Providers of health services in England will be inspected less often and in less depth if they are considered to be performing well, under plans by the NHS regulator the Care Quality Commission to streamline its operations. But doctors’ leaders have said that the planned changes do not go far enough in reducing the burden of inspection on clinicians.

The CQC published its five year strategy for 2016 to 2021 on Tuesday 24 May, in which it said that it wanted to bring in a more “targeted, responsive and collaborative” approach to regulation.

A key change in its approach will be a move towards better use of information from the public, healthcare providers, other regulators, and oversight bodies to allow resources to be targeted more effectively at places considered to have the highest risk to quality of care.

This means that there will be longer intervals between inspections for general practices rated “good” or “outstanding,” of as much as five years rather than the original intention of doing so every two years, if practices can continue to show that they are providing good care. At NHS trusts and foundation trusts, those with good ratings will continue to have annual inspections, but these will have a more targeted and tailored approach focused on core services, while large scale, comprehensive inspections will still take place at sites that are considered to need them.

There will also be more targeted unannounced inspections, made on the basis of information that is constantly updated, of places where there has been a sharp rise in numbers of people reporting poor care from a particular service.

The report says, “Our overall budget will reduce by £32m (£41m; €46m) by 2019-20 [from £249m in 2015-16 to £217m in 2019-20], so we need to deliver our purpose with fewer resources.

“At the same time, the main source of our funding is switching from the Department of Health to fees paid by providers. We have a responsibility to use our resources as efficiently as possible, to make sure we deliver value for money for taxpayers and providers.”

Other changes include developing a shared dataset with partners, other regulators, and commissioners, so that providers are asked for information about care quality only once.

Richard Vautrey, deputy chair of the BMA’s General Practitioners Committee, said, “GPs have major concerns about the CQC and would want to see a much more significant reduction to the burden of registration and inspection than what is being proposed—and in particular abandoning the nit-picking clipboard approach to inspections and scrapping the evidence free simplistic rating scale.

“They have talked about reducing the number and frequency of inspections before and moving to greater reliance on remote monitoring, but this means that they should make significant reductions to the cost of regulating general practice. And this should be reflected in a cut to the fees unreasonably imposed on practices.”

The changes were described as potentially dangerous by the Labour shadow health minister Justin Madders. He said, “At the last election [health secretary] Jeremy Hunt promised to ‘root out poor care.’ But one year later his cuts to the CQC’s budget mean fewer services being inspected and an increasing reliance on hospitals marking their own homework through the use of data collection.

“Their cuts mean that patients will not be the left in the dark about the Tories’ NHS crisis.”

Miriam Deakin, head of policy at the representative organisation NHS Providers, said, “Making better use of the information that comes from providers as well as the public will greatly improve confidence in the quality of care. NHS Providers has long called for a more proportionate and risk based approach to regulation.”