CQC INSPECTIONS

CQC for GP practices this month: October 2026

CQC AI Auditor team · Published 3 November 2026 · 13 min read
Read online: https://www.cqcaudit.ai/blog/cqc-gp-practices-october-2026-news

In short: October's biggest news for general practice was CQC's State of Care 2025/26 report. Of the 1,202 GP practices CQC has assessed under its current framework since January 2024, mostly where its data suggested higher risk, 87% are rated good and 3% outstanding, and where ratings fall short it is usually under Safe or Well-led. CQC's pilots of its new assessment approach were due to finish in October, with final evaluation in November, and the current framework still applies. NHS England updated You and your general practice, HSSIB reported on referrals that drop off provider worklists, the Government accepted all 44 recommendations on regulating AI in healthcare, and stronger duties on employers to prevent sexual harassment started on 30 October. This round up covers each one and what it means for your practice.

This is our first monthly round up of CQC and NHS news for GP practices. It covers October 2026 and the end of September. Everything below comes from CQC, NHS England, NHS England Digital, HSSIB, GOV.UK and Acas pages, and one Health Foundation briefing, read on 2 and 3 November 2026, with links to each, plus news reports for the website supplier story. Where we add our own view or practical suggestions, we say so. Our glossary of CQC terms explains any unfamiliar terms.

CQC State of Care 2025/26: what it says about GP practices

CQC published State of Care 2025/26 on 23 October. It is CQC's annual report on health and adult social care in England, and its primary care chapter has several findings that matter for general practice.

Ratings: most practices are good, and Safe and Well-led are where they fall short

CQC says: "As at August 2026, 87% of the 1,202 GP practices assessed under our current assessment framework, from January 2024 onwards, are rated as good. A further 3% are rated as outstanding. The remaining GP practices are rated as requires improvement (9%) or inadequate (1%)".

Those figures need reading in context. CQC explains that "For most of these assessments, we have prioritised assessing services where our data indicated there may be greater risk to the quality and safety of people's care." Since March 2026 it has also been assessing practices it considers lower risk, through its Returning to good and outstanding programme.

The detail by key question is where the useful message sits: "Where we see poorer performance, it is usually under the safe key question (13% requires improvement and 1% inadequate) or well-led key question (14% requires improvement and 1% inadequate). Across the effective, caring and responsive key questions, we see 95-97% of practices rated as either good or outstanding".

Patients are more positive, and more are getting in touch online

CQC reports GP Patient Survey 2026 results showing 77% of people describing their overall experience as good, up from 75% in 2025 and 74% in 2024. 73% described their last experience of contacting their practice as good, up from 70% in 2025 and 67% in 2024.

How people make contact is changing. In 2026, 54% of people last contacted their practice by telephone, down from 62% in 2025 and 68% in 2024, while 31% used online methods such as a practice website or the NHS App, up from 22% and 17%. CQC also notes that people living with frailty, autistic people and people with a learning disability are less likely to say contacting their practice was a good experience.

Demand, online requests and locums

On the capacity page, CQC says "From April 2025 to March 2026, 379,497,308 appointments were made", an increase of 2.8% on 2024/25. Online requests "increased notably after the requirement from 1 October 2025 for GP practices to keep online consultation tools open during core practice hours". In March 2026 there were 9,617,628 online requests, 69% more than in August 2025.

CQC adds that practices must make sure, in NHS England's words, that the "introduction of these systems is balanced against the nature of the local population to avoid introducing additional inequalities".

The same page looks at inspection reports for practices rated requires improvement or inadequate, and finds that "The reliance on locum staff, while helping to maintain service delivery, introduced additional risks when appropriate governance was not in place. In several cases, there was limited evidence that locum staff had received appropriate induction, supervision, or that their competencies and training had been adequately reviewed." Staff also reported "limited protected time to complete training".

What it means for your practice

> Our view: if Safe and Well-led are where ratings most often fall short, they are the best place to check your own evidence first. For Safe, that means training records that show what is due and when, recruitment and induction checks for every member of staff including locums, and risk assessments that are current. For Well-led, it means governance meetings that record decisions and follow-up, not just discussion. Our posts on mandatory training and clinical supervision cover what CQC asks for in detail.

What outstanding looked like in October

CQC published two press releases about GP practices in Staffordshire that kept their outstanding ratings.

