Having a separate appendix would mean that all the detailed information is still available, but would not need to be accessed for a reasonable understanding of the report."

User 1033 (Online community)

Other comments

A few respondents say that this proposal could reduce bureaucracy while others believe that this could help to ensure that reports are published more quickly and providers receive feedback sooner.

A small number of respondents also suggest that this proposal could help to increase transparency or say it may improve public confidence.

Support with caveats

Some respondents caveat their support for this proposal. Often, they support the principle of more accessible reports but want to ensure that necessary evidence and important detail is not omitted.

6.4.2 Issues

Availability of information

Several respondents raise concerns about this proposal. These concerns are wide-ranging, with individual respondents often raising specific concerns which are not widely held or not raised by any other respondent.

The most widely-raised concern is that this proposal will result in an insufficient amount of information and detail being included in reports. Some respondents argue that further evidence may be required for service users to fully understand the services they are considering accessing or for providers to understand fully the basis on which the report's conclusions have been reached and the actions which it is necessary for them to take.

"Reports need to be long enough to contain sufficient detail to inform the 'reader'. The reader might come from a multitude of interested perspectives e.g. potential patient, Commissioner, carer, possible employee, inspected organisation, etc."

User 976 (Provider / professional – Independent healthcare)

A few respondents argue that a full and comprehensive report is necessary or support the existing approach to producing reports.

"Full detailed, accurate reports should always be produced."

User 896 (Carer)

A small number of respondents feel that there is a need to ensure that no commercially sensitive data is included in either the main report or the appendix of evidence.

Furthermore, a few respondents raise concerns about the inclusion of an appendix of evidence. They say that it is not clear which providers would have this appendix included in their report, or are otherwise unconvinced of the benefits of this appendix.

"It is unclear which providers will receive a more detailed report with evidence appended."

User 1001 (Arm's length body or other regulator)

Small numbers of respondents also raise concerns about the need to see an example of a report in the style proposed before it is introduced and the need for the reporting style to be consistent across all organisations (both NHS and independent).

6.4.3 Suggestions

Developing an approach

A few respondents suggest ways CQC could approach the development of a new reporting methodology. These include:

- working with people who use CQC reports to inform their decision making, such as families of individuals with complex needs, to determine the type and format of information which would be most useful to them;

- piloting the proposed changes in reporting style; and

- putting templates and guidance in place before introducing the new methodology in order to assist inspectors.

Appendix

A few respondents make suggestions about the proposed appendix of evidence, such as:

- including both positive and negative evidence in the appendix;

- making the main report openly available but only issuing the appendix of evidence on request, which could help generate income for CQC and allow providers to know who has requested access to the detailed information from their report; and

- adopting a style similar to that of patient safety alerts issued by NHS Improvement, whereby 'supporting information' is contained in a separate report.

Other suggestions

Other suggestions include:

- addressing accessibility concerns for individuals who cannot read or cannot use the website;

- introducing an executive summary or headlines section;

- publishing the report on the CQC website so that it is available to the public;

- publishing the report in a format which supports 'further programmatic analysis';

- publishing easy-read versions of the report to improve accessibility;

- publishing the methodology for determining which data must be made available;

- drawing clear distinctions between what is a breach, a criticism and an observation to help providers focus their response;

- proof reading reports to improve spelling and grammar;

- including a glossary; and

- greater use of bullet points.

7. Ratings

7.1 Responses to question 11a

A total of 146[23] respondents answered the closed question 11a, which asked: *'We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Award a rating for CQC's five key questions (are services safe, effective, caring, responsive and well-led?) and aggregate these up to an overall rating at service and/or location level.'* To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 11 - Responses to question 11a

Question 11a: Do you agree with the proposal to award a rating for CQC's five key questions (are services safe, effective, caring, responsive and well-led?) and aggregate these up to an overall rating at service and/or location level? (n=146)

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree
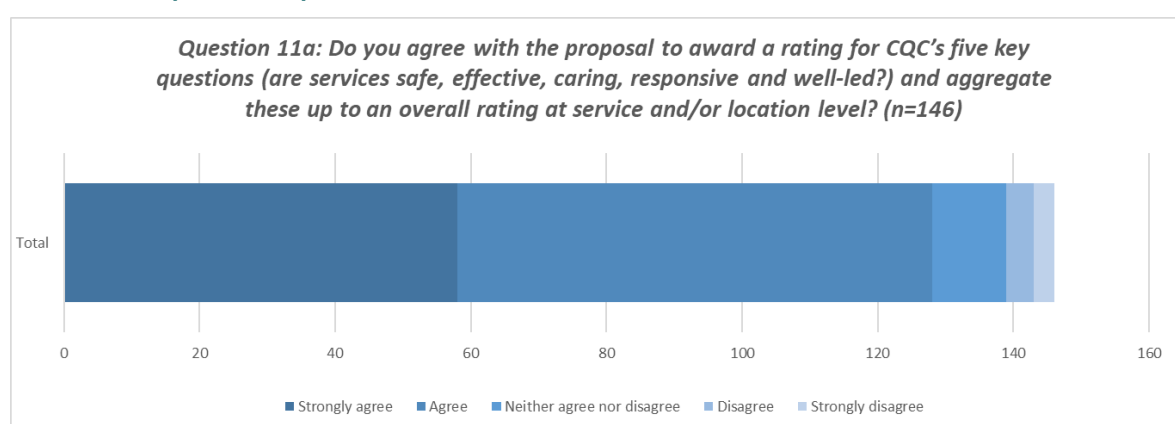
88% of the 146 respondents who answered the closed question 11a agree (48%) or strongly agree (40%) with CQC's proposal to award a rating to independent healthcare services for CQC's five key questions and aggregate these up to an overall rating. 8% of respondents neither agree nor disagree with the approach. 5% of respondents answering question 11a indicate that they disagree (3%) or strongly disagree (2%) with the proposed approach.

7.2 Responses to question 11b

There were 100[24] responses to question 11b submitted via the webform which states, with reference to question 11a: *'What impact do you think this proposal will have?'*

Some of the 100 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 98 respondents. These responses are summarised below.

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[23] See breakdown: Appendix 3

[24] See breakdown: Appendix 3

7.2.1 Supportive comments

Some respondents support awarding ratings for the five key questions with an aggregated overall rating without necessarily expanding on their reasoning. They question why this is not already the approach taken, or suggest that this approach would be 'sensible' or 'appropriate'.

Consistency

Many respondents say that the suggested approach will ensure consistency across the whole of the health sector. Some comment specifically that there should be parity between NHS and independent healthcare services in terms of regulatory approach.

"Public funding (i.e. NHS commissioned) is now the second highest income stream for private healthcare and independent providers should be under the same level of scrutiny, assessed using the same rating system for regulation as NHS providers."

User 1001 (Arm's length body or other regulator)

Several respondents, mostly providers/ professionals, argue that a consistent approach is necessary to help inform patient choice. They feel this approach will allow service users to make like-for-like comparisons of services.

Driving improvement

Several respondents feel that this proposal could drive improvements in providers' standards of care as they are incentivised to achieve the best possible overall rating. A few of these respondents suggest that the five key questions could provide effective benchmarks or encourage sharing of resources and best practice.

"Weaknesses in some areas will rightly decrease the end rankings and encourage all areas to excel."

User 899 (Member of the public / person who uses health or social care services)

Similarly, some respondents feel that the five key questions would help providers to identify areas of strength or weakness. This would allow them to prioritise improvement in areas of weakness and to highlight achievements where areas of strength are found.

"It will help an organisation to focus on specific areas that require optimisation."

User 1016 (Provider / professional – Independent healthcare)

Clarity and transparency

Some respondents say that the five key questions will provide clarity. In particular, some respondents feel that the five key questions and the aggregated overall rating provide a good overview of a service, while a few respondents say it is positive that ratings will be displayed.

"An overall rating at service and location level will reassure the public and professional teams that care is delivered across the UK to a high standard."

User 992 (Provider / professional – Independent healthcare)

A few respondents also believe that this proposal would improve transparency. They say it will give some insight into how services are managed, allow providers to communicate their rating and the improvements they are making, and inform the commissioning process.

Support with caveats

A few respondents caveat their support for this proposed approach. For example, one respondent wants to ensure that the ratings for each of the five questions are reported individually, as well as the aggregated overall rating.

Others say that it will be necessary to ensure ratings are kept up-to-date and that inspectors ask sensible questions.

7.2.2   Issues

Aggregated ratings

Some respondents express concerns about the aggregation of scores across the five key questions into one overall rating. They say that independent providers may not make provisions for all service areas or patient groups and it will therefore be important that ratings are adjusted accordingly, or raise concerns that an overall aggregate rating of 'requires improvement' could arise where the majority of key question scores are 'good'.

"While we believe that the independent healthcare service should be regulated in the same way as other NHS providers, we retain the view that an overall performance rating is simplistic and cannot adequately capture the complexities of delivering healthcare. For example, an overall 'requires improvement' or 'inadequate' rating may conceal areas of excellent care within that provider, while an overall 'good' or 'outstanding' rating could mask areas of poor care."

