

## **New Care Models: Information for providers July 2016**

The purpose of this Q&A is to provide advice and guidance to health and care organisations that already are, or thinking of becoming, involved in delivering a new care model. It talks through a number of common questions about regulatory considerations of new care models, and how CQC is aiming to support providers through this process.

If you have a question that you do not feel is answered by this document then we would encourage you to get in touch with us and we will be happy to provide further assistance. We have set up a dedicated new care models email address for these questions:

[enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk).

### ***General***

#### **1. What is CQC doing to support providers delivering new care models?**

To ensure a consistent response to questions we receive about new care models, we have set up a dedicated email address: [enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk). We encourage providers to use this mailbox to ask us questions and share any feedback they have about new care models. This will help CQC to make sure our processes are supporting providers to make the changes they need.

We will work with national regulators and system partners to support services to innovate, collaborate and improve, while ensuring people continue to receive high quality care. We want to make it easier for providers by finding ways to align what we do and reduce duplication. We will do this by sharing information and knowledge so we can provide clear and consistent messages to providers, support them to understand their legal responsibilities and help to address regulatory obstacles that may stifle innovation.

We have been presenting at networking events to explain the registration process and to listen to the experiences of providers first hand. We encourage providers to tell us what they are finding challenging so we can learn from this and make sure the guidance we have is relevant for those who need to use it.

#### **2. I am a vanguard and have been told I can talk to a named person at CQC**

CQC have identified a named person for each vanguard area, as part of our commitment to supporting the development of the programme. This point of contact acts as a lead for the lead organisation/partnership of the vanguard.

Their role is to be the main contact point for a vanguard site, so that there is one person to contact if there are queries or questions about CQC regulation relating to new care models.

If you do not know who the CQC contact is in your vanguard area, please contact us using [enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk) and we will put you in touch with the right person.

**3. I have feedback about how CQC could more effectively support the development of new care models, how can I do this?**

CQC is committed to ensuring we use clear and consistent messages to support the development of new care models, and that we collect learning so that we can consider the impact on how we register, monitor, inspect and rate new ways of delivering care.

We would encourage any organisation to feed their experiences or suggestions directly back through their named CQC contact. Alternatively, we are also happy to receive your thoughts through our dedicated mailbox: [enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk).

### **Registration**

**4. Who has to register and who is accountable when a number of providers are involved in delivering care?**

We recognise that issues around registration and accountability can be complex especially when care pathways cross organisational boundaries. It is always the provider (legal entity) of the regulated activity that must be registered with CQC; they are responsible for carrying on the regulated activity and ensuring services meet fundamental standards of quality and safety. It is important that the public, and local and national organisations know who is legally responsible for the provision of the regulated activities.

When services are provided jointly, or at a shared location, not all of the parties involved may be the provider of a regulated activity. It is the responsibility of the parties involved to identify the legal entity/ies that will be carrying on the regulated activities. Whatever arrangement is agreed, the provider of any regulated activity should always be identified and they are legally required to register with CQC.

We are currently considering accountability arrangements and how we encourage improvement when multiple providers are involved in delivering care. We recognise that care pathways often cross organisation boundaries but according to the Health and Social Care Act, 2008, accountability lies with the legal entity which is carrying on the activity.

**5. Do providers who are part of new care models and already registered with CQC need to amend their registration?**

Providers may have to make changes to their current registration depending on the care model adopted and how they are collaborating with others to provide care. We advise that early in the project planning stage, providers should review their current CQC registration to determine if any changes will be required.

Providers will need to be clear about which [regulated activities](#) they will be providing, so that they can be sure that they are correctly registered. CQC can help providers work this through, but we cannot tell them which regulated activities they ought to provide under a particular care model.

Some important points to consider:

- Only legal entities can register. People (or bodies) who come together informally, without any kind of legal constitution, are unlikely to have formed a legal entity.
- On submission of your application we will let you know within 5 days if we are going to proceed with assessing the application. Rejection often occurs due to incompleteness or errors in the application form.
- It generally takes around 10 weeks to assess an application.
- It is the providers (and managers) of regulated activities that is registered by CQC not the service.
- CQC are happy to provide advice and encourage providers to talk to us early in the planning stages of a new care model.

