Contention with NHS England and the Care Quality Commission

Letters and articles challenging our cumulatively massed micromanagement and commodification within healthcare

The latter part of 2016 brought a personal coda. This was not only a climax, but also a dire demonstration of my many years writing about our increasingly ratcheted and managed healthcare and its dangers. In particular I warned of the ever-greater procedural squeezing and corralling of its professionals. This selection of writings describes the drama of these events and then the questions and analysis I offered to the relevant authorities.

The writings derive also from my earlier long-term tracking and documentation of the evolving and extensive – if unintentional – damage. My prophesies of where this would lead have proved mostly accurate: any personal gratification from this is grim and saddened.

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Crucial to all this is our jettisoning certain principles of trust and autonomy. For these are essential if we are to sustain the kind of healthy professional identity and integrity that lead – mostly – to our better care and judgements: all these depend on individuals' experience, informed intelligence and vocational conscience. *Trust* is a professional cornerstone, but now increasingly mistrusted and so driven out. Unless we are very careful, institutional power and professional integrity become inversely related.

I am not suggesting that we should abandon ever-present vigilance and thus discriminating mistrust. But the wisdom and workability of our professions lies in the *balance* (and thus style) we find for ourselves, or command in others, of trust *v* mistrust; of nourishing diversities of competence *v* punishing deviants for non-compliance. The balance is crucial, yet subtle and delicate. It is not easy.

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Recent economic policies have made small GP practices almost extinct. Those few that remain are now, almost always, heroically and perilously vulnerable. This hostile environment, together with my age, bodes ill for any lengthy Appeal process. How could I possibly, even eventually, recover and rehabilitate my practice? Even legal redress could not enable me to continue my work.

So, my submission and abdication are coerced, but my thinking and contention remain free. Many professionals throughout our welfare services have communicated to me how my plight and story are redolent of their own working experiences and predicaments.

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No written replies were ever received from the two responsible authorities. I made several further informal attempts at contact. Eventually a senior officer

from NHS England said this to me: 'Look, a lot of us at NHS England agree with most of what you say. We hope you keep writing… This is strictly off the record, you understand…' The voice was wearied, stoic and apologetic.

The CQC has remained steadfast in its inaccessibility and silence.

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i ***Death by Documentation & Introduction*** (Articles 73, 74)
(Article 73) CLICK HERE

(Article 74) CLICK HERE

ii *The Family Doctor and the Grid* (Section E) CLICK HERE

iii *General Practice is the Art of the Possible* (Article 75) CLICK HERE

iv *CQC Inspection and Closure of my NHS General Practice* (Article 76) CLICK HERE

v *The Proof of the Pudding is in the Eating* (Article 77) CLICK HERE

vi *When is Compliance Necessary for Public Safety* (Article 81) CLICK HERE

vii *When is Change Progress*? (Article 84) CLICK HERE

viii *Should All Doctors Be Resuscitators?* (Article 86) CLICK HERE

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