Audley Health Centre, which serves about 10,516 people, was assessed in September under the

Returning to good and outstanding programme. Andy Brand, CQC's deputy director of primary care and community services in the Midlands, said "Registration and appointment booking was made accessible with weekly sessions teaching people how to use the NHS app and online services", and that 83% of people reported a positive experience of contacting the practice in the 2026 GP Patient Survey, against a national average of 73%. Inspectors also found the practice "acted promptly to address any issues identified during the assessment and undertook learning event analysis to understand why these issues had occurred."

At Ashley Surgery, which serves over 5,000 people, CQC found that "Staff adapted appointments and registration for people with neurodivergent conditions and for groups such as Travellers, making sure everyone could access the service on their own terms." Staff described the culture as "open, honest and supportive".

> Our view is that both point to the same thing: access that is designed around the practice's own population, and a culture where problems are raised and learned from. Our Outstanding report unpacked post looks at what an outstanding report contains in more detail.

CQC's new assessment approach: pilots end, evaluation in November

CQC's June update said its programme of pilots and testing would "run between June and October 2026, with final evaluation in November 2026." It also said pilot assessments run alongside existing inspections, not instead of them, and that "Pilot judgements have no legal standing and will not affect regulatory status or rating."

CQC's latest update on its Improving how we work page, as at 3 November, is still the one from 27 August. In March, in its initial consultation response, CQC said it plans to bring back rating characteristics, replace quality statements with new supporting key lines of enquiry and remove scoring. No start date has been announced, and CQC's assessment guidance still sets out the quality statements under each key question. Until that changes, the current Single Assessment Framework is the one practices are assessed against. Our guide to the 34 quality statements and how CQC scores a GP practice explain how it works today.

NHS England updated You and your general practice

On 19 October NHS England published an updated You and your general practice, the document that tells patients what to expect from their practice. On the document's publication page, NHS England says "The contract requires every GP practice to have linked to the NHS England YYGP document on their website, since 1 October 2025."

Some lines patients may now quote to your team:

- "If your request is clinically urgent and is received during the practice's opening hours, you will get a response the same day. This may not always be a same-day appointment, but the practice will take action to help you that day."
- "Your practice cannot tell you to just call back the next day."
- "If your request is not clinically urgent, they will tell you what happens next by the end of the next

working day."

- "If you have feedback or concerns, you can ask to speak to the practice manager."

Alongside it, NHS England published practice guidelines on handling feedback and concerns. They say "A nominated lead (the practice manager or another member of the practice team) should provide a liaison point to ensure appropriate follow up on any concern or feedback", and "The comments received and any resulting actions should be documented." For each item, practices "may wish to record" when and how it was received, the type of feedback with a short description, the outcome and any service improvements made.

Our view: that record is useful evidence for CQC's Listening to and involving people quality statement, which expects practices to "tell them what's changed as a result."

Referrals that drop off provider worklists

On 22 October HSSIB published an interim report on a risk in the NHS e-Referral Service. In its news release, HSSIB explains that e-RS was "automatically removing referrals from a provider's worklist when there had been no action after 180 days" and "It does not alert staff when this happens." No harm was reported in the incidents identified, and HSSIB's call to act is aimed at trusts and independent providers. NHS England is reviewing and updating the e-RS clinical risk documentation.

HSSIB's second interim report has a line that matters for general practice: "Incidents were commonly recognised only after general practice raised concerns that patients had not heard from the provider about their referrals", or where the patient had made a complaint.

> Our view: a simple safety net helps. Keep track of referrals until the patient is booked or seen, tell patients when to expect contact and when to come back to you, and act when a patient says they have heard nothing. CQC covers referrals under the Safe systems, pathways and transitions quality statement, which says "We ensure continuity of care, including when people move between different services."

When a digital supplier fails

In late October, hundreds of practices lost access to their website or online forms after a supplier of GP practice websites and online consultation forms went into administration. NHS England said the majority of practice websites were running as normal, but some practices were affected, and patients at those practices were advised to contact them by phone or in person.

NHS England's operating model for GP digital services says "Practices are required to maintain a business continuity plan (BCP) which should include loss of access to relevant IT services which the practice requires to maintain essential services." Where a practice buys a digital service directly, it remains responsible as contract holder for maintaining that service.

CQC's GP mythbuster 69 lists "A supplier was unable to deliver essential goods or services" among the scenarios a plan should consider, and says exemplar plans may include the "account/contract details" needed to restore services. Our view: it is worth checking that your plan names your website and online consultation suppliers, says how patients will reach you if the online route goes down, and records who

holds the account details.

