SINGLE ASSESSMENT FRAMEWORK

CQC Well-led for GP practices: what inspectors look for

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In short: Well-led is the CQC key question about leadership, culture and governance. For GP practices it is where ratings most often fall short: CQC's State of Care report for 2025/26 found 14% of GP practices assessed under the current framework rated requires improvement for Well-led and 1% inadequate. The Well-led key question has 8 quality statements, and CQC assesses 7 of them in general practice. For most of them, CQC usually looks at two kinds of evidence: what staff and leaders tell it, and your processes. This guide sets out each statement in CQC's words, what its GP mythbusters add on governance, vision and patient involvement, what changed for Freedom to Speak Up this year, and what to have ready.

Everything quoted below comes from CQC's own pages and from NHS England, read on 17 November 2026, with links to each. Where we describe what evidence can look like in a practice, or suggest what to do, that is our view and we say so. Our glossary of CQC terms explains anything unfamiliar.

What does Well-led mean for CQC?

Well-led is one of CQC's 5 key questions, alongside safe, effective, caring and responsive. CQC's Well-led key question page describes it in two parts. The first is about culture and leadership: "There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities."

The second is about governance: "There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care."

In a GP practice, that covers the partners and the practice manager, but also how decisions are made and shared, how risks are tracked, how staff raise concerns, and how the practice learns. It is the key question that ties the other four together.

A note on what is changing: CQC plans to replace the quality statements with key lines of enquiry and rating characteristics, and to remove scoring. Its draft framework for primary care and community services is still a draft, and when we checked on 17 November 2026 CQC had not published a start

date. GP practices are still assessed against the current framework. There is more on this below.

Why Well-led matters so much for GP practices

CQC's State of Care 2025/26 ratings page for primary and community services gives the national picture. Most practices do well overall: "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 weaker results cluster in two places. In CQC's words: "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)." By comparison, CQC found 95 to 97% of practices rated good or outstanding for effective, caring and responsive.

> CQC has made the link between leadership and everything else before. Its GP mythbuster 48 on Well-led vision and strategy says: "We have also found that in practices where there is poor leadership, there is more likely to be issues across the practice, for example in safety, effectiveness, responsiveness and how caring the service is." It also puts the positive case: "Well-led practices make the work of general practice easier, creating both a happier working environment for GPs and their staff, and better service to patients."

The Well-led quality statements CQC assesses in general practice

The Well-led key question has 8 quality statements in CQC's assessment framework. Seven apply to GP practices. The eighth, Environmental sustainability, sustainable development, is not assessed in general practice. CQC's page for it says: "We do not currently assess the environmental sustainability quality statement in other service types." It is assessed in NHS trusts.

For the other seven, CQC's evidence categories for primary health services set out what it will usually look at. For most Well-led statements that is feedback from staff and leaders, and processes. Partnerships and communities adds people's experience and feedback from partners. CQC describes these as the categories it "will usually look at", so treat them as a guide rather than a checklist. Our guide to the 34 CQC quality statements for GP practices covers every key question in the same way.

Each statement below starts with CQC's We statement, quoted from its page. The topics come from the subtopics CQC lists on each page. The evidence examples are our suggestions, not CQC's list.

1. Shared direction and culture

CQC: "We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these." (Shared direction and culture)

CQC's subtopics: strategy and vision, organisational culture, values, and addressing social impact.

In a practice, evidence can include a written vision and values that staff can describe in their own words, a business or development plan with dates and owners, a short profile of your patient population and the challenges it brings, and minutes showing the plan is reviewed.

2. Capable, compassionate and inclusive leaders

CQC: "We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty." (Capable, compassionate and inclusive leaders)

The page also says: "Leaders at every level are visible and lead by example, modelling inclusive behaviours." And: "High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning."

In a practice, evidence can include a clear chart of who leads on what (safeguarding, infection control, information governance, prescribing, complaints), leadership training or development records, appraisals for partners and managers, and a succession plan for key roles such as the practice manager.

3. Freedom to speak up

CQC: "We foster a positive culture where people feel that they can speak up and that their voice will be heard." (Freedom to speak up)

The page adds: "When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on." And: "When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again."

CQC's subtopics: speaking up culture, the Freedom to Speak Up guardian, whistleblowing, and closed cultures.

