



Memorandum of Understanding between the  
Care Quality Commission and Bupa Insurance  
Services Limited (Bupa)



## **Memorandum of Understanding between the Care Quality Commission and Bupa Insurance Services Limited (Bupa)**

### **Introduction**

1. This Memorandum of Understanding (MoU) sets out the framework to support the working relationship between the Care Quality Commission (CQC) and Bupa, in order to safeguard the wellbeing of the public receiving health and social care in England.
2. The working relationship between CQC and the Bupa is part of the maintenance of a regulatory system for health and adult social care in England that promotes patient safety and high quality care.
3. CQC is the independent regulator of health and social care in England. Bupa administers insurance schemes that provide a variety of private medical insurance products under which members receive funding for private medical treatment. The responsibilities and functions of CQC and Bupa are set out in Annex 1. Both organisations share a concern for the quality and safety of health and care services, and recognise that the development of models of health and care service delivery requires closer cooperation between the two organisations.
4. This MoU does not override the statutory responsibilities and functions of CQC and Bupa and is not enforceable in law. However, CQC and Bupa are committed to working in ways that are consistent with the principles of this MoU.

### **Principles of Co-operation**

This MoU is a statement of principle which supports our focus on promoting patient and public safety and wellbeing. More detailed operational protocols and guidance can be developed as required.

5. CQC and Bupa intend that their working relationship be characterised by the following principles:
  - a. The need to make decisions which promote people's safety and high quality health and social care.
  - b. Respect for each organisation's independent status.
  - c. The need to maintain public and professional confidence in the two organisations and the regulatory process.
  - d. Openness and transparency between the two organisations as to when co-operation is and is not considered necessary and/or appropriate.
  - e. Addressing gaps in the regulatory framework.

## Areas of Co-operation

6. The working relationship between CQC and Bupa involves co-operation in the following areas:
- a. To act in the public interest by sharing data and information of concern relating to patient safety and any other information it considers relevant (having regard to the list below) relating to quality of services to inform the regulatory functions of CQC through its inspection, registration and monitoring of providers of independent healthcare. This may also include information relevant to NHS practice where clinicians interface between sectors.
 

Consideration of information should include but is not exclusive to:

    - A patient safety risk
    - Evidence of a theme emerging which may be indicative of a wider safety issue across a hospital or provider group
    - Outcomes of Insurer visits to services that identify safety issues
    - Poor clinical treatment or poor clinical outcomes for patients
    - A decision to suspend practising privileges or place a condition on a consultant's private practice at a hospital or other registered service due to concerns about patient safety.
    - Event or incident that has led to a particular procedure being suspended on a temporary or permanent basis. This may be related to clinician practice, equipment failure, staffing, high number of incident or one serious incident or other reason
  - b. To be open and transparent when in receipt of information regarding the safety of services received by their clients from services that are registered with CQC. The information is shared with CQC in a timely way through the recognised CQC routes. By safe, we mean people are protected from abuse\* and avoidable harm. Concerns may also relate to financial and corporate issues such as fitness of staff including board members. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse
  - c. To share data that has been agreed on a regular and ongoing basis
7. Both organisations recognise that all processing of personal data (including the sharing of personal data) must be carried out in accordance with the Data Protection Act 1998 (or from 25 May 2018, in accordance with the General Data Protection Regulation). Both organisations agree that the sharing of personal data will be carried out in a manner consistent with the Data Sharing Code of Practice published by the Information Commissioner's Office.
8. CQC recognises their responsibilities under the Freedom of Information Act 2000. Where CQC receives a request under the Act for information received from the other organisation CQC agrees to take reasonable steps to consult on the proposed disclosure and the application of exemptions, but recognise that the responsibility for disclosure lies with the organisation that received the request.

### **Resolution of Disagreement**

9. Where there is disagreement between CQC and Bupa, this should be resolved in the first instance at working level. If this is not possible, it may be referred through those responsible for the management of this MoU, up to and including Chief Executive of the CQC and Director of Health and Benefits Management of Bupa who will then be jointly responsible for ensuring a mutually satisfactory resolution.

### **Duration and Review**

10. This MoU commences on the date of the signatures below. It is not time limited and will continue to have effect unless the principles described above need to be altered and/or cease to be relevant.
11. This MoU will be reviewed every 2-3 years but may be reviewed at any time at the request of either party. Any alterations to the MoU will, however, require both parties to agree.
12. Both organisations have identified a person responsible for the management of this MoU (known as 'Relationship Leads') and their contact details are set out in Annex 2. Relationship Leads will liaise as required to ensure that:
  - a. This MoU is kept up to date;
  - b. They identify any emerging issues in the working relationship between the organisations;
  - c. They resolve any questions that arise in regards to the interpretation of this MoU.

### **Signatures**

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**Sir David Behan CBE**  
Chief Executive  
Care Quality Commission  
Date: 08.05.18

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**Dr Luke James**  
Medical Director UK Insurance  
Bupa  
Date: 08.05.18

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**James Sherwood**  
Director of Health and Benefits  
Management  
Bupa  
Date: 08.05.18

## **Annex 1: Responsibilities and functions of CQC and Bupa**

### **Care Quality Commission**

CQC is the independent regulator of health and adult social care in England. Its purpose is to make sure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage them to improve.

CQC does this by registering, monitoring, inspecting and regulating hospitals, adult social care services, dental and general practices and other care services in England, to make sure they meet fundamental standards of quality and safety. We set out what good and outstanding care looks like and we make sure services meet these standards which care must never fall below.

CQC reports publicly on what it finds locally, including performance ratings for care providers, to help people choose care and encourage providers to improve. It also reports annually to Parliament on the overall state of health and adult social care in England.

### **Bupa Insurance Services Limited (Bupa)**

Bupa is a service company authorised to act for Bupa Insurance Limited, an insurance company providing a variety of private medical insurance products under which members receive funding for private medical treatment. Bupa is also authorised to act on behalf of the trustees of certain health trust arrangements, and under other schemes under which other members are entitled to receive funding for private medical treatment.

Bupa arranges for its members to have access to certain treatment provided by private facilities, and has established contractual arrangements to govern the provision of such treatment to ensure it meets Bupa's standards of care (including clinical standards). To monitor private facilities' compliance with these standards, Bupa collects key performance indicators and other data from them.

### **Annex 2 Contacting CQC**

There are various ways in which information about a service/hospital/location/provider can be shared with CQC. To ensure information reaches the correct inspector for the location it is important to include the following detail if known:

- Name of location e.g. hospital/clinic/service
- Address
- CQC location ID
- Name of provider
- CQC provider ID

Please **do not** send emails direct to an inspector, all information is logged centrally and it will be assigned to the location and the relevant inspector.

Information can be shared by:

- Calling the National Customer Service Centre (NCSC) on 03000 616161 or by e mail E mail to [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

**Annex 3: Contact details for all parties**

Contact details redacted.