User 100077 (Provider trade body or membership organisation)

Impact of ratings

Some respondents comment on the potential impact of ratings on providers, particularly the impact which a poor or missing rating can have and the means of addressing a poor rating which are available to services.

For example, a few respondents say that some providers have not been rated and believe ratings may not be available for a long time. This may be because a provider has been inspected but not rated, or it could be because a provider is to be newly-inspected

"It feels unfair that a provider inspected at the start of the process in April 2019 will have had their rating and be able to publish it when a provider much further on in the inspection programme won't have a rating."

User 973 (Provider / professional – Primary or urgent care)

A small number of respondents also comment on the impact a bad rating can have on business. For example, one respondent says that providers do not have the ability to have such a rating changed until the next inspection, while another feels that a 2 year inspection interval is too long when an organisation has received a rating of 'requires improvement'.

"For third sector providers receiving a CQC rating of requires improvement that needs to be publicly displayed, 2 years is a long time before re-inspecting and is not reflective of the quality of the service. Although it is a maximum, we feel that it is also a long time for people who use the service to feel that they are receiving a 'less than good' service."

User 983 (Provider / professional – Independent healthcare)

A few respondents comment on the utility of ratings. Of these respondents, some feel that ratings do not reflect the reality of a situation. Others say that they do not think service users consider ratings before engaging with a service, or that insurance companies would 'dictate' which services can be used and so ratings are not beneficial.

Introduction of ratings system

A small number of respondents comment on areas which they feel need to be considered before a ratings system is introduced. For example, one respondent believes there is a risk in bringing in a ratings system before the methodology has been 'sufficiently modelled'. Another says that the regulatory model must be updated to 'more accurately reflect the operation of primary care services delivered online'. They feel that the current methodology does not adequately recognise the 'functional differences between traditional and digital services'.

7.2.3 Suggestions and neutral comments

Key questions

A few respondents make suggestions about the five key questions which it is proposed would be rated. For example, one respondent feels that there needs to be transparency about how each key question is rated and therefore how the overall rating is arrived at, while another calls for specific feedback or guidance on how particular ratings have been arrived at.

Other suggestions include:

- including more key questions, such as cleanliness;

- considering 'safe' and 'effective' as key criteria, so if a provider fails these they fail the overall assessment;

- promoting the ratings system to help inform the public;

- placing greater emphasis on patients' views when assessing the key questions;

- publishing benchmarks to allow comparisons with similar services;

- comparing the ratings of NHS and independent providers;

- issuing clear guidance for digital providers;

- sharing good practice; and

- a dedicated digital healthcare team within CQC.

Meanwhile, a few respondents suggest this proposal would have no impact as it would not be relevant to their service provision and would amount to no change.

7.3 Responses to question 12a

A total of 142[25] respondents answered the closed question 12a, which asked: ***'We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Rate at the service and/or location level on our four-point scale of: outstanding, good, requires improvement and inadequate.'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 12 - Responses to question 12a

Question 12a: Do you agree with the proposal to rate at the service and/or location level on our four-point scale of: outstanding, good, requires improvement and inadequate? (n=142)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Total	56	67	9	4	6
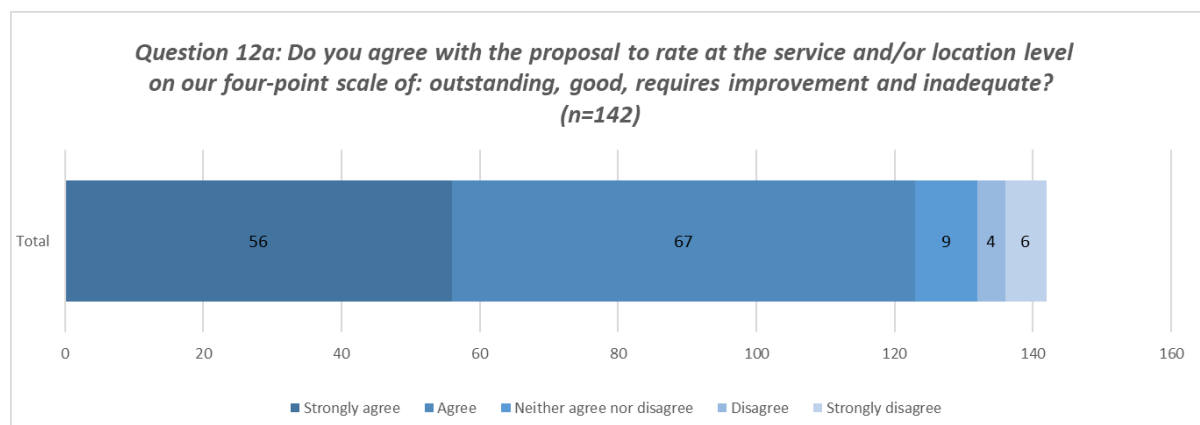
87% of the 142 respondents who answered the closed question 12a agree (47%) or strongly agree (39%) with CQC's proposal to rate independent healthcare providers at the service and/or location level on their four-point scale, including all voluntary sector representatives who answered this question. 6% of respondents neither agree nor disagree with the approach. 7% of respondents answering question 12a indicate that they disagree (3%) or strongly disagree (4%) with the proposed approach.

7.4 Responses to question 12b

There were 91[26] responses to question 12b submitted via the webform which states, with reference to question 12a: *'**What impact do you think this proposal will have?**'*

Some of the 91 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 94 respondents. These responses are summarised below.

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[25] See breakdown: Appendix 3

[26] See breakdown: Appendix 3

7.4.1 Supportive comments

A few respondents support the four-point rating scale without necessarily expanding on their reasoning.

Consistency

Many respondents, mostly providers/ professionals, support this approach because it is consistent with the existing approach for services which are currently rated. They say that this is a fair approach and that the four-point scale which is proposed is a recognised scale.

"Using categories that are already in use for other healthcare organisations is sensible."

User 919 (Provider / professional – Independent healthcare)

Some respondents say that this consistency allows for comparison across services and helps inform patient choice.

Clarity and transparency

Some respondents, mostly providers/ professionals, argue that the four categories would be clear and easy for service users to understand. They say that the categories are simple and may therefore help to ensure that any confusion is avoided.

"The use of the four point scoring scale is fair and self-explanatory for everyone to understand."

User 992 (Provider / professional – Independent healthcare)

Driving improvement

Some respondents feel that the four-point scale would drive quality improvements. For example, one respondent says that the obligation to publish ratings will encourage good performance in a 'competitive market', while another says there would be a 'commercial imperative' for providers to achieve the best possible ratings.

"It is also likely to lead to improvements in quality. There would be a commercial imperative to achieve the best possible rating."

User 988 (Provider / professional – Independent healthcare)

Some respondents also believe that the four-point rating scale could highlight areas that need improvement or areas of good practice.

Support with caveats

A small number of respondents caveat their support for this proposal. One says providers must be given ample opportunity to demonstrate how improvements can be or have been made, and this should be reflected in subsequent reports. Another says that 'inadequate' must clearly mean an organisation has failed, feeling this isn't the case at present.

7.4.2   Issues

Consistency

Some respondents raise concerns about the consistency of ratings assessments across locations or inspection teams. They typically say that inspection teams can arrive at different conclusions or rate services in a different way to one another.

"Inspection teams can have very different approaches and views on priorities, quality and risk management."

User 977 (Provider trade body or membership organisation)

One respondent also says that the way in which different services are assessed varies and that this can affect consistency and impair comparability. They give the example of NHS substance misuse treatment services, which they say are excluded from the same level of 'rigorous inspection' that other services have.

However, another respondent says that some organisations, such as slimming clinics, should be exempt from the four-point rating scale. They feel that no slimming clinic could be rated outstanding or good as they prescribe medicines 'for which there is no evidence base and practice outside of national guidance'. A small number of respondents also express concern that digital services may not be fairly assessed.

"It is… harder to dismiss healthcare categories if the ratings system is universal and well understood. If implemented in a rushed way, however, then there is a risk of setting a framework that does not equitably and correctly rate digital healthcare provision."

User 963 (Provider / professional – Primary or urgent care))

Effectiveness of ratings

A few respondents express concern about the time delay between the identification of areas which require improvement and the reassessment of these areas. They say that poor ratings

can be held for long periods, with one respondent suggesting they may be held for two years and another for five years without means of redress.

"We have concerns about the responsiveness of the CQC to re-inspect and re-rate services when improvements have been identified and subsequently implemented at sites… Comment from other providers who are currently rated indicate that re-rating very rarely occurs due to delays in the publishing of inspection reports."

User 982 (Professional / provider – Independent healthcare)

A small number of respondents say the ratings system may not accurately reflect standards. One says that 'inadequate' is too 'soft' a term.