In a practice, evidence can include an up to date speaking up policy, a named route to a guardian (inside or outside the practice), a log of concerns raised and what happened, and staff who know how to use it. There is more on the changes to Freedom to Speak Up this year below.

4. Workforce equality, diversity and inclusion

CQC: "We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us." (Workforce equality, diversity and inclusion)

The page includes: "Leaders make reasonable adjustments to support disabled staff to carry out their roles well."

CQC's subtopics include fair and equitable treatment of staff, staff wellbeing, workforce diversity and flexible working arrangements. For this statement, CQC's evidence categories list feedback from staff and leaders specifically for GP services.

In a practice, evidence can include an equality and diversity policy, records of reasonable adjustments and flexible working requests and how they were decided, wellbeing support for staff, and fair processes for recruitment and progression.

5. Governance, management and sustainability

CQC: "We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when

appropriate." (Governance, management and sustainability)

The page also says: "Data or notifications are consistently submitted to external organisations as required."

This statement has the longest list of subtopics, including roles, responsibilities and accountability; governance, quality assurance and management; cyber security and the Data Security and Protection Toolkit (DSPT); emergency preparedness, including climate events; financial and workforce sustainability; statutory and regulatory requirements; workforce planning; external recommendations such as safety alerts; and records. The regulations it links to are Regulation 17 (good governance) and Regulation 20A (display of performance assessments).

In a practice, evidence can include a governance calendar or meeting structure, a risk register that is reviewed, a business continuity plan that has been tested, your DSPT submission, a safety alert log with actions, a record of statutory notifications, and your current CQC rating displayed on your website and in the practice.

6. Partnerships and communities

CQC: "We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement." (Partnerships and communities)

CQC's subtopics: sharing good practice and learning, integration of health and social care, and partnership working and collaboration. This is the one Well-led statement where CQC also lists people's experience and feedback from partners as evidence.

In a practice, evidence can include your part in primary care network work, joint working with community teams, social prescribers and local voluntary groups, learning shared with other practices, and how your patient participation group feeds into decisions.

7. Learning, improvement and innovation

CQC: "We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research" (Learning, improvement and innovation)

The page includes: "There are processes to ensure that learning happens when things go wrong, and from examples of good practice."

CQC's subtopics: innovation, learning and improvement, research, and learning from deaths. CQC's evidence categories list feedback from staff and leaders for GP services only, plus processes.

In a practice, evidence can include significant event reviews with the learning recorded and shared, two-cycle clinical audits, quality improvement projects with a before and after figure, and any research or new ways of working you have tried.

Governance: what CQC's GP mythbusters add

CQC's GP mythbuster 64 on effective governance arrangements was written before the current framework, but CQC still lists it under Well-led and it is the clearest description of what CQC means by governance in a practice. It defines governance as "a systematic approach to maintaining and improving the quality of patient care and service delivery."

On who is responsible: "Governance should be led by senior members of the practice who understand their responsibilities and are accountable for practice performance. All staff members should be involved."

On the information governance should use, it gives examples including "unexpected deaths, significant events, patient feedback and complaints, prescribing performance, QOF and Enhanced Service performance data, clinical and non-clinical audit findings, risk assessments, policy reviews, business plan (please note, this is not a definitive list)". It also makes a point worth testing in your own practice: "Risks recorded should align with what people say is ‘on their worry list’."

And on how CQC checks it: "When we inspect we will talk to staff at all levels to get their views on the governance in the practice. For example, asking them what their role is in the governance framework and how decisions are made and communicated to all staff members. We will also consider evidence from practice meetings, such as minutes, to judge how effectively the governance arrangements are functioning."

Its companion, GP mythbuster 65 on clinical governance, says: "We consider a GP practice’s clinical governance arrangements when we make judgements about how effective and how well-led GP practices are." The information it lists includes significant events, complaints, NICE guidance and medicines alerts, prescribing, QOF and clinical audits.

Behind both sits Regulation 17: Good governance. CQC's guidance on it says "providers must have effective governance, including assurance and auditing systems or processes", and that "As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement." If CQC asks for a written report on how you assess, monitor and improve quality and safety, the regulation requires it "by no later than 28 days beginning on the day after receipt of the request".

Our view: the theme across all three is that governance has to be visible in the records and recognisable to staff. A policy folder on its own is not governance. Minutes that show a risk was raised, discussed, given an owner and closed are.