Even if the care model does not require a new registration application, providers may still need to notify us of any changes such as a change to the statement of purpose. More information about what providers need to notify CQC about can be found on our website under the section, [notifications](#).

**6. I am already registered with CQC and I want to start providing a new service, what do I need to do about my CQC registration?**

Firstly, you need to consider your current registration and determine if any changes are required. You will only have to apply for any regulated activity for which you aren't already registered. Remember, you cannot provide the regulated activity until you are registered with CQC. You may also need to vary the conditions of your registration, for example by adding locations, dependent upon the service model and your current conditions.

You need to be aware of the 10 week timescale for assessment of applications. We would encourage providers to talk to us early in the design stage of your new model so that we can advise you appropriately and, so that we can learn and use the learning when considering how we regulate new care models in the future.

**7. Do I have to add all the locations I am providing the service from to my registration conditions?**

When you plan the service you want to deliver, you must consider what regulated activities (if any) you will be providing and look at your current registration to decide if you need to make any changes. Please refer to the guidance [What is a Location](#) for more information.

The model providers who collaborate to provide care choose to adopt will influence whether or not all locations at which, or from which, regulated activity is provided need to be listed in the conditions.

An example, which is included in our updated [federations guidance](#) (November 2015), would be when a federation of general practitioners do not form a single legal entity to provide a regulated activity. Instead they are able to organise themselves in such a way that CQC does not require them to add the location of every GP practice in the federation to their own conditions of registration.

**8. Can CQC tell us what regulated activity we are providing?**

Identifying the appropriate regulated activity is the duty of the provider. A provider must consider, in detail, exactly what they intend to provide under the new model and to decide which regulated activities they will register for.

CQC may be able to provide guidance that helps work this through, but we cannot decide this for you. Our guidance on the [scope of registration](#) will help providers decide what the legal requirements are to register with the Care Quality Commission under the Health and Social Care Act 2008. This is available on our website.

**9. How do I know what regulated activities my new care model covers?**

Our guidance on the [scope of registration](#) is designed to help organisations that provide, or intend to provide, health or adult social care in England understand what they need to do. It will help them decide what the legal requirements are to register with the Care Quality Commission under the Health and Social Care Act 2008. It will provide insight into who and what needs to be registered with the organisation. The guidance is available on our website.

**10. Are all the services/activities carried out by new care models covered by our ‘regulated activities’?**

Not all services/activities performed by a provider will require registration with CQC, as they may not be a regulated activity. It is up to the provider to determine what regulated activities they provide. Providers who provide the regulated activities outlined in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must register with CQC. More information about regulated activities can be found in our [Scope of registration](#).

**11. Can we have a pre-registration visit / advice?**

Unfortunately we do not have the resources to visit each provider to provide advice prior to an application being made. However, we would encourage providers to get in touch for advice via the [enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk). We will try and respond within 5 working days.

**12. With new services emerging over time, is a new registration required every time?**

If the provider and registered manager are already registered for the regulated activities, no new application will be required.

**13. As services we want to deliver will involve more than one provider, we are thinking about changing our organisational form. How do I know what type is appropriate?**

Ultimately it is up to local providers to determine the organisational forms that are most appropriate for the delivery of safe, effective and high quality care in their local area. CQC will not be able to advise you on the precise organisational form a new care model should take. We recommend that providers read our [scope of registration](#) guidance for more information.

If there are further questions that are not answered in the guidance, we would encourage providers to use our dedicated [mailbox](#) so that we can discuss your circumstances with you.

Depending on the type of provider that is considering a change, and any other providers that may be involved in delivering a new care model, we would recommend that providers also read any relevant guidance issued by NHS Improvement or NHS England.

**14. We are thinking of collaborating locally across our primary care teams and GP practices. Is there any advice you can give us about our registration requirements?**

We are now increasingly seeing groups of registered GP practices and primary care teams who are collaborating. These groups, sometimes known as ‘federations’ can be either a formal or an informal association of practices that work together to provide a greater range of services or to share knowledge.