Clarity and transparency

One respondent feels that there needs to be greater clarity on how ratings must be displayed. They say that ratings could be displayed on a website, but in such a way that they were not clearly visible to the public, and call for greater clarity over any requirements for the rating to be displayed when services are accessed through apps. They say that in the pharmacy sector illegitimate sites are displaying an MHRA EU Pharmacy logo.

Another respondent feels that there is a lack of information in relation to these proposals.

7.4.3   Suggestions and neutral comments

Different categories

Some respondents suggest an additional rating level between 'good' and 'requires improvement' as they feel there is a 'big jump' between these ratings at present. This new rating could be 'acceptable' or 'satisfactory'. Other suggestions include:

- reducing the number of categories;
- rating services as either 'good' or 'bad'; and
- introducing a seven-point scale (outstanding, exceeds expectations, meets expectations, below expectations, poor, serious concern, special measures).

Recognising improvements

Some respondents suggest measures which would allow providers to address criticisms following inspections and have their improvements recognised more quickly. Their suggestions include:

- provisional ratings, with final ratings being confirmed once areas for improvement have been addressed;

- a process for re-rating services which have been rated as 'requires improvement' once improvements have been implemented;

- earlier re-inspections to encourage more immediate improvements;

- provision of a mechanism for demonstrating improvements in order to influence ratings between inspections;

- a review of the policy of not applying new ratings to services following a focused inspection; and

- more frequent inspections.

Other suggestions

Other suggestions related to the four-point scale include:

- rating private healthcare services provided by NHS hospitals as well independent healthcare services;

- limiting private healthcare providers which do not offer independent adjudication for complaints to a rating of 'requires improvement';

- providing further comment on the scope of any improvement which is required after an inspection;

- the inclusion of a percentage alongside ratings as the ratings can cover a wide range; and

- the issuing of guidance for independent healthcare providers who have not previously been rated.

Meanwhile, a few respondents suggest this proposal would have no impact as it would not be relevant to their service provision would amount to no change.

7.5 Responses to question 13a

A total of 141[27] respondents answered the closed question 13a, which asked: ***'We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Aggregate ratings using our published ratings principles.'*** To answer this closed question, respondents could choose from five options between strongly agree and strongly disagree.

Chart 13 - Responses to question 13a

Question 13a: Do you agree with the proposal to aggregate ratings using our published ratings principles? (n=141)
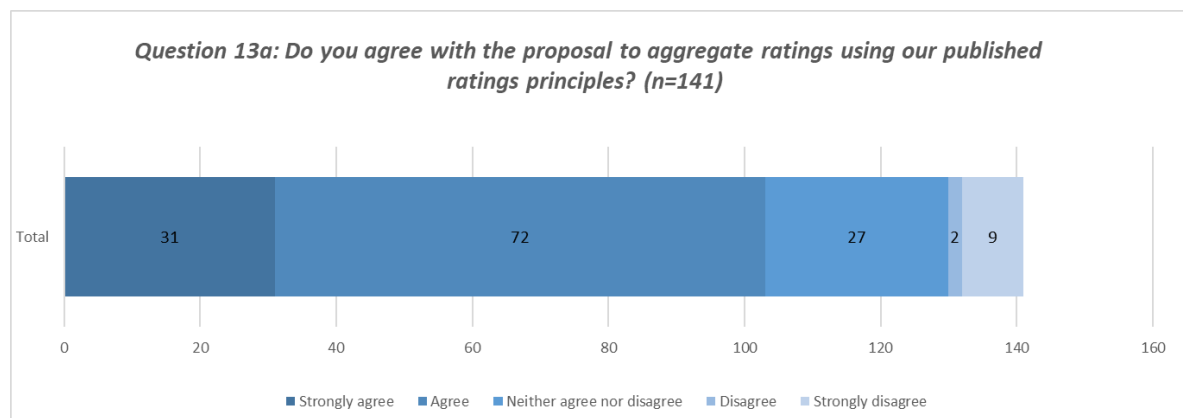
73% of the 141 respondents who answered the closed question 13a agree (51%) or strongly agree (22%) with CQC's proposal to aggregate independent healthcare providers' ratings using their published ratings principles. 19% of respondents neither agree nor disagree with the approach. 8% of respondents answering question 13a indicate that they disagree (1%) or strongly disagree (6%) with the proposed approach.

7.6 Responses to question 13b

There were 70[28] responses to question 13b submitted via the webform which states, with reference to question 13a*: 'What impact do you think this proposal will have?'*

Some of the 70 respondents made comments that were more relevant to other questions within the consultation, so these comments have been summarised elsewhere in the report. The remaining comments from the webform plus any received via email or from the online panel come to a total of 57 respondents. These responses are summarised below.

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[27] See breakdown: Appendix 3

[28] See breakdown: Appendix 3

7.6.1 Supportive comments

Some respondents support aggregate ratings without necessarily expanding on their reasoning.

Consistency

Several respondents support this approach because it is consistent with the existing approach for services which are currently rated. They believe it ensures 'parity' between independent and state providers. One respondent says that at present NHS Trusts operating across several sites are given an aggregate rating for the whole organisation, but that this is not currently the case for independent healthcare providers.

"Using the published ratings system will ensure a consistent approach across primary care services, which will be of benefit to the public."

User 1014 (Provider trade body or membership organisation)

Some respondents say that this consistency will help the public to make comparisons across services and will inform patient choice.

Clarity and transparency

Some respondents say that the stated approach would improve clarity and be simpler for service users. Some also feel that having an overall rating provides a useful overview of service provision. One commissioning group says it helps in the commissioning process to be able to view an overall provider rating as well as individual site ratings.

One respondent says the proposed system could 'increase public trust'.

Driving improvement

Some respondents feel that the proposed approach would help to identify areas of weakness and areas of good practice for providers.

Support with caveats

A few respondents caveat their support for this proposal. They argue that the process for determining the aggregate rating must be transparent and that individual key question scores must still be identified.

7.6.2 Issues

Accuracy of ratings

One respondent feels there is a risk that ratings could be inaccurate as changes could be made to a service soon after inspection, but these changes would not be reflected until the next inspection. Another respondent says that inaccurate ratings can impact on both a provider's revenue and the quality of care offered by that provider.

"As well as being confusing to patients, an inaccurate overall rating has a significant impact on the providers' ability to do business with commissioners and insurers. In addition to the potentially unjustified impact on the providers' revenue, it may in turn have a consequential detrimental effect on the quality of care offered by the provider."

User 1000 (Provider trade body or membership organisation)

A few respondents also feel that aggregated ratings may mask areas of weakness or be confusing for service users if ratings are not updated following focused inspections. One respondent says that following an inspection in which only one domain was inspected, if the ratings grid was updated then all ratings might appear as if they had been recently re-inspected, and that could be misleading. Another says that individual ratings may appear inconsistent with the overall rating if the overall rating was awarded before the individual ratings changed.

"Would the new proposal mean that a provider location inspected three years ago would retain their old ratings if only one domain was re-inspected? And update their ratings grid to show all the ratings as if all were inspected?"

User 968 (CQC employee)

However, a few respondents feel that aggregated ratings may emphasise areas of weakness. One respondent expresses concern that an overall rating of 'requires improvement' could be awarded where the majority of key question scores might be 'good'. Another feels the proposed approach may negatively impact smaller providers whose service provision has greater variation.

One respondent also says that the aggregation rules are often overruled for small services which could create inconsistency.

Clarity and transparency

A small number of respondents also raise concerns as to how providers may choose to display ratings, particularly in relation to how ratings may be published on websites, and whether this could be misleading.

7.6.3 Suggestions and neutral comments

Aggregation suggestions

Some respondents make suggestions about the aggregation of ratings. These suggestions include:

- make the principles underpinning aggregation clear from the outset;

- issuing guidance for independent healthcare providers who have not previously been rated;

- placing greater emphasis on an 'inadequate' or 'outstanding' rating in one of the key questions when calculating the aggregate rating;

- regular monitoring of performance to ensure that ratings are up-to-date;

- further consultation with the digital health sector to ensure ratings are relevant;

- ensuring information about individual services or locations remains accessible for service users; and

- discussions with the Advertising Standards Authority to ensure their regulations account for any increase in aggressive marketing which might arise from poor ratings and long inspection intervals.

Meanwhile, a few respondents suggest this proposal would have no impact as it would not be relevant to their service provision and would amount to no change.

8. Feedback from consultation events

CQC ran 13 focus groups between January and March 2018. These included four focus groups with targeted members of the public; older people, women from ethnic minority backgrounds, children and young people, and people with learning disabilities. In order to access these groups, they worked with voluntary sector organisations who regularly engaged with these groups. During these sessions they explored the topics of ratings, exchanging information and inspections in relation to independent healthcare.

CQC also ran six focus groups and one advisory group with providers covering the sectors of: Ambulance, Mental Health, Substance Misuse Services, healthcare (acute/single specialty/etc), Community, Doctors.

Finally, CQC ran a focus group with Local Healthwatch staff and an internal focus group with its own staff.

