CQC regulators and private hospitals need more common sense

BY JAMES FRAME

There is a fundamental flaw in the way regulatory bodies are allowed to pressure and scare perfectly functioning private hospitals. Invariably the regulators themselves are of ordinary stock and have to justify their salaries by increasing administrative workloads on others. These are appointed quangos that threaten to fail hospitals or downgrade performance scores based on their own, sometimes obscure, criterion. Why do private hospitals run scared – potential loss of income of course! If the same Care Quality Commission (CQC) regulations are not similarly applied between the NHS and private hospitals then, if they downgrade on CQC inspection, private hospitals stand to lose up to and over 80% of their admissions that are NHS contracted patients. Comparing the NHS with a private hospital is comparing chalk with cheese. Both have a function and both need to be individually inspected to serve their function.

There has never been a reported case of child abuse or postoperative disaster in children within the private sector. To compare the NHS and the private sector as like for like with regard to a regulatory framework is ridiculous and to receive a bad inspection report costs money to restore credibility. In the private sector this includes costs to positively spin the media and this ultimately translates to increased costs for self-pay patients. Rather than improving safety the eye is often not on the right ball and there is actually potential to harm patients.

I work in a private inpatient-stay hospital in Chelmsford and have had the massive frustration of unsuccessfully trying to admit a mature 17-year-old adolescent for a medically indicated breast reduction. The problem is with senior nurse management. The decision to deny access to this mature adolescent was based upon the outcome of their own internal hospital inspection just prior to a Care Quality Commission visit which had identified apparent weaknesses in their protection pathway for children, including a simple online learning update of their two paediatric nurses and a simple lock entry to an area of the hospital already well protected within the hospital framework. The fact that this hospital had been open to children for the previous 30 years with not even a hint that there was a general security problem for all age group patients and especially children under 12 years of age is apparently irrelevant.

The patient in question is a fully developed woman with the maturity of a 25-year-old and she had been seen by me repeatedly over the previous year with significant problems related to confidence affecting every aspect of her life, including her education. She had been assessed by a consultant psychiatrist and had been cleared by the Group Medical Director for surgery. She had well informed parents who agreed with the surgery, was able to drive a car and was about to go on to higher university education. All of this was irrelevant to the private hospital management who were clearly scared of any subsequent CQC inspection. The case had been booked in for surgery and having to move her at one week's notice many miles away to an unfamiliar hospital and away from my own patients was unacceptable and dangerous.

The CQC website design is poor and after reading their guidance notes it is clear that there is actually no specific regulatory process for adolescent safety in hospitals. Through a difficult to find phone contact number on their website I eventually managed to speak with a very unhelpful CQC representative, clearly not medical, who repeatedly referred blame to the private hospital for not informing them of the age groups they wanted to operate on! Not at all relevant to my point of conversation which was "why is there no flexibility on the age 18 being considered by private hospitals as the minimum age of adult consent and therefore not considered a paediatric case when it was always 16 years for 'mature teenagers' in the past?" After half an hour of getting nowhere she tried to put me in touch with an inspector for our hospital. A few days later and after a brief email contact initiated by said inspector I wrote in detail for clarification on their rules because I don't think the private hospital really knows the rules. It is now over three weeks and I don't think I will hear anymore. I don't think they know themselves!

Why can't a Professor of Surgery with over 30 years of clinical experience make a decision on safety for patients under his care without being overruled by scared management at a private facility?

What is your opinion on this case or the CQC in general?

Send your comments to jennifer@pinpoint-scotland.com

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