AI in healthcare: Government accepts all 44 recommendations

On 6 October the Government confirmed it will accept all 44 recommendations of the National Commission into the Regulation of AI in Healthcare. It says AI-enabled devices "should be assessed and monitored throughout their working life", the MHRA has "committed to issue draft guidance by December 2026" on managing changes to AI-enabled devices, and a full roadmap is due by spring 2027.

The Government's explainer for healthcare providers says they can expect "Clearer expectations about the safeguards needed for safe deployment and who is responsible for putting them in place", and "Training matched to staff roles and the particular AI technologies they use or oversee." Neither page sets out new rules for GP practices yet. If your practice already uses AI tools, our post on what CQC looks at when a GP practice uses AI covers what CQC expects today.

The Health Bill would move HSSIB into CQC

The Health Bill had its second reading in the House of Lords on 13 October. According to the Health Foundation's briefing, the bill would abolish NHS England and transfer its powers to the Secretary of State, abolish HSSIB and transfer its functions to CQC, and enable progress towards a single patient record. It is still a bill, so none of this has happened yet. The Health Foundation has asked ministers to explain how the transfer will "maintain the essential focus on improving patient safety".

Stronger harassment duties for employers from 30 October

Changes under the Employment Rights Act 2025 took effect on 30 October. Acas explains that the Act "strengthened the law so employers have to take 'all reasonable steps' to prevent sexual harassment. This includes sexual harassment by third parties."

Our suggestion: have a current policy, a risk assessment and a record of incidents and the action taken. CQC looks at staff safety, including sexual safety, under its Workforce wellbeing and enablement quality statement.

September 2026 in numbers

NHS England Digital published September's general practice data on 29 October:

- Appointments: 35.1 million appointments, 45.0% on the day they were booked, and 78.5% of 6.8 million clinically urgent appointments dealt with on the same day.
- Online consultations: 9.7 million patient submissions, 6.4 million of them clinical. These are official statistics in development.
- Telephony: 33,681,565 calls to the 5,339 practices with data, with 88.3% dealt with.

> **At a glance**
> **35.1 million** Appointments
> **9.7 million** Online consultations

> **33,681,565 calls** Telephony

Also worth knowing

- The deadline for every publicly funded health and care service to be able to share, write to and read from the Reasonable Adjustment Digital Flag was 30 September 2026. If your clinical system does not yet support it, we suggest raising it with your supplier.
- Other CQC news in October included its equality objectives report (15 October) and confirmation that it will regulate autism and ADHD diagnostic assessments once new regulations are in place (9 October).

Your checklist for November

Our suggestions, based on this month's news:

- Check your Safe and Well-led evidence first: training records, recruitment and induction checks including locums, and governance minutes that record decisions.
- Make sure your website links to the updated You and your general practice, and name a lead for feedback and concerns.
- Start, or check, a log of feedback and concerns with the outcome and any changes made.
- Review how you track referrals and what you do when a patient has heard nothing.
- Update your business continuity plan for loss of your website or online consultation tool.
- Review your harassment policy and risk assessment against the 30 October changes.

Where the CQC AI Auditor fits

Most of this month's news comes back to the same question: can your practice show, in its own documents, how it works? The CQC AI Auditor is a CQC audit for GP practices. It reads the evidence you already hold, questions you on it the way an inspector would, and scores what you can actually show. Your answers are checked against what the documents actually say, then scored against the Single Assessment Framework. How it works explains the steps and the sample report shows what you get. It is not a prediction of your CQC rating.

Frequently asked questions

What did CQC's State of Care 2025/26 report say about GP practices?

As at August 2026, 87% of the 1,202 GP practices assessed under CQC's current framework since January 2024 were rated good and 3% outstanding. Where ratings fall short, it is usually under the Safe and Well-led key questions. CQC notes that most of these assessments targeted services where its data suggested higher risk.

Has CQC's new assessment framework started?

No. CQC's pilots were due to run from June to October 2026, with final evaluation in November 2026, and pilot judgements have no legal standing. No start date has been announced, so practices are still

assessed against the current Single Assessment Framework and its quality statements. CQC plans to replace quality statements with new key lines of enquiry and remove scoring, but has not said when.

Do GP practices have to link to You and your general practice?

Yes. NHS England says the contract has required every GP practice to link to the document on its website since 1 October 2025, and its practice guidelines say it "remains a requirement for general practices." The updated version was published on 19 October 2026.

Does the HSSIB e-Referral Service report apply to GP practices?

HSSIB's call to act is aimed at trusts and independent providers, and NHS England is reviewing and updating the e-RS risk documentation. But HSSIB found that lost referrals were commonly recognised only after general practice raised concerns, so a practice process for following up referrals is a useful safety net.