8.1 Provider focus groups

8.1.1 Monitoring

Several of the participants feel it is important to use relationship management to provide a better contextual understanding for regulation and inspection. This would allow a proactive, rather than reactive, relationship. Some participants report good experiences with their relationship managers. However, some participants express concern about consistency of approach to relationship management, saying that some providers do not know or have not met their relationship manager. Participants from one event also feel that there could be a resource implication for smaller providers.

With regard to monitoring and information collection, the main issue which participants raise is the potential increased workload this could place on providers, particularly smaller providers who have less resources available to them. They say that information is not always collected by CQC in the same format as providers collect it, and that information collection is less work for providers who have aligned their collection with the CQC's five key questions. Some participants also raise concerns over the data which would be collected, the frequency of collection, the lack of context for the information and the consistency of data collection in different areas.

Participants suggest collecting information covering a wide range of areas, including patient outcomes, staff training and turnover. For monitoring, it is felt that this information needs to be analysed by individuals familiar with the provider. Participants also ask whether ratings could change through monitoring and whether monitoring would take place at provider or location level.

8.1.2 Planning inspections

Some participants say that unannounced and short notice inspections could cause disruption to the provision of care. They also feel that availability of staff may be an issue with unannounced inspections, particularly for smaller organisations and in relation to registered managers. However, some providers believe unannounced inspections can create a more realistic impression of a service and suggest one week of notice would be adequate.

In terms of frequency of inspection, some participants say that inspections are more frequent than at present, while others feel that the frequency should be based on a provider's performance.

8.1.3 Core services

In relation to the proposal to combine inspections of medical care and surgery, some participants say that management and governance structures may not fit with these changes and question whether oncology would be included, seeing this area as particularly challenging to incorporate. However, some participants feel that splitting these core services could help examine these areas and compare services.

With regards to splitting diagnostics and outpatients, some participants raise what they see as potential difficulties. They feel it would be hard to rate diagnostic imaging as 'effective', say that it would be difficult to rate outpatients for small providers due to scale, and say that it is inconsistent with the NHS approach. Nonetheless, the proposal is seen as a positive by some who feel that it is easier for providers to make changes to these services separately.

8.1.4 Inspection

Some participants ask how accreditations would be taken into account and whether providers gaining accreditations would result in a reduction in their fees.

Some also comment on reports, saying that CQC's quality assurance processes need to be clearer, as it is not always clear whether aspects of the report should be challenged at the factual accuracy or appeal stage. They also say that reports often contain spelling mistakes and grammatical errors, creating uncertainty about the effectiveness of CQC's quality assurance processes.

8.1.5 Ratings

Participants broadly support the proposals for ratings and say they would amount to natural progression as CQC already rates services in other sectors.

However, some participants say that commissioners use these ratings to assess contracts, and so there is a need for them to be consistently assessed because poor ratings can have a commercial impact. Participants often raise concerns about ratings remaining in place even once improvements have been made, and say there is a need for improvements to be recognised more quickly.

Some participants also say that commissioning cycles need to be taken into account as these can impact on services, and that ratings are designed to help inform services users' choices but that for some services there is no practical alternative choice.

Some participants ask whether location level ratings would be aggregated up to provider level. They feel a provider level rating would be useful where providers hold services across different sectors. Participants also ask whether a change to a key question rating would change an overall rating, or say that focused inspections should cover a whole domain because of the impact they could have on a key question rating.

In terms of the five key questions, some participants say that there is a need to consider the well-led question, and that there is not always enough evidence to award a rating for caring. Some say that ambulance services do not fit well within the core services.

8.1.6   Other issues

Some participants query whether there is an intention to expand the scope of registration. They support a more robust approach to registration which would be more in line with the inspection process, whilst also not wanting to introduce unnecessary 'regulatory burden'.

Other issues which participants raise include:

- the need for more to be done to outline the totality of CQC's approach to regulation;

- how CQC would engage with providers which span sectors or cross UK and international borders;

- the role of specialist advisers in inspections, with concerns over conflicts of interest and commercially sensitive information;

- concerns about whether inspectors and other inspection team members will have independent healthcare backgrounds and understand the services they are inspecting; and

- whether fees would increase as a result of the proposals.

Some participants also raise concerns that if the consultation response document is published in June and inspections begin in July then there will not be enough time for providers to prepare for an inspection.

8.2 Public focus groups

8.2.1 Monitoring

In terms of monitoring, the public focus groups mainly comment on sharing information with organisations. They broadly support information sharing and feel that information should be shared with healthcare professionals, voluntary organisations and organisations which support people with specific conditions, provided individual information is 'kept personal'.

8.2.2 Planning inspections

The participants typically support a move towards more unannounced inspections as they feel this would prevent services from covering up issues and make them feel safer. They say that inspections should take place at different times of year and at different points in the week to get a more accurate overall picture of care.

However, a few participants say that this approach could be disruptive to services, affecting staff performance and patient care.

8.2.3 Inspection reports

The participants broadly support the introduction of shorter and more user-friendly reports. They say that these should avoid jargon, use symbols and graphics, and include information on:

- patient and family feedback;
- hygiene levels;
- waiting times;
- death rates;
- staffing levels and rate of turnover;
- the training given to staff;
- the 'helpfulness' of staff;
- the names of staff and their lengths of service;
- services' communication with users;
- value for money (use of resources); and
- accessibility of services and consideration of patient needs.

Some respondents say they would have difficulty accessing reports because they don't have access to the internet or confidence in their computer skills, but some feel that shorter, simpler reports would help them to be better informed to make decisions about their care.

8.2.4   Ratings

The participants typically support the recommendations to award ratings to independent healthcare services. They say that this would be consistent with how NHS services are inspected and would help to improve their confidence in services.

However, some participants raise concerns. They say that they would be more likely to trust word of mouth or peer reviews. They also say that there is often no real choice available to service users, although they say that ratings can help to encourage services to make improvements, and some participants feel that ratings do not currently reflect cultural differences.

8.2.5   Other issues

Participants also say independent health services should receive the same regulatory treatment as NHS services. They feel that the NHS will undergo a lot of change due to funding pressures and comment on car parking at hospitals and the commissioning of services, saying that NHS money is passing to private organisations. They suggest that volunteers should be used on inspections.

8.3   Healthwatch focus group

8.3.1   Monitoring

In terms of monitoring independent healthcare services, the participants say that further clarification is needed of the role to be played by local Healthwatch and the services which would fall into the category of 'independent healthcare'. They feel that local Healthwatch can help with monitoring as they have relationships with local service users that CQC may not have and strong, established methods of communication.

They do feel that as private healthcare providers can operate as businesses they may not necessarily be forthcoming with information sharing.

8.3.2   Inspection

Similarly, the participants feel that there should be guidance from CQC if changes to inspections affect the duties and responsibilities of local Healthwatch groups. Nonetheless, they support more frequent inspection activity for providers who remain at 'requires improvement'.

They also support shorter, more user-friendly reports.

8.3.3 Ratings

The participants support the proposal to rate independent services in the same way as NHS services but express concern that service users need to be made aware of this change to help them make well informed decision when choosing care.

They also question providers' motivation as participants feel they might use ratings in the interest of winning contracts rather than providing good and safe care.

8.3.4 Other issues

Participants also say that there is a need to raise awareness once changes have been implemented and that cultural issues need to be taken into consideration, particularly in smaller independent services that may have been set up to meet the needs of minority groups.

8.4 Internal engagement workshop

This workshop provided an opportunity for CQC staff to hear and discuss further detail on the consultation. The event included workshops on the three key streams which are priority areas to the development of the next approach: monitor and pre-inspection, inspection and post inspection. The key consultation questions were discussed at the workshop, including some of the operational aspects of how these may be translated into the new approach. Outputs from the workshops will be used as part of the development of internal products and guidance, and support the implementation of the recommendations.

8.4.1 Monitoring

Participants support the proposals for information collection, although they raise some queries about whether there might be duplication of collection. They would like to understand how this is connected to relationship management.

In terms of relationship management, the participants support a flexible approach and would like to know how consistency can be ensured.

8.4.2 Inspection

The participants query how it would be ensured that inspections would be unannounced. They would also like to see a tightening up of the proposed evidence appendix.

8.4.3 Ratings

With regard to the five key questions, the participants question whether 'well-led' should be its own separate category.

9. Other comments about CQC and the wider context

It is common in consultations for respondents to make comments outside the scope of the specific questions. For this consultation, respondents often commented on the wider environment in health and social care, or gave general views about CQC or the way in which the consultation was presented and conducted. These comments are summarised below.

9.1   Views on the consultation

Some respondents welcome the opportunity to engage with the consultation.

However, a few respondents criticise the consultation or suggest ways it could be improved. For example, individual respondents say that:

- five point scales should be avoided for closed questions to prevent respondents sitting on the fence;

- questions 11 and 12 should have been combined;

- the key lines of enquiry (KLOEs) for hospices should have been published with this consultation; and

- the consultation does not give any opportunity to 'undertake a root and branch review of the underpinning regulatory approach' and fails to recognise the cost of regulation.

