**QUESTIONS PRESENTED TO LMC MEMBERS AHEAD OF MEETING WITH CQC**

1. CQC expectations around MHRA Alerts?

**Answer:** See Nigel’s Surgery 91 titled - [Patient Safety Alerts](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-91-patient-safety-alerts)

1. Practices are concerned that they are being judged by the CQC for services that the practice are not commissioned to deliver (Responsibilities of Secondary Care v GPs?)

**Answer:** Nigel’s Surgery 84 titled - [Managing High Risk Medicines in General Practice.](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-84-managing-high-risk-medicines-general-practice)

Example, if a GP has prescribed a certain medication which hospital have commissioned, they should have an overview of the monitoring taking place to continue the medication safely and audit trail.

1. How often Legionella Risk Assessments should be undertaken. Specifically, if an accredited external company did the assessment, the recommendations were followed and nothing changes, are the practice ok to review the assessment annually and for how many years would this be acceptable?

**Answer:** See Nigel’s Surgery 27 titled - [Legionella](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-27-legionella)

Furthermore, if a practice has done a self-risk assessment, it shows they have thought about it.

1. Clarity regarding doing surgical procedures like hernia (under Local Anesthetic) / circumcision and other procedures that we are trying to move into community. Regarding surgical rooms in community?

**Answer:** The CQC will gather this information for the LMC to provide to members.

1. Flexibility from CQC to allow practice to change inspection date when PM has long standing leave booked?

**Answer**: CQC manage these on a case by case basis, and the PM should ask the inspector for a change inspection date, if long standing leave is booked.

1. Clarity around evidence tables and how practice should use them?

**Answer:** These have been published on CQC website and can be used as templates by practices.

1. What are the expectations from practices regarding Locums working within the practice?

**Answer:** See Nigel’s Surgery 50 titled - [GP Locums](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-50-gp-locums). They should be treated as any other member of practice staff.

1. What are the expectations about audits, how many what kind etc...

**Answer:** See Nigel’s Surgery 4 titled - [Quality Improvement Activity](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity). There is a purpose to audits, and it is not just a tick box.

1. Does each contract variation trigger a CQC visit and why?

**Answer:** Triggers listed such as: New registrations, timescales of last visit, whistle blowing, adverse information.