We have produced guidance [‘Registration requirements for GP practices collaborating to provide a greater range of service \(federations\)’](#) to help those who wish to form a federation to understand their duties and responsibilities about the registration requirements.

**15. How do prospective federations find out about what they need to register with CQC for and when should they apply?**

We have produced guidance; [Registration requirements for GP practices collaborating To provide a greater range of services \(federations\)](#) to help groups of registered providers who wish to form a federation understand their duties and responsibilities about the registration requirements. This was updated in November 2015 to address a number of issues raised by providers and our stakeholders such as NHS England.

**16. I have more questions about registration that have not been answered here, how can I get more advice?**

We encourage providers to get in touch if they have any further questions about registration requirements for new care models. To make sure your enquiry gets dealt with swiftly we would ask that questions are directed to our new models of care email address: [enquiries-newmodelsofcare@cqc.org.uk](mailto:enquiries-newmodelsofcare@cqc.org.uk).

## **Inspection**

**17. When are you likely to inspect new care models?**

Many providers have been delivering new care models through programmes such as the Prime Minister’s Challenge Fund, Integrated Care Pioneers and the Better Care Fund and have been inspected and rated using our existing methodology that was introduced from April 2014.

**18. Have you inspected any vanguard sites yet?**

Many of the providers involved in vanguards are already registered with CQC and will have received an inspection and rating using our current methodology. We will continue to review the approach and apply what we learn to the way we inspect in future.

**19. Will CQC change its methodology on how it inspects?**

Until we have delivered our current inspection programme we do not intend to change how we inspect, report and rate providers as outlined in our existing sector specific handbooks.

In our recently published strategy, [Shaping the Future](#), we committed to building our capability to assess new care models and adapting our regulatory approach to make sure we can register, inspect and rate innovative new care models.

We will listen to providers and learn from their experiences, as well as learning from our thematic activity where we have looked at [quality of care in a place](#) and [quality of care across care pathways](#).

As providers organise themselves in different ways we will increasingly tailor our inspections to changing models – making sure that we have the right combination of expertise on our inspections and that we register, report and rate at a level that is meaningful to the provider and the public. Any changes we make will be developed with the involvement of providers, people who use services and other key stakeholders.

**20. Will CQC be recruiting more inspectors to inspect new models of care, or making changes to the registration function?**

There are no plans to recruit additional inspectors or set up specialist teams to inspect new models of care.

**21. When you inspect, will you inspect all services in the system at the same time?**

We are still considering our future approach. This is likely to build on our combined inspection approach which we are already using, particularly when we inspect NHS Trusts who also provide community health services and mental health services. We would be interested to hear the experiences of providers who have had a combined approach to inspection to understand where we could make improvements.

**22. How will you assess leadership of new care models?**

At the moment, we need to understand more about the governance arrangements within the new models of care and we are working with the vanguards, and with other national organisations, to help us with this.

***Reporting, rating and enforcement***

**23. If a provider, service or location, has already been rated, how does it involvement in a new model/ arrangement affect that rating?**

In 2016/17 we will be developing our approach in line with the intentions set out in our new strategy. We know that changes in care delivery models and particularly the move to deliver better integration may have an impact for how we rate providers. We will work with providers, people who use services and other key stakeholders to explore options to develop our approach in order to effectively regulate health and social care providers, so that we continue to provide transparent and fair judgements.

**24. How would you report? Location, provider, service, system?**

In 2016/17 we will be developing our approach. This will include consideration of the level at which it is most appropriate to report. Any changes will be co-produced with providers, people who use services and other key stakeholders.

**25. How will you enforce?**

CQC registers providers to deliver regulated activities, and they are required to do so while upholding the Fundamental Standards outlined in our regulations. It is vital that you register correctly as our enforcement action is directed at both registered and unregistered providers. We have the ability to take action against a provider in relation to a particular location or particular regulated activity as well as in respect of all regulated activities which are provided. This is likely to be important as organisational forms become increasingly complex.