

Main objections to be discussed (referenced fac acc docs in red)

The PDF report attached has 193 comments. All have been responded to by [redacted]. They are largely repetitive but will need consideration.

The Rosso has assisted me with unlocking the PDF and exporting it to Microsoft Word however this process has created 193 text boxes making the document largely illegible.

The easiest way to review them therefore is to open the document 'Submission 3-PDF version of report with Dr Bs comments and IM responses'

In order to facilitate the review I have grouped the objections and supporting documents into the domains as follows;

Safe

Significant events

Dr B does not agree that policy/protocol can outweigh human error & feels that the delay in recording referenced has only happened twice in the last 10 years. Furthermore the policy submitted within the 48 hours post inspection met the GMC and contractual guidance

[redacted] comments-we do not accept this and can only report on evidence found on the day. **The policy submitted after the inspection was undated and unsigned**

Chaperones & DBS

Dr B does not agree with findings and states he is following guidance from the Wessex LMCs regarding staff employed pre 2013

[redacted] comments –for panel decision

Spillage of bodily fluids

Dr B does not agree with our findings and states all ingredients for spillage kits can be found separately. Instructions on how to use them are given within the Health and Safety policy

[redacted] comments-not in the form we would expect to see, for panel comment

PGDs

Dr B challenges the CQC on PGDs, which he states are not required in primary care settings

[redacted] comments-not accepted, we always report on PGDs which are required

Prescription Security

Dr B does not agree with our findings and states that they are monitored by the manager and that we don't understand the non- sequential numbering of printed forms

█ comments-not accepted, we always report on prescription security

Pat testing

Dr B has challenged and we agree this can be removed. Guidance to inspectors has changed since this report was written

Unplanned absences

Dr B states that he submitted details of business contingency during and post inspection

█ comments-this is not the case. The practice is single handed with Dr Bs wife as PM & Nurse- inspectors were told on the day that they do not take holidays

Medical Oxygen

Dr B has challenged and we agree this can be removed. Guidance to inspectors has changed since this report was written-this report has been seen and agreed by Meds management. Special mini cylinders the team will explain at panel/meeting

Effective

Nice guidance

Dr B has challenged our comments in relation to him using the guidelines he felt were most appropriate. He states this was insinuated by the team and he strongly refutes it.

█ comments-this is what was found on the day, Panel may wish to consider removing it

EPACT data

Dr B disagrees with the data and says he explained why in the presentation which was covertly filmed. He has offered to upload the film onto you tube for our perusal.

█ comments-the audited data was contained within the datapack and flagged as an outlier

QOF data

Dr B does not agree that the audited QOF figures are a true reflection of care given and comments that it is a voluntary scheme. However that aside has submitted;

- Submission 6-Diabetes figures from Dr B- for clinical comment
- Submission 7-Diabetes achievement from Dr B- clinical comment
- Submission 8- Mental Health figures from Dr B- for clinical comment
- Submission 10-COPD achievement from Dr B- clinical comment

█ comments-for clinical comment and panel discussion

Audit

Dr B strongly refutes lack of Audit evidence influencing improvement and has submitted;

- Submission 9-Hypertension Audit from Dr B- for clinical comment

█ comments-for clinical comment and panel discussion

Managing long term conditions

Dr B refutes that only the GP cares for these patients and states that the PN is also involved

█ comments-this is not what was evidenced on the day

Appraisals

Requested rewording to all staff bar PM/PN

█ comments-agreed

Training

Dr B refutes requirement for non-clinical staff to have infection control, safeguarding and fire safety training and states that 'assessment on the day' from our team should be enough as they were able to describe the processes

█ comments-we do not agree and always report on these areas

Discharge letters

Dr B refutes that these are not always followed up in a timely manner

█ comments-this was the findings of the GP spa on the day

Carers register

Dr B disputes that this needs to be a separate register and says that support is offered to all

█ comments-we always report on the Carers register

Call & recall

Dr B states we have reported incorrectly, patients called in advance to remind and that a male sample taker available too for smears

█ comments-this is accepted and will amend

Vaccinations

Dr B does not agree that the imms data is correct and has submitted the following;

- Submission 5-Vaccination achievement from Dr B-for Clinical comment

Review appointments

Dr B has alleged both here and in letter that there was a suggestion he coerced patients to attend review appointments

- we do not agree, the GP SPA did not report it in this way and advice was sought from Nigel Starey see;

- Submission 4 -Nigel Starey email re FAC ACC submission

Caring

Comment Cards

Dr B disagrees with our reporting of the comment cards as states that the 1 negative card was put in by him as a test and that we did not ring the mobile phone number on it to glean further information.

comments- we reported factually on the cards submitted

GP Patient survey

Dr B states statistically flawed and if we are to use would like it note that his results were considerably better than local and national averages and where 'slightly lower' e.g. nursing were actually comparable. Dr B has offered the example of several percentages and fractions to demonstrate this-see PDF. He has also referred to this in the Responsive domain

comments- we feel accurately reported but would like panel guidance if to be reworded

Responsive

Choice of Male GP

Throughout the annotated report submitted as fac acc Dr B makes constant reference to his willingness to undergo gender reassignment surgery in order to fulfil our requirements. He makes reference to the fact we don't report on male nurses. Dr B has also challenged us on choice of ethnicity and religion as part of the same point

comments- we have been asked to report on this subject in all of our other single handed GP practices

Engagement with CCG NHS England etc.

Dr B refutes our reporting and states he provided evidence on the day- he also refers to this in the Well Led domain.

comments- it was not provided on the day and furthermore this inspection was moved up our schedule and on our radar due to ongoing problems with engagement as reported by NHS England/CCG & LMC

Opening hours and answerphone messages

Dr B insists he is meeting his contractual requirements-he has also referenced Nigel's myth busters in doing so.

█ comments-written based on evidence found in the day, we do not feel it was clear to patients

Complaints

Dr B strongly refutes our findings and states that he is following GMS best practice guidance

█ comments-we do not agree. The experienced GP SPA and PM were not satisfied on the day of inspection and this was supported by the evidence. KD will need to double check evidence on discussions with PPG though which Dr B says inaccurate.

Well led

Vision and strategy

Dr B refutes that he is not prioritising quality care and would like this section rewritten to reflect this.

█ comments-supported by evidence and approved by RQAP & NQAP

Governance arrangements

█ refutes and repeats earlier comments made within Safe, detailed above stating he is following GMS guidance and refers us to the NHS Employers website.

Our comments are as detailed in Safe

Leadership and Culture

█ refutes and repeats earlier comments in safe, effective and responsive

Our comments are as detailed in these domains

█ makes particular reference to the lack of clarity between the role of PN/PM (the same person and his wife) and states there are separate contracts of employment for both roles

FM/KD comments-this was not evidenced on the day

Continuous improvement

Dr B disagrees with lack of engagement and repeats earlier comments in effective and responsive

Our comments are as previously detailed