Locums, workload and governance: what State of Care found

CQC's State of Care 2025/26 page on capacity in primary and community services links staffing pressure directly to governance: "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."

It also reports what staff said: "Staff reported high workloads and difficulty managing demand,

insufficient cover for sickness or annual leave, limited protected time to complete training and, in one case, being unable to take breaks during shifts."

> Our view: locum induction packs, checks on locum training, and supervision records for staff not directly employed are easy wins for Well-led, and they overlap with Safe. Our guides to clinical supervision and mandatory training cover what CQC checks for each.

Freedom to Speak Up after the National Guardian's Office closed

Freedom to Speak Up changed this year. NHS England's The future of Freedom to Speak Up sets out that the National Guardian's Office closed on 30 June 2026 and that from 1 July 2026 "NHS England will deliver some activities previously undertaken by the National Guardian's Office (NGO)." Providers, including primary care, carry more of the responsibility, and organisations are expected to publish on their website how to contact their Freedom to Speak Up guardian.

For primary care, national data collection is paused for 2026/27, and NHS England says primary care organisations should continue to collect and analyse their speaking up data locally. It also says "NHS England will review expectations of primary care providers in 2026/27" and that it will "continue to liaise with the CQC on how compliance will be assessed within the Well-led inspection regime."

Small teams make speaking up harder. NHS England's 2024 letter on access to a guardian for primary care workers put it plainly: "Routes to escalate concerns are more limited than in secondary care, with risks to individual confidentiality due to the size of some providers."

Our view: two quick checks are worth doing now. First, if your speaking up policy says your guardian is registered with the National Guardian's Office, that wording needs updating. Second, make sure staff have a route outside the practice, such as a guardian shared across your primary care network or provided through your integrated care board.

Involving patients and your community

CQC's GP mythbuster 108 on involving and engaging your patient population is reassuring for smaller practices. CQC notes that the regulations require practices to maintain a group to obtain the views of patients, known as a patient participation group (PPG). In practice, it says, this "does not need to be a formal PPG with specific named members, a chair and a secretary that records minutes of meetings. It can also be a 'group' made up of the full patient list."

The same mythbuster says: "When we assess GP practices, we also review GP patient survey data to establish variation with local and national averages and look for the actions that practices have taken in response." And on what counts: "Evidence is not limited to minutes of meetings and can include photographs, social media coverage and other creative media sources."

Our view: keep a simple "you said, we did" record that links patient feedback and GP Patient Survey results to the changes you made. It serves Well-led and Responsive at the same time.

What an outstanding Well-led looked like in one report

In October we read the full CQC report for Holmside Medical Group, rated Outstanding. Well-led was its strongest key question: 26 out of a possible 28, published as 93 out of 100, with seven statements scored. Shared direction and culture, Capable, compassionate and inclusive leaders, Governance, management and sustainability, Partnerships and communities, and Learning, improvement and innovation scored 4. Freedom to speak up and Workforce equality, diversity and inclusion scored 3.

The report credited leaders with "an exceptional understanding of the challenges and the needs of people and their communities", and said: "Governance was well-embedded into the running of the service." Much of the evidence reached beyond the practice: its practice manager taught other practice managers in the locality, and it planned to share a housebound review model with the integrated care board and local GP federation.

The 3 for Freedom to speak up is useful too. Two staff had said communication could be improved, and CQC recorded: "The practice immediately put in place a communication strategy to address this." A good standard does not mean nothing could be better. It means concerns are heard and acted on.

Our guide to how CQC scores GP practices explains the percentages and the limiting rules behind those numbers.

What is changing for Well-led

CQC plans to replace quality statements with key lines of enquiry. Its draft framework for primary care and community services, which we covered in our guide to CQC key lines of enquiry for GP practices, has 7 for Well-led: Strategic direction; Workforce equity and culture; Capable and compassionate leaders; Governance; Management of risk, performance and issues; Partnerships and communities; and Improvement, innovation and learning.

Our reading is that the substance carries over. Freedom to speak up and workforce equality appear to come together in Workforce equity and culture, and governance appears to split into two. Topics such as the guardian, whistleblowing, succession planning, business continuity, data protection, cyber security and statutory notifications are all still listed.

It is still a draft. CQC's Improving how we work page still showed its August 2026 update as the latest when we checked on 17 November 2026, and no start date has been published. Until CQC confirms one, the 7 Well-led quality statements above are what your practice is assessed against.

