

Dear Professors Field and Sparrow,

Re CQC new style inspection

As the registered manager of one of the first new style pilot inspection practices I welcomed Prof Field's e-mailing me in May seeking my feedback on this new regime. I also welcomed Professor Sparrow's comments when addressing the Medical Protection Society in June¹. Having just analysed our draft inspection report² I must write telling you my enthusiasm has waned. Please accept the following observations in the spirit that they are offered, from a critical friend, a constructive contribution to the further development of your new inspection regime, designed to assist in its further improvement. I must report that your inspectors have not taken on board your new approach. I have evidence that your inspectors continue to; assign more importance to a certificate rather than the actual service being delivered, misrepresent recommendations as requirements and most serious of all are not acting in accordance with CQC guidelines. Given my responsibility as an elected representative on the GPC, the very public invitations for feedback, Professor Sparrow's widely reported comments and the unarguable requirement for CQC to be seen to be open and accountable I am treating this letter as public.

I have previously supplied CQC with a report³ detailing our experience up to and including the day of the inspection itself. That report described a two week pre inspection period that was chaotic, confused and contradictory although the day of the inspection itself was far more benign than we had anticipated. Unfortunately the response to that feedback⁴ completely failed to understand our fundamental concern which was that practices were being set up to fail, the inspectors would be questioning us on data supplied to them but not seen by us. Furthermore we would be tested against standards that we were unable to access.

Our inspection was on the 15th May 2014. We had to almost six months for our draft inspection report which arrived on 2nd September. This leads to my first question; we were part of a pilot of a new style of inspection that is due to be formally launched on 1st October 2015. Surely this new system would have to incorporate feedback from practices commenting on their reports? Certainly my report raises some pretty fundamental issues and it is but one amongst many. In that case I cannot conceive that the new style regime can possibly be launched in less than two weeks time.

I have prepared a detailed analysis of our report which is attached⁵. It is repetitive because the report on which it is based is repetitive but several themes emerge. Focussing on my key observations;

I believe there should be a process for post inspection "clear up". I was told during the run up to our inspection that we did not need to prepare anything. Professor Sparrow said in his speech that we need not spend hours getting our paperwork in order. On the day of the inspection we were unable to locate our business continuity plan and we were unable to confirm the dates on which one of our nurses had attended her child safeguarding training. Both exist but were not available at the time. I, as the registered manager, personally vouched for them during our closing interview with our inspector. Despite this their alleged absence features prominently in the inspector's report. Had

we know they were going to feature so prominently, or that my word would be discounted, we would have furnished your inspectors with hard copy evidence within days of the inspection. I therefore recommend your having a “cooling off” period during which practices can clear up minor issues that might arise but are not able to be resolved during the day of the inspection. Without this your inspection process lies open to a charge of being partial and incomplete.

The inspection team arrived at 9am and the inspector left at just before 8pm, I noted that at our end of day round up meeting she said she was “too tired” to discuss the findings of her inspection in full. This is not good for practices, inspectors nor CQC.

The second point is the lack of an appropriate process for appeal. We have been offered an opportunity for correction of factual errors but there appears to be no mechanism by which practices can challenge any other aspect of their reports, such as the observations, opinions, conclusions or omissions of the inspectors. It seems to me that natural justice demands that there should be a process by which a practice can appeal against inspection report findings of any nature, even including bias. I provide two solid examples in my report of valid challenges of a non factual nature. The first is the misrepresentation of recommendations as requirements, the second inspectors not following due process.

Professor Sparrow is quoted as saying that he “was not desperately interested in lots of protocols, and neither are the inspectors”. I am afraid the evidence in our report is to the contrary. “We want to see if things work” is what Professor Sparrow said, actions being more important than certificates. I provide three examples from our report where the inspectors have reported on their not seeing paperwork before they then subsequently confirm the safe and effective delivery of the relevant activity; firstly in relation to a nurse who has attended several child safeguarding courses, who has initiated child safeguarding investigations but who did not her certificates to hand, secondly our not having a business continuity plan to hand despite our having managed several disasters and lastly our not having a written employment process protocol despite our staff being universally praised by the inspectors and patients.

Worryingly I have to report evidence of your inspectors failing to comply with your own published guidelines. CQC rightly recognises that many findings will not be black and white and that most real world judgements will need to be based on the balance and proportion of evidence. You have published a very reasonable and clear set of guidelines as to how your inspectors should approach such decisions; the “CQC Judgement Framework, April 2012”⁶. When compared with this framework it is self evident that the inspectors who visited our practice have not taken heed of them.

Finally it is our view that our report is far from the celebratory report that Professor Field promised; this despite our receiving positive comment in all the key areas tested and from the six patient groups targeted. We believe this report could be re-cast with a completely different outlook. At the moment it reads as a nit picking and begrudging document doing it’s upmost to avoid the obvious conclusion that ours is a good sound safe general practice.

As part of an evolving pilot process I am grateful for the opportunity to bring these issues to your attention; two of them being particularly challenging; if practices cannot

trust CQC inspectors to stick to their own rules and if recommendations are being dressed up as requirements then that raises significant questions about the confidence the profession can have in CQC.

Yours sincerely

Dr Paul Cundy

¹ BMJ Careers – Patients are more important than protocols.

² Draft_location_wimbledon_village_surgery.....

³ Feedback report, 30th_May_to CQC

⁴ CQC response 4_july_2104

⁵ report analysis table_Final

⁶ http://www.cqc.org.uk/sites/default/files/documents/20120321_final_judgement_framework_for_publication.pdf