



Please tell us what you think about our changes to how we check services

January 2021



Easy read version of CQC's 'Strategy: Consultation on changes for more flexible and responsive regulation'



About this booklet



This easy read is written by the Care Quality Commission (CQC).



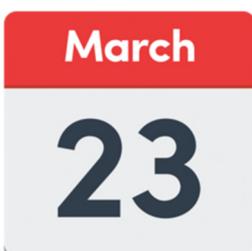
We check services like hospitals, doctors surgeries (GPs) and care homes to make sure they are giving good health and social care to people.



This easy read is about some changes we want to make that will improve how we check these services.



The changes will also make it easier for us to do our work when there is a problem like coronavirus, when a lot of people got ill with a new disease.



Please tell us what you think about our changes using the questions below by Tuesday 23 March 2021.

1. Checking services in different ways



Our visits to services (called inspections) are an important part of how we check what care is like for people.



They help us to see how good people's care is, and how the staff work with them.



We want to check services in different ways, and not just by having to visit them with a big inspection.



We want to check services by doing smaller inspections, or using information from different places, like what people tell us.



This means we can give people the most up-to-date information about each service.



We will still make sure we visit services if we think that people might be unsafe, and to make sure we protect people's rights.



This is very important in services where people might be in greater danger of being abused or harmed, like in services for people:



- with a learning disability



- who find it difficult to tell people about how they are feeling.



We want to make these changes for all health and adult social care services.



Question 1: Do you agree with our plans to change how we check services by using different ways – not just by large inspections?

You can answer each question by putting a tick in the box next to the answer you want.



Fully

Mostly

Partly

Not at all

I do not know

Please use the space below to tell us why you chose this answer.

2. Changing when we check and rate services



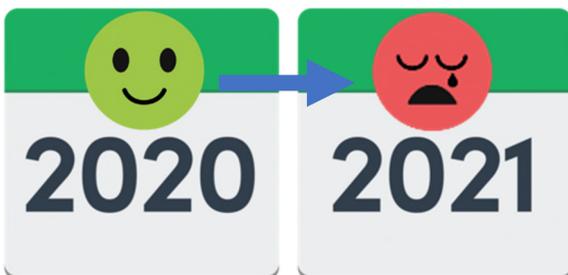
We give most services a rating (or score) so that people can easily see what we think the quality is like.



How often we check a service depends on its rating.



Generally, we check services rated as poor more often than services rated as good.



But the quality of services can change quickly, even in good services.



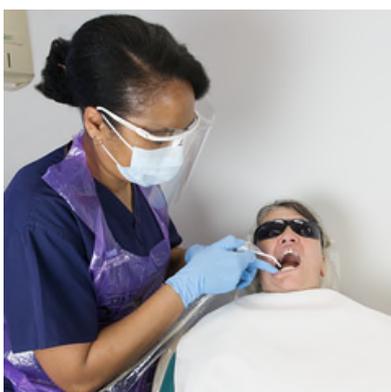
We want to be able to react to these changes quickly, so we can check and rate services more often when people's care gets better or if it gets worse.



We also want to be able to update ratings without having to visit a service, by using all the information we know, like what people tell us.



This will help us to show people what the quality of care looks like in each service in the most up-to-date way.



We do not give a rating to dentist services, so will carry on checking them by choosing the ones that we think may be giving poor care.



Question 2: Do you agree with our plans to change how often we check and rate services so we can react more quickly when people's care gets better or worse?



Fully



Mostly



Partly



Not at all



I do not know

Please use the space below to tell us why you chose this answer.

3. Changing how we rate GP practices



We want to change how we give a rating for GP practices so that they are easier for everybody to understand.



At the moment, we check GP practices against five questions that help us understand what quality is like for the people using them.



We also check the experiences of care for six different groups of people, like older people and families.

We want to stop giving ratings for these six different groups because:



- the different ratings are difficult for people to understand



- the difference in the quality of experiences between these groups is small.

So, we plan to have two simple ratings for GP practices:



Level 1: A rating for each of the five questions for the service.



Level 2: A single rating for the whole service, made by adding up our ratings at level 1.



We will still check how GP practices think about people's different needs when they receive care.



Question 3: Do you agree with our plans to only have two levels of ratings for GP practices?



Fully



Mostly



Partly



Not at all



I do not know

Please use the space below to tell us why you chose this answer.

4. Changing how we rate NHS hospitals



In NHS hospitals, we check and rate the main services, like emergency care, against the five questions that help us understand what quality is like for people.



We also check and rate how the whole organisation (called an NHS hospital trust) is run.



But the way we rate is difficult to understand, and these ratings do not always show how people experience services and care.



So we plan to make it more simple by giving a single rating for the whole hospital trust.



We will still check and rate the main services that people use.



Question 4: Do you agree with our plans for more simple ratings for NHS hospitals?



Fully



Mostly



Partly



Not at all



I do not know

Please use the space below to tell us why you chose this answer.

How we will tell you about changes



At the moment, when we make changes to the way we work, we ask you a lot of different and complicated questions, which can take a long time.



This means we cannot make the changes and tell you about them quickly enough.



The government rules say we do not have to do this every time.



So, from now on, when we want to make a change to the way we work, we will talk to groups of people and care services more often.



This means we can listen to what they think and we can work together to make changes in the best way.

Our promise to involve people and keep them up to date



We will always follow the government's rules about talking to people when we need to make changes.



We will talk with you and listen to you in the ways that suit you best when we are making changes to our information about how we check services.



Our information will be easy to understand and you can always read the latest version on our website.



What to do with your answers



Thank you very much for answering these questions.



Please send us your answers by email or in the post by Tuesday 23 March 2021.



Email your answers to:

regulatorychanges@cqc.org.uk



Or post your answers to:

Freepost RSLs-ABTH-EUET

Regulatory Changes Consultation

Care Quality Commission

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4WH



You do not need to put a stamp on the envelope.