What to have ready for Well-led

Our practical list, not a CQC checklist:

- **A vision and plan staff can describe.** Short, dated, reviewed, and known beyond the partners.
- **A leadership and lead roles chart.** Who leads on each area, with cover when they are away.
- **A governance structure you can show.** Meeting schedule, standing agenda items and minutes with actions, owners and dates.
- **A live risk register.** Reviewed at meetings, with risks that match what staff are actually worried about.

- **A speaking up route that works.** Updated policy, a guardian route outside the practice, and a log of concerns and outcomes.
- **Learning that closes the loop.** Significant events, complaints and audits with the learning recorded, shared and re-checked.
- **Locum and temporary staff checks.** Induction, training and supervision records for everyone who works in the practice.
- **Patient involvement on record.** PPG activity in whatever form suits you, GP Patient Survey actions and a "you said, we did" log.
- **Business continuity and data security.** A tested business continuity plan, your DSPT submission and a safety alert log.
- **Staff who can explain it.** CQC talks to staff at all levels, so the best evidence is a team that can say how decisions are made and shared.

Where the CQC AI Auditor fits

The CQC AI Auditor is a CQC audit for GP practices. The Full AI audit reads the evidence you already hold, questions you on it the way an inspector would, and scores what you can actually show against each quality statement, including the Well-led statements, with the reasoning written out. How it works explains the steps, the sample report shows what you get, and How we score sets out the method. It is not a prediction of your CQC rating.

For Well-led, that means finding the gap between what your governance looks like on paper and what your records can show. You can start with a free Self-Check, and the free tools page has our CQC score calculator.

Frequently asked questions

What does CQC look for in Well-led at a GP practice?

CQC looks at whether there is an inclusive and positive culture of learning and improvement, and whether governance and management systems are effective. For GP practices it assesses 7 quality statements, usually through feedback from staff and leaders and the practice's processes, such as meeting minutes, risk registers, policies and audits.

How many Well-led quality statements are there?

There are 8 Well-led quality statements in CQC's framework. CQC assesses 7 of them in GP practices. Environmental sustainability, sustainable development is assessed only in NHS trusts.

Why do GP practices get requires improvement for Well-led?

CQC's State of Care report for 2025/26 found 14% of GP practices assessed under the current framework rated requires improvement for Well-led and 1% inadequate. On capacity, it found that reliance on locum staff introduced additional risks where appropriate governance was not in place, including limited evidence of induction, supervision and training checks.

Is Well-led changing under CQC's new framework?

CQC's draft framework for primary care and community services has 7 Well-led key lines of enquiry in place of the current quality statements. It is still a draft and CQC had not published a start date when we checked on 17 November 2026, so the current Well-led quality statements still apply.

Does a GP practice need a Freedom to Speak Up guardian?

CQC's Freedom to speak up quality statement lists the Freedom to Speak Up guardian as one of its topics, and NHS England has asked integrated care boards to make sure primary care workers can reach a trained guardian. Since the National Guardian's Office closed on 30 June 2026, practices carry more responsibility for their own arrangements, and NHS England is reviewing its expectations of primary care providers in 2026/27.

Ask us

We do not run comments on Insights. If you have a question about Well-led or anything in this guide, ask on our LinkedIn page or reply to the newsletter.

Sources

- CQC, Well-led key question (page last updated 22 February 2024) and the eight Well-led quality statement pages (updated between 22 February 2024 and 21 May 2025). Read 17 November 2026.
- CQC, Primary health services evidence categories: Well-led (page last updated 13 August 2025). Read 17 November 2026.
- CQC, State of Care 2025/26, ratings and capacity pages for primary and community services (published 23 October 2026). Read 17 November 2026.
- CQC, GP mythbusters 48, 64, 65 and 108 (pages last updated 23 December 2022). Read 17 November 2026.
- CQC, Regulation 17: Good governance (page last updated 16 May 2025). Read 17 November 2026.
- CQC, Improving how we work (latest update 27 August 2026). Read 17 November 2026.
- NHS England, The future of Freedom to Speak Up and Adoption of the national Freedom to Speak Up policy and access to a guardian for primary care workers (2024). Read 17 November 2026.
- CQC, Holmside Medical Group assessment report (published 16 April 2026), as covered in our Report, unpacked post. Read 20 October 2026.

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