# POST BAWA-GARBA REAL LESSONS AND CHALLENGES FOR GPs AND GP PRACTICES

Dr Rob Hendry
Medical Director
Medical Protection Society

# MORE THAN DEFENCE

Medical Protection Society is the world's leading protection organisation for doctors, dentists and healthcare professionals

As a not-for-profit, mutual organisation, we protect and support the professional interests of more than 300,000 members around the world

Membership provides access to expert advice and support together with the right to request indemnity for complaints or claims arising from professional practice

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place

# Today's healthcare professional is…

- facing increasing workload pressures
- treating patients with more complex issues
- increasingly stressed, anxious and fearful of being sued
- working in a culture of 'blame and shame'
- dealing with evolving patient expectations, greater patient desire for involvement, less tolerance of preventable harm
- facing rising indemnity subscription costs each year.

# The cost of clinical negligence **for the NHS**

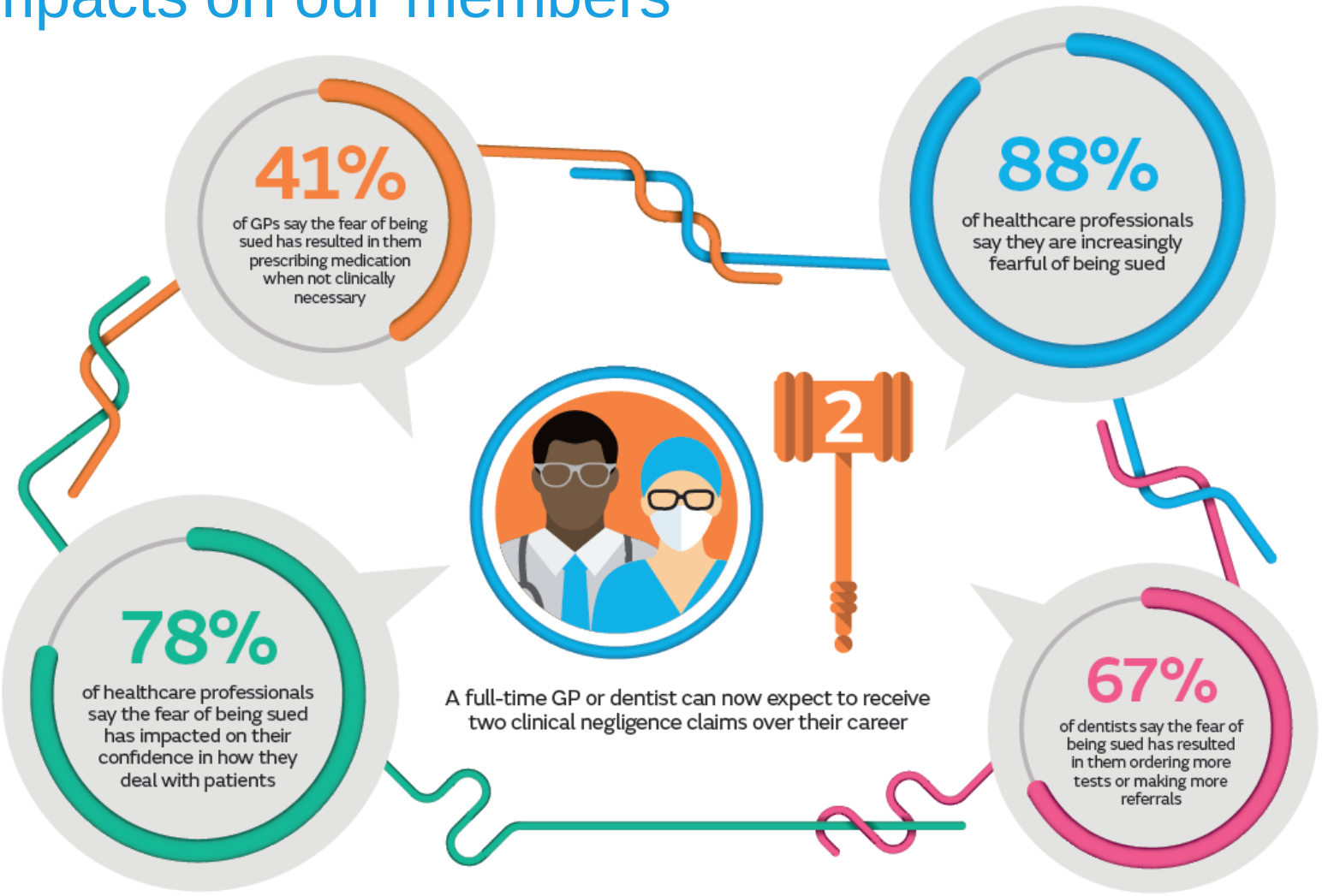
**£71 billion** will be needed for future clinical negligence costs, relating to claims arising from incidents that have already occurred

