

Devon Local Medical Committee

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Professor Steve Field
Chief Inspector of General Practice
Care Quality Commission (CQC)
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25th November 2014

Dear Professor Field

Publication of CQC Intelligent Monitoring in General Practice

I write this open letter in relation to your decision to publish the results of CQC's automated survey of general practice achievement. In particular I wish to alert you to the severe potential inaccuracies generated by your methodology in relation to practices throughout Devon and to ask you to revise your report or to withdraw it completely pending a full review.

Your programme, which you call "Intelligent Monitoring", relies as you know on collecting automated data on 38 performance indicators. If practice performance on an indicator is lower than the average for England one or two points are added to the risk score. The scores are totalled for all 38 domains to give an Overall Risk Score out of 78 which then places the practice in a risk band. Band 1 contains those practices with the highest Overall Risk Scores (more than 7% of the total possible score). In simple terms, a practice receives a Band 1 (worst) rating if it scores 6 or more out of a possible 78 for risk.

Many of the indicators used by "Intelligent Monitoring" are based on the data returned by practices in last year's Quality and Outcomes Framework (QOF). Therefore, any group of **practices that suspended QOF through an agreement with NHS England to focus on the delivery of better care where it matters** would be unfairly identified by your methodology as being a high risk practice.

I am sure that a man with your academic pedigree can immediately see the problem. Every practice in Devon signed up to such an agreement that was designed by NHS England in the autumn of 2013. Its express **aim was to release practices from the crushing bureaucracy of ticking boxes for their own sake,** and to free up resources for better front line patient care. It was similar to a parallel agreement in Somerset of which I understand you are aware.

Practices across Devon therefore scored lower on some of their QOF indicators because they were freed from the slavish ticking of meaningless boxes in order to deliver better medicine to their patients who benefitted as a result. Fewer boxes, better care. Sadly, your methodology is now unfairly flagging many of those practices as being high risk, when they are nothing of the sort.

You are clearly not aware of the agreement reached in Devon otherwise I am sure you would have compensated for this, but it remains of great concern that a national programme such as this could be launched when so badly flawed by something so obvious. The public have a right to know about the

quality of the services they receive, but they also have a right to expect that the information being given to them is accurate, meaningful and of high quality. This is particularly so when the body providing this information is the national watchdog assigned to monitor quality.

We have many examples of practices that have already received full visits from CQC and have passed these stringent tests admirably but which have now been flagged in Band 1 by “Intelligent Monitoring”. This dissonance raises serious concerns regarding your organisation’s processes.

This is even more important when we consider that the confidence of patients in Devon regarding the care they receive is likely to be inappropriately undermined. This will inevitably lead to unnecessary patient and public anxiety, which I am sure you would be keen to avoid. The effect on the morale of hard-working and dedicated staff is also of concern, especially as general practice is in the midst of a recruitment and funding crisis.

I am sure that you will be as concerned as I am that the quality of CQC’s analysis derived from “Intelligent Monitoring” is so demonstrably poor in its current form. I would therefore ask you to withdraw the ratings for all Devon practices. Of course it is perfectly possible that other areas of the country may have identified other similarly obvious flaws in your process. If that is a possibility it may be wise to withdraw the whole report pending a full scale review of the methodology to ensure that such mistakes are avoided.

If you would like to discuss the details of this matter further then Devon LMC would be pleased to work with you to produce a ratings system in which the profession and the public could have confidence. I await your response with anticipation.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Sanford-Wood', written in a cursive style.

Dr. Mark Sanford-Wood
Medical Secretary, Devon Local Medical Committee.

Copy published on the Devon LMC website and distributed to local media.