[redacted]

From: [redacted]
Sent: 26 April 2016 07:12
To: [redacted]
Cc: [redacted] Rankine, Ruth
Subject: RE: Potential inadequate practice-review required prior to NQAP

Hi [redacted]

I have read through [redacted] report and it is well written - well done. I'm sorry I can't do track changes as I'm reading it via an iPad. I agree with your ratings and therefore this needs to go to NQAP. Just a couple of comments at this stage;

- Be careful,wth your use of subjective language, not used often but you need to aware. E.g. In well led you mention 'partially' isolated, this could lead to a question and challenge from the GP as to what this means.

- In effective staffing, you mention that not all staff were fully trained. I think you will need to strengthen this statement if you have evidence.

- Again in well led but also elsewhere be careful how you order and phrase some of your statements as they can sometimes appear contradictory e.g. In continuous improvement you use the word 'strong' to describe the ethos but are then critical. Also check for typos and ordering of some sentences.

Given the known history and behaviour of the GP I think going to NQAP is also a good Otis, although this is not the reason for sending it.

Again apologies for not having track changes available.

Regards

[redacted]

[redacted]
Head of Inspection of General Practice [redacted]

Primary Medical Services and Integrated Care Directorate
Care Quality Commission

By post to:
CQC
Citygate
Gallowgate
Newcastle Upon Tyne NE1 4PA
Email: enquiries@cqc.org.uk

From: [redacted]
Sent: 25 April 2016 19:12:35
To: [redacted]
Cc: [redacted] Rankine, Ruth
Subject: Potential inadequate practice-review required prior to NQAP

Dear both,
I have a very complex single handed GP Practice that started its draft as low RI that is now looking more like inadequate.

Prior to me sending it to NQAP I would be grateful if you could have a look at it or if you prefer I could send to RQAP although time is now of the essence. This is another inspection o[redacted] who has had a bit of a run of complex practices lately to say the least poor thing. She has done a brilliant job of pulling together the evidence through 3 MRMs and reworking of the drafts.

Background;
Dr Beerstecher came onto my radar via NHS England and GMC undertakings on his practice. NHS England asked us to push it up our schedule as he does not engage with the contracts team or the local CCG on any level and fails to report in on results etc in a timely manner. He is considered a 'maverick' by the LMC but I must make it absolutely clear there have not been any concerns about his care of patients.

We inspected this practice on the 8th March 2016. [redacted] will recall it as we held an MRM immediately afterwards as it transpired the inspection team were being covertly filmed. Upon discovery Dr Beerstecher agreed to stop filming but it obviously set the tone for the day. The practice manager is Dr Beerstechers wife and works ½ time as the only practice nurse and ½ time as PM. [redacted] The other unusual element is that it became apparent during inspection that he was recording every patient consultation. The GP SPA on the day listened in on a full session of recording to ensure consent was obtained and it was. During the first MRM [redacted] expressed concern about consent where capacity was impaired and we were tasked with looking into it further together with legal.

When the report was initially written it was felt that it was 'low RI' with Good in caring however through the review process (now on version 6) working through 2 subsequent MRMs with legal and factoring in risk we now feel it is inadequate. The last MRM with [redacted] was on the 19th April. Working through the decision tree it was agreed that requirement notices were more appropriate (he has a history of adhering to them and to his undertakings) and proportionate than warning notices.

I have met with both the NHS England contracts team and the Medical Director to talk about his GMC undertakings, you can view them on the GMC website by just entering his surname-sorry you can't download-only print. He is currently meeting the requirements and has a clinical supervisor in place so is working towards improvement. That said he still causes them concern by his failure to engage and is extremely outspoken; up until recently he had a website set up http://www.disgraceddoctor.org.uk (now partially removed) where he published all NHS & GMC correspondence with his own very personal thoughts about staff etc. NHS England have advised that he will robustly challenge any report very publicly (and he is loved by his patients and local media) regardless of our findings.

I also raised our concerns re the patient recording but this has been agreed by the GMC (it is within BMA guidelines) and his supervisor providing consent is obtained. The team felt he is practising defensively due to a historical patient complaint. Despite chasing I am still waiting for a conclusive answer from the NHS England IG lead on his storage of the recordings, they are not captured via the software for the clinical system or dictation. They are all recorded onto CD....

I need to add in a paragraph in the background to the practice session about his undertakings (largely clinical governance) but other than that I would welcome feedback before queueing for NQAP. It is so complex I just didn't feel we could send straight there.

Kindest regards

[redacted]

[redacted]

Primary Medical and Integrated Care Directorate
Inspection Manager-Kent & Medway
Care Quality Commission South Region

Telephone; [redacted]
Mobile; [redacted]
Email [redacted]@cqc.org.uk

By post to:
CQC/South Region
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

The Care Quality Commission is the independent regulator of all health and adult social care in England. www.cqc.org.uk. For general enquiries, telephone the National Contact Centre: 03000 616161.
Statutory requests for information made under access to information legislation such as the Data Protection Act 1998 and the Freedom of Information Act 2000 should be sent to: information.access@cqc.org.uk.