



NEWS

Practices in poor areas are more likely to face CQC sanctions

Gareth Iacobucci

The BMJ

General practices in England's more deprived areas are nearly three times as likely as those in affluent areas to face sanctions from the health services regulator, a *BMJ* investigation has found.¹

Richard Vautrey, chair of the BMA's General Practitioners Committee, said that the Care Quality Commission's inspection regime was "too simplistic" and didn't reflect the difficulties that practices in poorer areas faced. "Many practices in urban deprived areas have struggled with premises, funding, recruitment, and retention and yet had very challenging populations," he said. "It's fairly obvious that some of those practices will then fail to deliver on some of the quality standards that the CQC expects."

But Ruth Rankine, the CQC's deputy chief inspector for general practice, said that many practices in deprived areas were delivering "outstanding" care. "Every practice exists in a unique environment, and the impact of where they are and who they support will play a part in how they operate, but [these factors] do not have to be barriers to good and outstanding care," she said.

Of 170 practices that were subject to enforcement action by the CQC over the past three years, more than a third (59) were in the most deprived 20% neighbourhoods in England, while 22 (13%) were in the least deprived 20%, *The BMJ* found.

The CQC deregistered 47 general practices under its regulatory regime between 2014-15 and 2016-17. More than half (26) were located in the most deprived 20% of the country, while just five were in the least deprived 20%.

The BMJ's investigation also found that the total number of enforcement actions handed to general practices in England trebled in the past three years, from 54 in 2014-15 to 159 in

2016-17. Most of these were warning notices, but some covered more severe sanctions, including suspension and cancellation of registration.

The CQC applied enforcement actions for various reasons, including problems relating to governance, staffing, care and welfare of patients, quality of services, cleanliness, and infection control. Failings were identified in areas such as diagnostic and screening procedures, maternity and midwifery services, treatment of disease or injury, and surgical procedures.

Michael Marmot, director of University College London's Institute of Health Equity and an expert in health inequality, also said that *The BMJ's* findings highlighted a need to re-examine the allocation of funding to GPs. "It is worth looking at the funding formula, because deprivation does place an extra burden, particularly in light of the cuts to local government, which are putting an extra burden on the NHS and have been more severe in deprived areas."

Vautrey said, "A review of the funding formula is taking place, but the evidence they have gathered doesn't show that a change would necessarily solve the problems facing practices with deprived communities," adding, "If you make changes to the formula in the current financial climate, then you end up creating winners and losers."

"What we really need is significant new investment for all practices, as all are struggling to deliver services to their populations with the current level of funding they receive."

1 Iacobucci G. GP inspections: are sanctions holding back improvement in poor areas? *BMJ* 2018;360:k682.