Nearly **£2.2 billion** is the figure the NHS spent on clinical negligence costs last year – this is an **increase of 30%** over one year

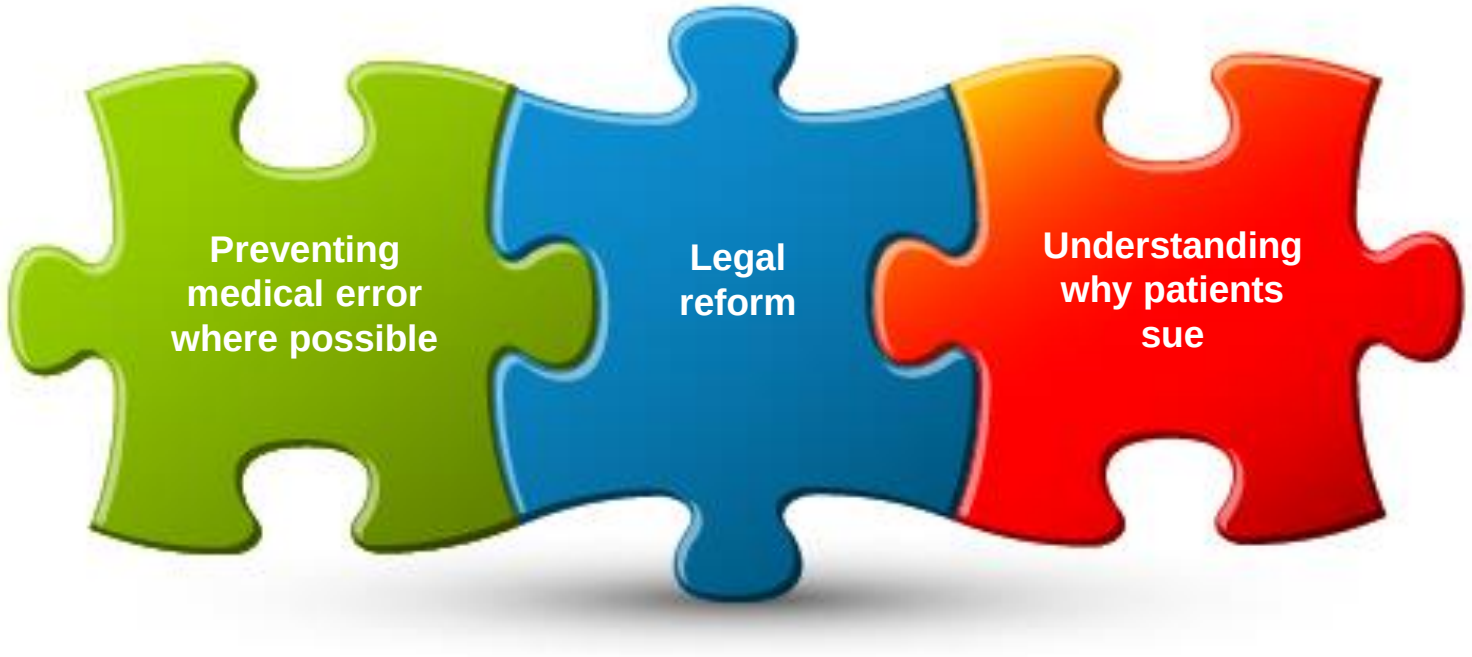
This equates to the cost of training over **9,800 new doctors**

