

Primary Care Trusts: Debts

Julian Smith: To ask the Secretary of State for Health what recent discussions he has had on future liabilities for sums owed by primary care trusts. [36138]

Mr Simon Burns: The "2011/12 NHS Operating Framework" states that general practitioner consortia will have their own budgets from 2013-14. They will not be responsible for resolving primary care trust legacy debt that arose prior to 2011-12. **27 Jan 2011 : Column 470W**

The detailed financial regime for the new health system is still being developed and part of that development will include the treatment of existing liabilities within the Statement of Financial Position of Primary Care Trusts for the future.

Emily Thornberry: To ask the Secretary of State for Health what estimate he has made of the minimum annual number of site visits to social care providers under the new inspection methodology and staffing complement proposed for the Care Quality Commission; and if he will make a statement. [36021]

Social Services

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Paul Burstow: The new registration system for private and voluntary healthcare and adult social care providers was set out in the Health and Social Care Act 2008 (the 2008 Act). It came into effect from 1 October 2010.

The 2008 Act does not set minimum inspection frequencies for services. Instead, it enables the Care Quality Commission (CQC) to adopt a proportionate approach to inspection. Discussions about when to inspect are based on ongoing intelligence gathering and an assessment of risk.

This means CQC targets its resources on providers where the risk is highest, while reducing the regulatory burden on providers where the risk is low.

CQC implements its approach to inspections in two ways. CQC carries out planned and responsive reviews of a provider's compliance with the registration requirements. A planned review of compliance is a scheduled check of compliance with all of the 16 key essential safety and quality requirements. A responsive review of compliance is carried out when information, or a gap in information, raises concerns about people not experiencing the outcomes they should. Unlike a planned review of compliance, a responsive review is not a full check of compliance with all 16 key essential requirements; it targets the area(s) and outcomes that the specific concerns or gaps relate to.

In terms of staffing, CQC is an independent body and it is therefore for CQC to determine the appropriate staffing complement in order to carry out its functions efficiently and effectively.