CQC Intelligent Monitoring

Update March 2015:
CQC has listened to the concerns of the GP profession and as a result it has agreed not to continue with the use of bandings for GP Intelligent Monitoring, as well as changing the language used to highlight variation between practices so that it does not imply a risk to patient safety.

The BMA, the RCGP and others had raised serious concerns with CQC on the use of data in producing “bands”, which were seen as a direct judgement of care. Concerns had also been raised about the use of the word “risk” when analysing variations in the data.

CQC acknowledges that what they published wasn’t right regarding the use of language around risk, and on the analysis of variation between practices and have apologised. They also acknowledge that bandings have been perceived as judgements about the quality of care. That was not their intent but today CQC have confirmed they are removing the bandings for GP Intelligent Monitoring nonetheless.

Emailed sent November 2014:
The LMC has been approached by a large number of practices expressing their concern at the inaccurate and misleading data published by CQC unfortunately entitled ‘Intelligent Monitoring’.

Firstly, please be aware that you are not alone and that the GPC has condemned the use of these data which are not only inaccurate in many cases but also do not take into account the demographics of the practices nor any other mitigating features.

This link will take you to an article published today in Bournemouth Evening Echo.

I have responded to the article, please see the attached letter.

I will be sending a similar press release to all local newspapers in Wessex plus Wessex MPs pointing out the flawed data and the damage this can have on an already overstretched and demoralised service.

We will also be contacting the local and Regional CQC inspection leads for an assurance that flawed data will not be used during inspections.

In the meantime, practices who have inaccurate or incomplete data or who have had the misfortune to be rated as ‘at elevated risk’ based on weighted patient survey data are urged to provide their own commentary on the damaging parts of the report and post this on their website and on NHS Choices with a copy to: michele.golden@cqc.org.uk.

Providing accurate data or an explanation of why the data is as it is eg very young populations don’t have high prevalence of COPD or heart disease etc, is the most powerful way to combat the negative press given to this.

Finally, please note that this is a national issue which CQC cannot fail to recognise as unhelpful and damaging to many practices and one which we and the GPC will continue to raise on your behalf.

Best wishes
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