A small number of respondents also say that they do not understand aspects of the consultation document, that the consultation document needed more detail on some topics or that the link used to access the consultation online did not work.

9.2   Comments about CQC

A small number of respondents comment positively on CQC's current approach. For example, one voluntary sector organisation welcome CQC incorporating human rights into the way services are regulated.

However, some respondents are critical of CQC's current practice. Typically, these criticisms relate to the rating and inspection process. Respondents say that this process doesn't necessarily recognise the individual circumstances of a service and is not sufficiently transparent.

One respondent criticises the decision to re-inspect hospices before the relevant KLOEs have been made available. Another says that CQC should bear in mind that all hospices have been recently inspected under the adult social care framework and say that inspection teams will need a good understanding of 'the multi-dimensional nature of hospice care'.

With regard to the proposals put forward by CQC in this consultation, several respondents make general positive comments without necessarily referring to specifics. They describe them as a 'great improvement' or a 'splendid move'. A few respondents caveat this support by suggesting factors which need to be given consideration.

A small number of respondents also express general concerns about the proposals. One respondent says care needs to be taken to avoid increasing administrative costs and workload. Another feels that if inspectors are mainly drawn from the public sector then there may not be adequate understanding of the commercial nature of independent healthcare, but that drawing inspectors from the private sector could lead to commercial sensitivities.

Some respondents emphasise the importance of inspection or call for more inspections to be carried out.

9.3 Other comments

Some respondents comment on independent sector healthcare provision. They oppose healthcare being carried out by 'businesses' or say that the profit motive for independent providers must be taken into account in the inspection and monitoring process.

A small number of respondents provide a variety of comments on NHS funding and wider healthcare policy.

9.4 General comments on this consultation

With regard to the proposals put forward by CQC in this consultation, several respondents make general positive comments without necessarily referring to specifics. They describe them as a 'great improvement' or a 'splendid move'. A few respondents caveat this support by suggesting factors which need to be given consideration, such as the proportionality of the changes or the need to avoid duplication of regulation.

A small number of respondents also express general concerns about the proposals. One respondent says care needs to be taken to avoid increasing administrative costs and workload. Another feels that if inspectors are mainly drawn from the public sector then there may not be adequate understanding of the commercial nature of independent healthcare, but that drawing inspectors from the private sector could lead to commercial sensitivities.

9.5 Suggestions

Some respondents say that there is a need for all services to be regulated in a consistent manner without necessarily referring to particular proposals. They support the alignment of NHS regulation and independent healthcare regulation. One respondent says there should be consistency of regulatory approach across England, Scotland and Wales.

A few respondents suggest areas which they feel should be the subject of particular focus. For example, one voluntary sector organisation says that there are financial incentives for independent metal health hospitals to keep people with mental health issues there and so inspections need to ensure that people are not having their section renewed inappropriately. Other areas which respondents feel CQC should focus on include:

- inspectors' understanding of addiction and associated behaviours, particularly with regard to the nature and complexity of addiction, when inspecting addiction services;

- the care of service users with learning disabilities;

- providers' staffing levels; and

- the qualifications of staff carrying out specialist procedures.

Other general suggestions include:

- inspection of day centres;

- regulation of services provided within GP practices that are not provided by the practice themselves;

- investment in the development and recruitment of quality inspectors;

- engagement with the commissioning process and recognition that this affects standards; and

- greater alignment of NHS private patient units (PPUs) with other areas of the independent healthcare sector.

Appendix 1: Consultation questions

1.1 Monitoring the quality of services

We propose to strengthen how we manage our relationships with providers of independent health care and with local and national organisations.

1a   **Do you agree that this is the right approach?**

     [Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

1b   **What impact do you think this proposal will have?**

To support how we monitor the quality of independent healthcare services, we propose to routinely work with local and national organisations to exchange information about services.

1c   **Which organisations do you think we should exchange information with?**

We propose to develop our CQC Insight tool to monitor data about the quality of independent healthcare services, starting with CQC Insight for acute hospitals and mental health services.

2a   **Do you agree that this is the right approach?**

     [Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

2b   **What impact do you think this proposal will have?**

We propose to collect information regularly from independent healthcare providers to help us to monitor the quality of services in between inspections.

3a   **Do you agree that this is the right approach?**

     [Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

3b   **What impact do you think this proposal will have?**

1.2 Planning inspections

We propose to move towards more unannounced and short notice inspections.

4a   **Do you agree that this is the right approach?**

     [Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

4b   **What impact do you think this proposal will have?**

1.3 Core services

In independent acute hospitals, we currently assess the existing core service of 'outpatients and diagnostic imaging'. We propose to separate this core service to create two distinct core services of 'outpatients' and 'diagnostic imaging'.

5a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

5b   What impact do you think this proposal will have?

In independent acute hospitals, we currently assess 'medical care' and 'surgery' as two separate core services. Some hospitals manage these services together, with no separate governance or organisational arrangement, and they treat patients on the same wards with the same staff. For these hospitals, we propose to combine these two services into a single core service of 'inpatients'.

6a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

6b   What impact do you think this proposal will have?

In hospitals where medical and surgical services are managed separately, we propose to continue to inspect the two separate core services of 'medical care' and 'surgery'.

7a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

7b   What impact do you think this proposal will have?

Some independent community healthcare providers may only deliver a single service, or may deliver only a small part of a community service. For these providers, we propose to introduce the 'community single specialty' service.

8a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

8b   What impact do you think this proposal will have?

1.4 Inspection

If a service has gained accreditation by an appropriate recognised scheme, we propose to use this to both inform CQC inspections and, over time, reduce our inspection activity and duplication for providers.

9a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

9b   What impact do you think this proposal will have?

We propose to publish a more accessible and user-friendly inspection report with a separate appendix of evidence for some independent healthcare providers.

10a   Do you agree that this is the right approach?

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

10b   What impact do you think this proposal will have?

1.5 Ratings

We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals:

11a   Award a rating for CQC's five key questions (are services safe, effective, caring, responsive and well-led?) and aggregate these up to an overall rating at service and/or location level.

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

11b   What impact do you think this proposal will have?

12a   Rate at the service and/or location level on our four-point scale of: outstanding, good, requires improvement and inadequate.

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

12b   What impact do you think this proposal will have?

13a   Aggregate ratings using our published ratings principles.

[Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree]

13b   What impact do you think this proposal will have?

1.6 Overall approach

14   Do you have any other comments on our proposed approach to regulating independent healthcare services?

Appendix 2: Coding framework

Below is a key to acronyms used within the codes to analyse the responses to the consultation:

ACC - Accreditation
AGG - Aggregation
C - Context
CO - Consultation
CSS - Community Single Speciality
FKQ - Five Key Questions
FPS - Four Point Scale
IC - Information Collection
INS - Inspections
MCS - Medical Care and Surgery
MON - Monitoring
ODI - Outpatients and Diagnostic Imaging
ORG - Organisations
OTH - Other
REL - Relationships
REP - Report

ACC - concern - accountability

ACC - concern - complacency

ACC - concern - consistent

ACC - concern - cost of accreditation schemes

ACC - concern - independence

ACC - concern - lapsed accreditation

ACC - concern - no relevant schemes

ACC - concern - reduced inspections

ACC - concern - relevance

ACC - oppose - bias

ACC - oppose - does not reflect true performance

ACC - oppose - don't outsource

ACC - oppose - fails in finance sector

ACC - oppose - general

ACC - oppose - inferior standards

ACC - oppose - recruitment

ACC - oppose - regulation of accreditors

ACC - suggestion - exceptions

ACC - suggestion - fee incentive

ACC - suggestion - inspections

ACC - suggestion - monitoring

ACC - suggestion - need to trust organisations

ACC - suggestion - other

ACC - suggestion - schemes recognised

ACC - support - avoid duplication

ACC - support - consistency

ACC - support - efficiency

ACC - support - evidence

ACC - support - fair

ACC - support - focus on staff / service users

ACC - support - focus on unregulated services

ACC - support - general

ACC - support - increase investment

ACC - support - recognises accreditation

ACC - support - reduce inspections

ACC - support - reduce stress

ACC - support - reduce workload

ACC - support - save money / resources

ACC - support - specialist knowledge

ACC - support - standards

ACC - support - use available data

ACC - support with caveats

AGG - Concern - Consistent

AGG - Concern - Difficult services

AGG - Concern - Digital providers

AGG - Concern - Displayed rating

AGG - Concern - Emphasises weaknesses

AGG - Concern - Focus

AGG - Concern - Identify areas of improvement

AGG - Concern - Impact of rating

AGG - Concern - Methodology

AGG - Neutral

AGG - Oppose - Lack of information / detail

AGG - Oppose - Masks weak areas

AGG - Suggestion - Digital services

AGG - Suggestion - Information on individual services

AGG - Suggestion - Other

AGG - Suggestion - Ratings

AGG - Support - Clarity / easy to understand

AGG - Support - Consistent

AGG - Support - General

AGG - Support - Identify areas of improvement

AGG - Support - Overview

AGG - Support - Patient choice / ease of comparison

AGG - Support - Public trust

AGG - Support with caveat

C - consistent approach to all services

C - CQC - cost of regulation

C - CQC - criticism of current practice

C - CQC - Positive comment

C - CQC - ratings and inspections general

C - CQC - suggestion

C - general request for increased inspection

C - increase/importance of inspection

C - Independent sector

C - independent sector - criticism

C - NHS funding/policy

C - proposals - general concern

C - proposals - general positive comment

C - proposals - general positive with caveat

CO - Challenge/criticism

CO - Complexity of consultation/ability to input

CO - Consultation documentation - Comment/criticism

CO - more information needed

CO - positive comment

CO - Suggestion

CO - weblink not working

CO - Website criticism

CSS - alternative suggestion

CSS - apply proportionately to size

CSS - better for smaller providers

CSS - general support (no rationale)

