

**FRONT SHEET TO BE COMPLETED FOR ALL PMS REPORTS  
GOING TO NATIONAL QUALITY ASSURANCE PANEL**

<b>Location Name:</b>	Dr Hendrik Johan Beerstecher
<b>CCG:</b>	NHS Swale CCG
<b>Date of inspection:</b>	8 March 2016

**REASON FOR SUBMISSION TO NATIONAL PANEL**

	Report with an overall quality rating of outstanding
	Report with an overall quality rating of inadequate
	All reports for NHS 111, GP OOHs, walk-in centres/minor injury units/urgent care centres inspections
	Independent doctors focused or wave inspection reports where enforcement action is proposed.
	Ratings decisions have been made that do not align with our ratings aggregation principles
	Comprehensive inspection report where a key question and / or population group has not been rated
	Location report subject to special measures where factual accuracy comments have been received and needs final NQAP ratification.
X	Report has been to national panel and following factual accuracy ratings changes are proposed; or has not been to national panel but proposed ratings changes mean it now meets national panel criteria
	Six month follow up reports of any locations rated as in special measures/Inadequate whether there is a change in the rating or not
	Head of inspection / regional panel wants national panel consideration / view for the following reasons. HOI or Regional panel will confirm the area of contention. The national panel reviewer will review the whole report and confirm to panel whether only the area in question is to be reviewed or the full report. <i>Please add reasons in here</i>
	<p><b>Comments from IM [REDACTED]:</b></p> <p>As expected Dr Beerstecher has submitted a substantial factual accuracy challenge in response to the NQAP rating of Inadequate. We were warned by our NHS England and LMC colleagues that this is very much his modus operandi which he has deployed throughout his dealings with the GMC, NHS and CCG. I have attached a zip file of the challenge documents, most of which are clinical. Dr Beerstecher has not used our fac acc recording form and I have been advised by legal and policy that this is not a requirement. You will note that [REDACTED] has put the concerns from his actual letter into a fac acc template and responded to them. However Dr B also submitted a PDF version of our report with 196 comments (largely repetitive) that I have responded to for the purposes of panel.</p> <p>There are a number of areas that will require discussion but we feel will not affect the ratings in anyway. I have requested a longer slot at panel to discuss. As you will appreciate it has been extremely time consuming and we are now keen to publish this report as soon as possible.</p> <p><b>Reminder of background of this inspection from last NQAP front sheet</b> 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.</p> <p>We inspected this practice on the 8<sup>th</sup> March 2016. We held our first 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.</p>

The practice manager is Dr Beerstechers wife and works ½ time as the only practice nurse and ½ time as PM. 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 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 was on the 19<sup>th</sup> 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.

**Please summarise any proposed requirement notices or enforcement action:**

**Please input ratings in table (or cut and paste in overall ratings grid from ratings tool)**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Older people	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
People with long-term conditions	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
Families, children and young people	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
Working age people	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
People whose circumstances may make them vulnerable	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
People experiencing poor mental health	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
Key question ratings	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	