

CQC's monthly monitoring approach – launched 13 July 2021



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Since its inception, the CQC has regularly undertaken the monitoring of all services that it regulates, including primary care, using available data from several sources.

The advent of the Covid pandemic meant that the CQC had to change its methods of monitoring and inspecting primary care services; and so, the Transitional Monitoring Approach was developed. Reviews of this approach, which sometimes involved lengthy telephone contact with providers, have led the CQC to refine its monitoring process further and develop their new monthly Monitoring Approach (MA).

What's changed?

Following a trial in central England in June, the CQC rolled out the new MA nationally on 13 July. Prior to this, providers were sent an email bulletin on 8 July alerting them to the forthcoming change in the monitoring process.

The approach is identical across all provider services that the CQC regulates, with the current exception of dental services and NHS trusts. For general practice the data reviewed includes information from Public Health England, QOF, Healthwatch, national surveys, etc, all of which have been used in the past by the CQC for monitoring purposes.


The main difference is that now the CQC has a fully automated system, which analyses the available data and produces a practice risk rating. This rating is non-regulatory and will not bring about any change to a practice's current inspection rating. Both the CQC's legal and data experts have been involved in the development of the new monitoring system, to ensure that GDPR standards are complied with.

What happens?

The CQC's system automatically uploads the relevant data and undertakes a monitoring review run for every GP provider in England just before the second Tuesday of each month. If no indication of risk to patients is found, then the following statement is posted (on the second Tuesday of the month) on the practice's CQC web pages:

"We carried out a review of XX surgery on XX. We have not found evidence we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service."

Website users can see the statement by clicking on the question mark at the end of the last review date:

"Latest review: 8 July 2021 

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This statement will only appear if the practice is:

- currently rated Good or Outstanding overall, *and*
- there are no breaches (requirement notices), *and*
- there is no ongoing regulatory process (e.g open inspection), *and*
- there is no information/intelligence of potential concern.

The statement will be renewed (if appropriate) following every monthly monitoring review, providing the practice still meets the above criteria. Only the most recent review statement will be seen on the practice's CQC web page, so no historic information will be available.

The CQC expects that the majority of practices will be deemed not to require any further action. The nominated lead of these practices will receive an email from the CQC (using the contact email given to them when the practice first registered) a day or two before the statement appears, or is going to remain, on their CQC web page. However, if any action is indicated, no statement will appear on the practice's CQC web page, and no email will be sent to the nominated lead. Should this occur, an inspector will review the findings of the MA run.

If it is felt that the risk is minor, and the practice has:

- a Good/Outstanding rating,
- no requirement notices, and
- no ongoing regulatory process in place,

then the inspector can override the area of potential concern flagged by the MA and place the statement on the practice's page.

If nothing significant changes, this stays in place for three months before the practice's monitoring data is re-reviewed by the inspector. Nevertheless, during this time the automatic monthly monitoring reviews of the practice's data will continue.

If, following a review of the risk rating, the inspector feels that further assurances are required on the areas of interest/concern flagged up, then additional information will be required. This may come from information already held by the CQC (e.g from a previous contact/inspection), or the practice may be contacted for further information.

The CQC say the phone or Microsoft Teams call will be kept as brief as possible, even as short as a few minutes. The call will be very focused on allowing them to gain assurances on the area(s) of interest/concern identified from the MA run. Following the call an announced inspection could take place if there are still concerns outstanding.

Some of the data reviews will flag serious concerns to the inspectors such as poor immunisation and cervical smear performance data, flagged whistleblowing concerns, etc, which the CQC inspectorate would be reviewing and acting on anyway. Again, if this occurs, no notice will be placed on the practice's CQC web page. The inspector will then undertake a review of the risk information produced from the monitoring run and decide whether any regulatory action is required.

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If at any time a practice's monitoring data results should dip, then the CQC's inspector is likely to engage with the practice to see how it might be able to explain this.

What should practices do?

You will not be asked by the CQC to submit any data/information prior to the automatic data review run each month. The data used in the process is already available to the CQC and is uploaded automatically. The monitoring review takes place just before the second Tuesday of each month, and any statements should appear on practices' CQC web pages on that second Tuesday. If your current rating is Outstanding or Good, then you might like to set a reminder to check your CQC web page for the review notification, on the second Tuesday of each month.

If you do not see a notice, this is likely to indicate that your data results are being reviewed by an inspector, and that you may be contacted for further information.

Practices may also find it helpful to get into the habit of:

- Regularly reviewing the CQC's website for updates to systems/processes, and the information available via the [GP Mythbusters page](#).
- Setting up a suite of searches and regularly checking their clinical system for performance updates, e.g for immunisations and cervical smears.
- Regularly reviewing their QOF information and performance rates.
- Reviewing their page on www.nhs.uk to check and respond to reviews (good and bad). Also look for any complaint/compliment themes and discuss these at practice meetings and minute any actions taken.
- Checking the [National Patient Survey results](#) on and addressing any issues of concern identified as necessary, e.g. with an improvement action plan for the areas of lower performance.

What does this mean for practices?

The results of each monthly monitoring review will give a snapshot in time that the practice is, or is not, indicating a level of risk.

The appearance of the statement means that the practice is not raising concerns/indicating risks at the time the automatic monitoring run took place. This may not always be the case. Therefore, it is in practices' interests to ensure they not only undertake their own regular monitoring of available data, but have robust systems and processes in place e.g for childhood immunisations call and recall etc.

The monthly monitoring of practices' data will not bring about a change in a practice's inspection rating as an onsite inspection is required by the regulations for a rating change to take place. However, adverse results could inform the CQC's decision to undertake an inspection or take regulatory action if serious regulatory breaches are identified.

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Further information

Statement from the CQC's Chief Inspectors on developing the monitoring approach (14/6/2021): [Statement from our Chief Inspectors on developing our monitoring approach](#)

Information on the new monitoring approach (7/7/2021): [Our monitoring approach: what to expect](#)

Monitoring questions for GP services (originally used in the Transitional Monitoring Approach but still relevant): [Monitoring questions for GP practices](#)