CSS - no or minimal impact

CSS - reflects specific delivery

CSS - unsure/more information needed

CSS - will improve inspections/assessment

CSS - will improve service quality

CSS - will worsen inspection/assessment

CSS - will worsen inspection/assessments

FKQ - Concern - Aggregated rating

FKQ - Concern - Consistent

FKQ - Concern - Early introduction

FKQ - Concern - Impact of rating

FKQ - Concern - Limited choice

FKQ - Concern - Limited utility

FKQ - Concern - Other areas to consider

FKQ - Neutral

FKQ - Oppose - Digital services

FKQ - Oppose - Don't reflect situation

FKQ - Suggestion - Comparison

FKQ - Suggestion - Digital services

FKQ - Suggestion - Information on individual services

FKQ - Suggestion - Key questions

FKQ - Suggestion - Promotion

FKQ - Suggestion - Ratings

FKQ - Suggestion - Report

FKQ - Suggestion - Re-rating / revision

FKQ - Suggestion - Standards

FKQ - Support - Clarity

FKQ - Support - Consistent

FKQ - Support - Displayed results

FKQ - Support - General

FKQ - Support - Identify areas of improvement / success

FKQ - Support - Key questions

FKQ - Support - Overview

FKQ - Support - Patient choice / ease of comparison

FKQ - Support - Standards

FKQ - Support - Transparency

FKQ - Support with caveat

FPS - Concern - Consistency

FPS - Concern - Different org. arrangements

FPS - Concern - Digital services

FPS - Concern - Displayed rating

FPS - Concern - Distraction

FPS - Concern - Don't reflect the situation

FPS - Concern - Impact of rating

FPS - Concern - Limited choice

FPS - Concern - Phrasing

FPS - Concern - Sanctions

FPS - Concern - Too broad

FPS - Neutral

FPS - Oppose - Confusing

FPS - Oppose - Exemption needed

FPS - Oppose - Lack of information / detail

FPS - Suggestion - Additional information

FPS - Suggestion - Alternative

FPS - Suggestion - Other

FPS - Suggestion - Other categories

FPS - Suggestion - Re-rating / revisions

FPS - Suggestion - Sanctions

FPS - Support - Clarity / easy to understand

FPS - Support - Consistent

FPS - Support - General

FPS - Support - Identify areas of improvement / success

FPS - Support - Overview

FPS - Support - Patient choice / ease of comparison

FPS - Support - Prevents neutrality

FPS - Support - Service level / differences across locations

FPS - Support - Standards

FPS - Support - Transparency

FPS - Support with caveat

IC - accountability

IC - avoid overcharging

IC - better focus

IC - commissioners

IC - comparison

IC - competition

IC - concern - burden

IC - concern - cost

IC - concern - data accuracy

IC - concern - data handling

IC - concern - data utilisation

IC - concern - duplication

IC - concern - health and safety

IC - concern - IH differences

IC - concern - limited choice

IC - concern - patient impact

IC - concern - processing delays

IC - concern - relevance

IC - concern - services impact

IC - concern - small providers

IC - concern - staff pressure

IC - concern - submission forms

IC - concern - unnecessary / support current system

IC - consistency

IC - data accuracy

IC - evidence of improvement

IC - identify good practice

IC - identify long term trends

IC - identify problems

IC - improve inspection

IC - improve quality

IC - improve reporting

IC - Insight tool

IC - maintain standards

IC - monitor service accessibility

IC - more detail required

IC - neutral

IC - no impact

IC - no information available

IC - oppose - capacity

IC - oppose - duplication

IC - oppose - focus on NHS quality

IC - patient choice

IC - patient confidence

IC - piloting

IC - query

IC - reduce costs

IC - reduce failures

IC - reduce inspections

IC - request further engagement

IC - suggestion

IC - support

IC - support with caveats

IC - transparency

INS - accountability

INS - better training

INS - concern - accuracy

INS - concern - availability of data

INS - concern - burden

INS - concern - commercial impact

INS - concern - community/home visits

INS - concern - consistent

INS - concern - disruption

INS - concern - focus on NHS

INS - concern - impact on service users

INS - concern - increase stress

INS - concern - inspection frequency

INS - concern - inspectors

INS - concern - mobile / community services

INS - concern - multiple locations

INS - concern - negative impact

INS - concern - no benefit

INS - concern - patient experience

INS - concern - rating / re-rating

INS - concern - small services

INS - concern - staff availability

INS - concern - trust

INS - consistent

INS - co-ordination

INS - demonstrate good practice

INS - identify weaknesses

INS - improve quality

INS - increase public confidence

INS - maintain performance

INS - more accurate assessment

INS - more information required

INS - no impact for good providers

INS - no impact on services

INS - oppose

INS - patient choice

INS - reduce preparation time

INS - reduce stress

INS - suggestion

INS - support

INS - support with caveats

INS - transparency

MCS - combined - alternative suggestion

MCS - combined - depends on service/provider

MCS - combined - general opposition (no rationale provided)

MCS - combined - general support (no rationale)

MCS - combined - more information required

MCS - combined - no or minimal impact

MCS - combined - reflects combined delivery

MCS - combined - simplifies and reduces duplication

MCS - combined - too distinct to combine

MCS - combined - will affect ratings (not specified how)

MCS - combined - will improve inspections/assessment

MCS - combined - will improve service quality

MCS - combined - will worsen service quality

MCS - separate - alternative suggestion

MCS - separate - general support (no rationale)

MCS - separate - more information required

MCS - separate - no or minimal impact

MCS - separate - reflects separate delivery

MCS - separate - support with caveat

MCS - separate - will improve inspections/assessment

MCS - separate - will improve service quality

MCS - separate - will worsen inspections/assessment

MCS - separate - will worsen service quality

MON - accountability

MON - better overview

MON - charging

MON - concern - capacity / resources

MON - concern - data sharing

MON - concern - differing requirements

MON - concern - duplication

MON - concern - individuality

MON - concern - IT requirements

MON - concern - media information

MON - concern - non-acute services

MON - concern - selecting relevant data

MON - concern - third sector providers

MON - concern - utility of Insight tool

MON - consistency

MON - ease of comparison

MON - identify problems

MON - improve inspections

MON - improve quality/safety

MON - learn from voluntary sector

MON - more detail required

MON - more focussed approach

MON - no burden

MON - no impact

MON - oppose - focus on NHS services

MON - oppose - health and safety

MON - query

MON - reduce risk

MON - request further engagement

MON - service user choice

MON - service user experience

MON - staff experience

MON - suggestion

MON - support

MON - support with caveats

MON - systems

MON - tax payer involvement

MON - trust/confidence

ODI - alternative suggestion

ODI - general support (no rationale)

