

Improved Factual Accuracy Comments Process Care Quality Commission RPC rating: Validated

Description of proposal

Following the inspection of a health care provider, the Care Quality Commission (CQC) shares a draft of the inspection report before publication to enable the provider to comment on the accuracy and completeness of the evidence used in the report by completing a Factual Accuracy Comments Form (FACF). In August 2016 the CQC revised the FACF and the accompanying guidance. The changes were made because providers had a mixed understanding of the purpose of the original form and used it for other purposes such as criticising the inspector(s). The CQC states that the new form asks for the same information as the previous one but is structured more intuitively. It is slightly longer, with separate boxes for comments relating to typographical/numerical errors, accuracy of the evidence and completeness of the evidence. The old form had only one box to provide all information. The CQC states that the new form is clearer about its purpose and about when and how it should be used.

Impacts of proposal

Information on the number of completed FACFs received by the CQC comes from its own internal management database; the regulator has concerns over the accuracy and robustness of the data because it believes its staff may not have recorded this information in a consistent manner.

Due to the small number of completed forms from some sectors and concern over data reliability, the CQC chose to focus its analysis on those sectors that historically have submitted the largest number of forms. These are residential and community social care locations, GPs, dentists and independent acute hospitals. The regulator does not expect the exclusion of other sectors from its analysis to have a material impact on its estimates.

The CQC says that the number of FACF it expects to receive will depend on the number of inspections it plans to carry out. A new inspection regime, which starts in 2017/18, will involve fewer comprehensive inspections [and possibly the risk of factual inaccuracies or deficiencies in evidence. The proposed measures may further



reduce the likelihood of inappropriate FACFs]. The regulator therefore expects to receive fewer FACFs in future. In 2017/18 it expects to receive 6,870 forms.

The CQC estimates the cost of the changes to the form and associated guidance to businesses as follows:

- 1. Cost of reading the guidance in order to complete a form. This is the difference in cost between reading the previous guidance and the revised guidance. The QRP assessment estimates an annual cost of £15,000, on the assumption that the document will be read at each of the estimated 6870 site locations by one member of staff, such as a doctor, dentist or registered manager and applying standard assumptions about reading speeds and ASHE salary data.
- 2. The cost of completing the FACF. Although businesses should find it easier to complete the form, this may not necessarily save staff time. This is because staff will still have to provide the same information, albeit in different parts of the form. The CQC therefore assumes that the revised template does not take less time to complete.
- 3. Other costs and benefits not covered in the assessment. There might be fewer unnecessary forms submitted by businesses because the guidance provides greater clarity on the situations in which it is appropriate to submit FACF forms as opposed to using other routes. This represents a time-saving for businesses. The improved guidance may also mean that providers present more appropriate evidence within the FACF, reducing the need for rework; the regulator does not have sufficient evidence to monetise these benefits.

On the basis of the information provided, the RPC verifies the estimated equivalent annual net direct cost to business (EANDCB) of zero.

Quality of submission

The quality of evidence presented in the assessment is sufficient given the small scale of the measure, though the submission as a whole could have been shorter and clearer while still remaining proportionate to the scale of the measure. Unfortunately, as the CQC itself notes, the quality of its MI recording complicates the impact assessment of its activities; we assume it has plans to address this.



Departmental assessment

Classification	Qualifying regulatory provision
Equivalent annual net direct cost to business (EANDCB)	Zero
Business net present value	-£0.13 million

RPC assessment¹

Classification	Qualifying regulatory provision
EANDCB – RPC validated	Zero
Business impact target score	Zero

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Michael Gibbons CBE, Chairman

¹ For reporting purposes, the RPC validates EANDCB and BIT figures to the nearest £100,000