ODI - impact dependent on size

ODI - no need to change

ODI - no or minimal impact

ODI - ratings - negative impact

ODI - reflects separate delivery

ODI - vary depending on service/provider

ODI - will improve inspections/assessment

ODI - will improve service quality

ODI - will increase costs/burden

ODI - will worsen inspections/assessment

ODI - will worsen service quality

ORG - NMC

ORG - PHIN

ORG - Age Concern

ORG - GPhC

ORG - Commissioners - Local Authorities

ORG - JAG

ORG - Commissioners - CCG

ORG - Open Exeter

ORG - Charity Commission

ORG - Academic institutions

ORG - Accreditation bodies

ORG - NHS trusts/hospitals

ORG - All

ORG - All those listed

ORG - Addiction specialists

ORG - Age UK

ORG - Children's services

ORG - Other

ORG - Independent sector

ORG - Commissioners

ORG - Government/MPs

ORG - HSE

ORG - Ambulance services

ORG - Professional bodies

ORG - Voluntary sector/charities

ORG - Carers

ORG - Primary care/GPs

ORG - HCPC

ORG - ISCAS

ORG - Comment - Concern

ORG - Comment - Criteria

ORG - Comment - Further info required

ORG - Comment - Suggestion

ORG - Comment - Support

ORG - Service user groups

ORG - NHS England

ORG - NHS - general

ORG - Public Health England

ORG - Media

ORG - Regulatory bodies

ORG - RPS

ORG - DHSC

ORG - Digital Healthcare Council

ORG - Insurers

ORG - AIHO

ORG - LMCs

ORG - LPCs

ORG - British Hyperbaric Association

ORG - British Lymphology Society

ORG - CAB

ORG - Care Opinion

ORG - Social care

ORG - CMA

ORG - CQC

ORG - Learning disability teams

ORG - Community Nursing

ORG - Complaints managers

ORG - Physical/sensory impairment

ORG - DHISAF

ORG - Mental health

ORG - EHOs

ORG - Emergency services

ORG - PPGs

ORG - GMC

ORG - Healthwatch

ORG - Health and Wellbeing Boards

ORG - Health and beauty organisations

ORG - HEE

ORG - HMPPS

ORG - Hospice UK

ORG - Bupa

ORG - Social services

ORG - Responsible Officers

ORG - ICAS

ORG - Healthwatch - concern

ORG - IDF

ORG - Patients Association

ORG - NHS Resolution

ORG - NHS Digital

ORG - Government/MPs - do not include

ORG - CCG/Commissioners

ORG - Local Authorities

ORG - Local Authority Designated Officer

ORG - Libraries

ORG - Safeguarding

ORG - LOCs

ORG - Websites

ORG - Pharmacies

ORG - Mencap

ORG - MHRA

ORG - None

ORG - Mind

ORG - National Autistic Society

ORG - NDTMS

ORG - NHS 111

ORG - NHS Improvement

ORG - NHS Partners Network

ORG - PALS - do not include

ORG - National Joint Registry

ORG - National Reporting and Learning System

ORG - Ofsted

ORG - Optical Confederation

ORG - Optometry services

ORG - PHE

ORG - PHSO

ORG - PLACE

ORG - Police

ORG - PROMs

ORG - Independent advocacy

ORG - Quality networks

ORG - Public

ORG - PALS

ORG - Schools

ORG - Private Patients Forum

ORG - STPs/ICSs

ORG - MARACs

ORG - The Forward Trust

ORG - Union of Healthcare Practitioners

ORG - Urgent Health UK

ORG - Walk-in services

ORG - Social Enterprise UK

ORG - Large event organisers

ORG - Older peoples groups

ORG - Women's Aid

OTH - Meaning unclear

OTH - No comment

OTH - Personal details

OTH - Refer to other comment

OTH - Respondent's context

REL - accountability

REL - agreed standards

REL - build trust/confidence

REL - collaboration

REL - commissioners

REL - concern - additional burden

REL - concern - complicated

REL - concern - consistent

REL - concern - cost implications

REL - concern - CQC independence

REL - concern - CQC understanding of independent sector

REL - concern - digital services

REL - concern - health and safety

REL - concern - impact on inspection time/resources

REL - concern - individuality

REL - concern - interpretation of information

REL - concern - large providers

REL - concern - local issues

REL - concern - overreach

REL - consistency

REL - demonstrate best practice

REL - help providers stay up to date

REL - identify trends/problems

REL - improve communication

REL - improve inspectors planning

REL - improve quality/safety

REL - improve regulatory effectiveness

REL - improve understanding

REL - inspections

REL - less defensive inspections

REL - mixed impact

REL - monitoring

REL - national provider

REL - no impact

REL - reduce confusion

REL - reduce duplication

REL - reduce overcharging

REL - reduce stress

REL - request further engagement

REL - service users/carers

REL - small charities

REL - suggestion

REL - support

REL - support with caveats

REL - transparency

REP - Concern - Accuracy

REP - Concern - Appendix

REP - Concern - Clarity

REP - Concern - Commercial impact

REP - Concern - Commercial sensitivity

REP - Concern - Consistent

REP - Concern - Delays

REP - Concern - Duplication

REP - Concern - Insufficient information

REP - Concern - Need to see example

REP - Concern - Previous example

REP - Concern - Publicity

REP - Concern - Staff briefing

REP - Concern - Staff impact

REP - Neutral

REP - Oppose - Fairness

REP - Oppose - Full reports

REP - Oppose - Inspection required

REP - Oppose - Support existing approach

REP - Suggestion - Accessibility

REP - Suggestion - Appendices / further detail

REP - Suggestion - Executive summary / headlines

REP - Suggestion - Other

REP - Support - Appendix

REP - Support - Bureaucracy / reduce workload

REP - Support - Clearer / simpler / better understanding

REP - Support - Faster reporting

REP - Support - General

REP - Support - Identify areas of improvement

REP - Support - Improve standards

REP - Support - Learning disability

REP - Support - More inspections

REP - Support - More likely to read

REP - Support - Patient choice / ease of comparison

REP - Support - Shorter

REP - Support - Transparency

REP - Support - Trust

REP - Support with caveat

Appendix 3: Responses to closed questions by respondent category

Question 1a - We propose to strengthen how we manage our relationships with providers of independent health care and with local and national organisations. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	1	3	3	5	18	1	34	1	4			70
2-Agree	2	1	5	2	11	4	29	4	6	1		65
3-Neither agree or disagree			1		3		1	1	2			8
4-Disagree							1					1
5-Strongly disagree					1	1	2					4
Total	3	4	9	7	33	6	67	6	12	1		148

Question 2a - We propose to develop our CQC Insight tool to monitor data about the quality of independent healthcare services, starting with CQC Insight for acute hospitals and mental health services. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider / membership organisation	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	2	3	3	3	15	2	15	1		5			49
2-Agree	2	1	5	4	10	3	32	2		4	1		64
3-Neither agree or disagree					4		17	3		2			26
4-Disagree			1		3		1						5
5-Strongly disagree					1		2						3
Total	4	4	9	7	33	5	67	6		11	1		147

Question 3a - We propose to collect information regularly from independent healthcare providers to help us to monitor the quality of services in between inspections. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider / membership organisation	Provider trade body or (including Healthwatch)	Voluntary or community sector representative	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	2	3	3	4	17	3	20			6	1		59
2-Agree	2		5	2	8	1	35		4	5			62
3-Neither agree or disagree		1			3		6		2				12
4-Disagree			1	1	4	1	3						10
5-Strongly disagree					1		2						3
Total	4	4	9	7	33	5	66		6	11	1		146

Question 4a - We propose to move towards more unannounced and short notice inspections. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	2	3	3	4	17	3	20		6	1		59
2-Agree	2		5	2	8	1	35	4	5			62
3-Neither agree or disagree		1			3		6	2				12
4-Disagree			1	1	4	1	3					10
5-Strongly disagree					1		2					3
Total	3	4	9	7	33	5	66	5	12	1	84	229

Question 5a - In independent acute hospitals, we currently assess the existing core service of 'outpatients and diagnostic imaging'. We propose to separate this core service to create two distinct core services of 'outpatients' and 'diagnostic imaging'. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	1	2	3	2	13	2	6	1	3			33
2-Agree	2	1	3	4	13	2	19	2	3			49
3-Neither agree or disagree			2	1	5		31	2	4	1		46
4-Disagree						1						1
5-Strongly disagree		1			1		3					5
Total	3	4	8	7	32	5	59	5	10	1		134

Question 6a - In independent acute hospitals, we currently assess 'medical care' and 'surgery' as two separate core services. Some hospitals manage these services together, with no separate governance or organisational arrangement, and they treat patients on the same wards with the same staff. For these hospitals, we propose to combine these two services into a single core service of 'inpatients'. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		2	2	1	10	1	6		2			24
2-Agree	2		2	3	14	2	15	4	3			45
3-Neither agree or disagree			4	2	4	1	35	1	3	1		51
4-Disagree	1	2			3		3		2			11
5-Strongly disagree					1	1	1					3
Total	3	4	8	6	32	5	60	5	10	1		134

Question 7a - In hospitals where medical and surgical services are managed separately, we propose to continue to inspect the two separate core services of 'medical care' and 'surgery'. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		3	3	1	10	2	6		4			29
2-Agree	2	1	4	3	16	3	26	3	5			63
3-Neither agree or disagree			1	2	4		26	2	1	1		37
4-Disagree				1								1
5-Strongly disagree					2		2					4
Total	2	4	8	7	32	5	60	5	10	1		134

Question 8a - Some independent community healthcare providers may only deliver a single service, or may deliver only a small part of a community service. For these providers, we propose to introduce the 'community single specialty' service. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		2	3	4	12	1	7	2	2			33
2-Agree	1		3	3	12	4	22	2	5	1		53
3-Neither agree or disagree		2	2		7	1	27	2	2			43
4-Disagree							1		1			2
5-Strongly disagree					1		1					2
Total	1	4	8	7	32	6	58	6	10	1		133

Question 9a - If a service has gained accreditation by an appropriate recognised scheme, we propose to use this to both inform CQC inspections and, over time, reduce our inspection activity and duplication for providers. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree	2	2	4	2	5	1	25	1	2	1		46
2-Agree	1		2	5	9	2	30	2	3			54
3-Neither agree or disagree			1		3	1	6	2	3			16
4-Disagree	1	1	2		8	1	3		3			19
5-Strongly disagree		1			7	1	2	1	1			13
Total	4	4	9	7	32	6	66	6	12	1		148

Question 10a - We propose to publish a more accessible and user-friendly inspection report with a separate appendix of evidence for some independent healthcare providers. Do you agree that this is the right approach?

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation (including Healthwatch)	Voluntary or community sector representative	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		2	4	4	13	1	23		5		23	75
2-Agree	2	1	4	1	12	2	35	4	5		49	115
3-Neither agree or disagree				2	1		6	1	1		9	20
4-Disagree			1		2	1	2	1		1	2	10
5-Strongly disagree		1			3	2	1				1	8
Total	2	4	9	7	31	6	67	6	11	1	84	228

Question 11a - We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Award a rating for CQC's five key questions (are services safe, effective, caring, responsive and well-led?) and aggregate these up to an overall rating at service and/or location level.

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider / membership organisation	Provider trade body or (including Healthwatch)	Voluntary or community sector representative	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		2	4	4	17	4	22	1		3	1		58
2-Agree	3	1	5	2	9	1	38	4		7			70
3-Neither agree or disagree		1			5		3	1		1			11
4-Disagree					1	1	1	1					4
5-Strongly disagree					1		2						3
Total	3	4	9	6	33	6	66	7		11	1		146

Question 12a - We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Rate at the service and/or location level on our four-point scale of: outstanding, good, requires improvement and inadequate.

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider trade body or membership organisation	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		4	4	3	12	4	23	1	5			56
2-Agree	2		3	2	15	1	34	3	6	1		67
3-Neither agree or disagree				1	3		3	2				9
4-Disagree			2		1		1					4
5-Strongly disagree					1	1	3	1				6
Total	2	4	9	6	32	6	64	7	11	1		142

Question 13a - We propose to rate the independent healthcare services that we now have the powers to rate in the same way that we rate all other services. Do you agree with the following specific proposals: Aggregate ratings using our published ratings principles.

	Arm's length body or other regulator	Carer	CQC employee	Health or social care commissioner	Member of the public / person who uses health or social care services	Other	Provider / professional	Provider or membership organisation	Provider trade body or	Voluntary or community sector representative (including Healthwatch)	Parliamentarian / councillor	Online Community	Total
1-Strongly agree		2	4	1	7	3	11	1		2			31
2-Agree	2		3	4	14	1	39	4		5			72
3-Neither agree or disagree		1	1	1	8		11	1		3	1		27
4-Disagree							1			1			2
5-Strongly disagree		1	1		3	1	2	1					9
Total	2	4	9	6	32	5	64	7		11	1		141

Appendix 4: List of organisations responding

Respondents were asked if they were responding on behalf of an organisation. Those respondents who specified their organisation are set out below:

- About Health Limited
- Action on Addiction
- Addaction
- Alliance Medical
- Arriva Transport Solutions Ltd.
- Association of Independent Healthcare Organisations
- Aviva
- AXA
- Benenden Hospital Trust
- Birmingham City Council
- BMI Healthcare
- Boots IMA
- Brevin Home Care Limited
- Brighton & Sussex Medical School - Clinical Imaging Sciences Centre
- British Ambulance Association
- British Dental Association
- British Medical Association
- Bromley and Lewisham, Dementia services
- Bromley Healthcare
- BSI Group
- Bupa Cromwell Hospital
- Care Plus Group
- Cavendish Imaging Ltd
- Cedarpark healthcare Lincoln
- CGL
- Collective Voice
- Country Health Limited
- CQC

- Developing Initiatives Supporting Communities
- Digital Healthcare Council
- Doctor Now
- Dottore London Clinic
- Dove Clinic
- East Anglia's Children's Hospice
- East Anglian Air Ambulance
- East Coast Community Healthcare
- Elysium Healthcare
- Epsomedical
- Expert by Experience
- First Community Health and Care
- Flansham Park Health Centre
- Fylde and Wyre Clinical Commissioning Group
- GMC
- HCA
- Health Bridge Limited
- Health Education England
- Health Management (Primary Care) Limited
- Healthwatch Nottingham and Nottinghamshire
- Healthwatch Southampton
- Healthy Balance Clinics Ltd
- Homelink Healthcare
- Hospice UK
- Humanitas Healthcare Services Limited
- IDF
- Independent Ambulance Association
- Independent Doctors Federation
- Independent Health Group Ltd
- Inhealth
- ISCAS

- Japan Green Medical Centre Limited

- JDoc Medical Limited

- Jeesal Group

- John Taylor Hospice

- Kims Hospital

- King Edward VII's Hospital

- L&T Patient Transport Service

- Littledale Hall Therapeutic Community

- Long Eaton & District 50+ Forum

- Marie Curie

- Mastercall Healthcare

- Mencap

- Mind

- National Association of Professional Ambulance Services

- National Institute for Health and Care Excellence

- NE Consultancy Services (UK) Limited

- New Victoria Hospital

- NHS Partners Network (NHSPN)

- Noah's Ark Children's Hospice

- Nuffield Healthcare

- Nursing and Midwifery Council

- Oldfield Lodge Medical Practice Ltd

- One Medical Group

- One North East, London

- Online Clinic (UK) Ltd

- Optical Express

- Patient Council

- Phoenix Futures

- Portsmouth Hospital Trust

- Priory Group

- Priory Healthcare

- Private Healthcare Information Network
- Promis Group
- Public Health England
- Push Doctor
- RCPCH
- Red Cross
- Renal Services (UK) Limited
- Rennie Grove Hospice Care
- Royal College of Anaesthetics (RCoA)
- Royal College of Surgeons
- Royal College of Surgeons of Edinburgh
- Safe CIC
- Schoen Clinic
- Seagrave Healthcare Ltd
- SecuriCare (Medical) Limited
- SH:24
- Social Enterprise UK
- South Staffordshire Network for Mental Health
- Spire Healthcare
- St Catherine's Hospice, Crawley
- St John's Ambulance
- St Peter's Hospice
- Start2Stop Limited
- StreetScene
- Sue Ryder
- Suffolk County Council
- Surrey Skin Care Limited
- Team Medic
- Thames Valley Vasectomy Services
- The Boots Company Plc.
- The British Red Cross Society

- The Challenging Behaviour Foundation (CBF)

- The Dove Clinic Limited

- The Harley Medical Group

- The Harley Street Medical Concierge Limited

- The London Clinic

- The Priory Hospital Hayes Grove

- Tickle Medical Services Limited

- Together for Short Lives

- Travel Vaccinations and Occupational Health Consultancy Limited

- Turning Point

- UKAS

- Universal Medical Centre Ltd

- VDOC London Region Limited

- Waltham Forest CCG

- Your Healthcare

Appendix 5: List of organisations suggested in question 1c.

There were 209[29] responses to question 1c submitted via the webform, which asked: *'**Which organisations do you think we should exchange information with?**'* While section 3.3 above describes the types of organisations respondents suggested, this appendix lists the specific organisations respondents put forward. Individuals' names have been removed.

- Age Concern
- Age UK
- AIMS
- Association of Independent Healthcare Organisations
- Boots
- British Hyperbaric Association
- British Lymphology Society
- Bupa
- Charity Commission
- Citizens Advice
- Citizens Advisory Panel
- Competition and Markets Authority
- Department of Health
- Department of Health Independent Sector Nursing Advisory Forum
- Derbyshire Older Peoples Advisory Group
- Digital Healthcare Council
- East Midlands Later Life Forum
- General Medical Council
- General Pharmaceutical Council
- Health & Safety Executive
- Health and Care Professions Council
- Health Education England
- Healthwatch UK and Regional Offices
- Her Majesty's Prison and Probation Service

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[29] See breakdown: Appendix 3

- Hospice UK

- Independent Doctors Federation

- Independent Sector Complaints Adjudication Service

- Joint Advisory Group on GI Endoscopy

- Lloyds

- Long Eaton & District 50+ Forum

- Medicines and Healthcare Products Regulatory Agency

- Mencap

- Mind

- National Autistic Society

- National Drug Treatment Monitoring System

- National Health Trust

- National Reporting and Learning System

- NHS Digital

- NHS Direct

- NHS England

- NHS Improvement

- NHS Partners

- NHS Professionals

- Nursing and Midwifery Council

- Open Exeter

- Parliamentary and Health Service Ombudsman

- Patient Experience Team

- PLACE

- Private Healthcare Information Network

- PROMS

- Public Health England

- Royal Pharmaceutical Society

- The Challenging Behaviour Foundation

- The Forward Trust

- The National Joint Registry

- United Kingdom Accreditation Service

- Urgent Health UK

- Women's Aid