Legal costs accounted for **27%** of the bill

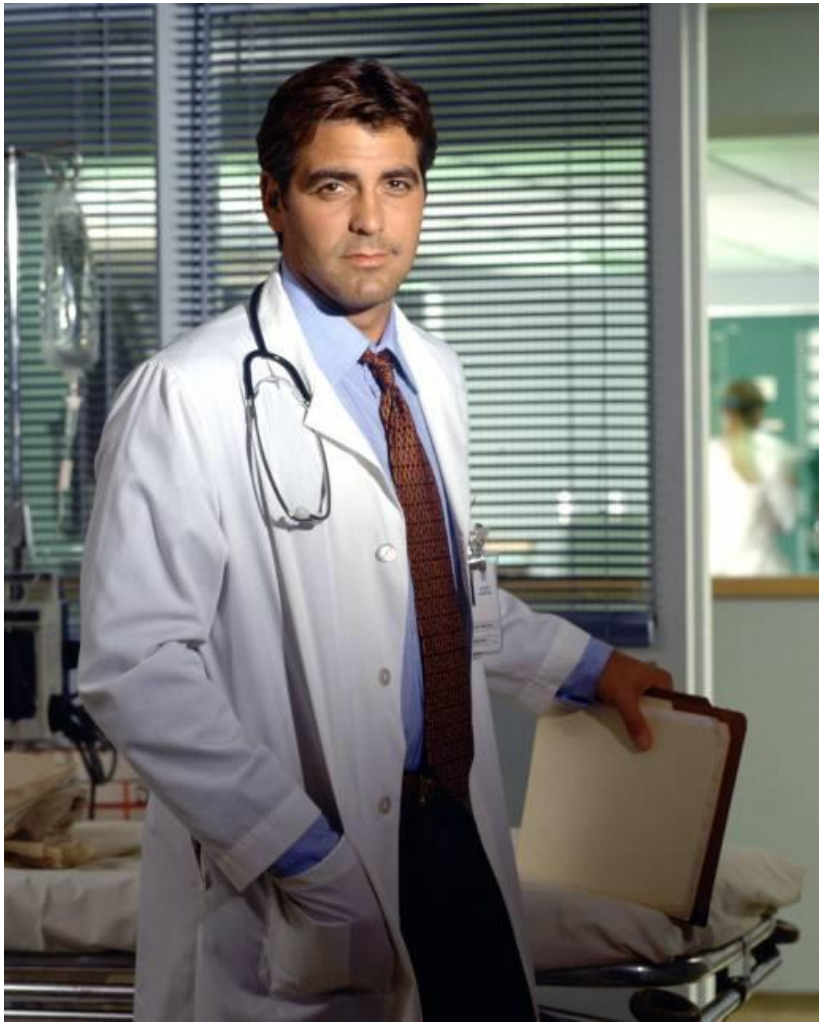
# Impacts on our members



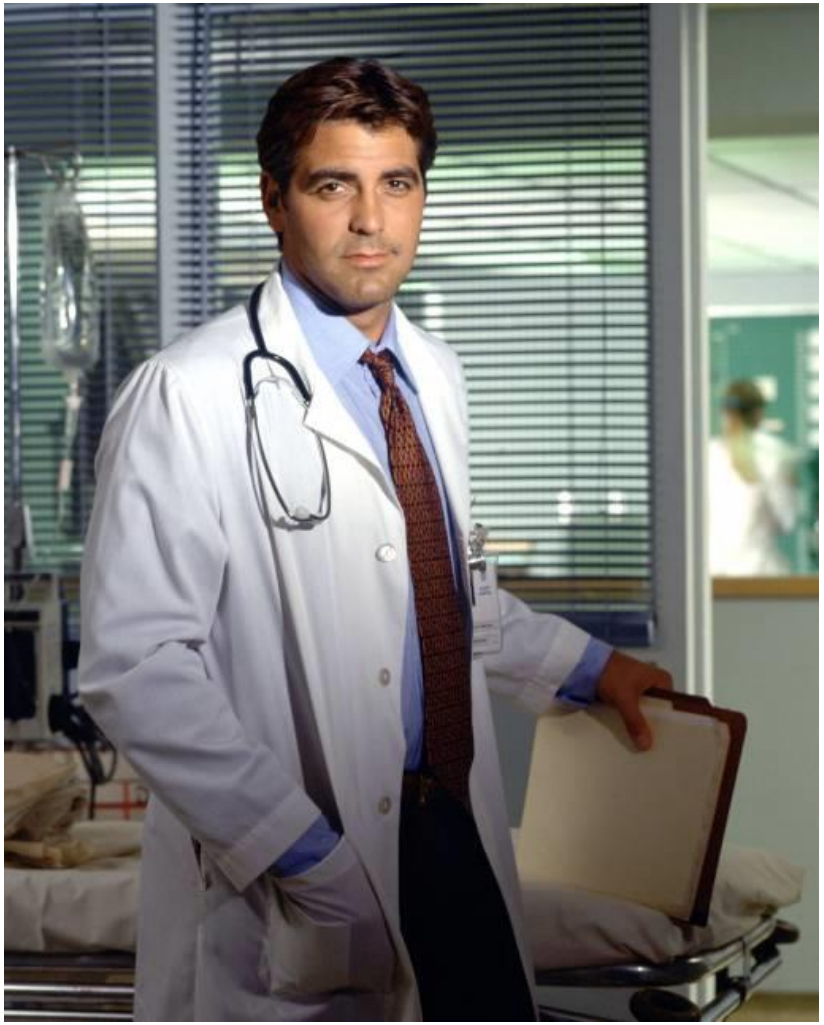
# A three pronged approach



# What is a good doctor?



# What is a good doctor?



- Clean
- Competent
- Communication
- Consent
- Confidentiality
- Conduct

# Avoiding problems

- Competency
- Situational Awareness
- Professionalism
- Behaviour

# Learning from cases

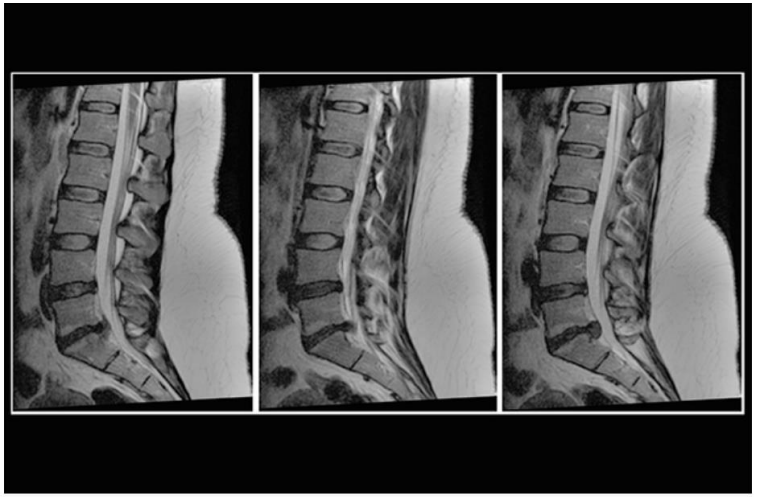
Top five errors that lead to the most expensive GP claims

- cauda equina
- meningitis/encephalitis
- cancers
- peripheral ischaemia
- chronic disease management

## Cauda equina syndrome: Changes to NICE CKS red flags

By Dr Philip White on the 14 May 2018

Failure or delay in diagnosis of cauda equina syndrome can be catastrophic and leave GPs open to costly negligence claims. Dr Philip White from MPS explains changes to NICE Clinical Knowledge Summaries' red flag symptoms for this condition, which should support earlier referral.



# Gross Negligence Manslaughter

Prosecution has to prove that :

(1) The doctor owed a duty of care to the deceased;

(2) The doctor breached that duty of care;

(3) It was reasonably foreseeable that the breach of their duty of care gave rise to a serious and obvious risk of death;

(4) The doctor's breach of their duty caused the death of the patient because it was a significant contributory factor; and

(5) Having regard to the risk of death, the doctor's conduct was so bad in all the circumstances as to amount to a crime.

# Ten key points on being a reflective practitioner

1 Reflection is personal and there is no one way to reflect. A variety of tools are available to support structured thinking that help to focus on the quality of reflections.

2 Having time to reflect on both positive and negative experiences – and being supported to reflect - is important for individual wellbeing and development

3 Group reflection often leads to ideas or actions that can improve patient care.

4 The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened and when things go wrong.

5 A reflective note does not need to capture full details of an experience, it should capture learning outcomes and future plans.

# Ten key points on being a reflective practitioner (cont)

6 Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.

7 When keeping a note, the information should be anonymised as far as possible.

8 The GMC does not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.

9 Reflective notes can currently be required by a Court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.

10 Tutors, supervisors, appraisers and employers should support time and space for individual and group

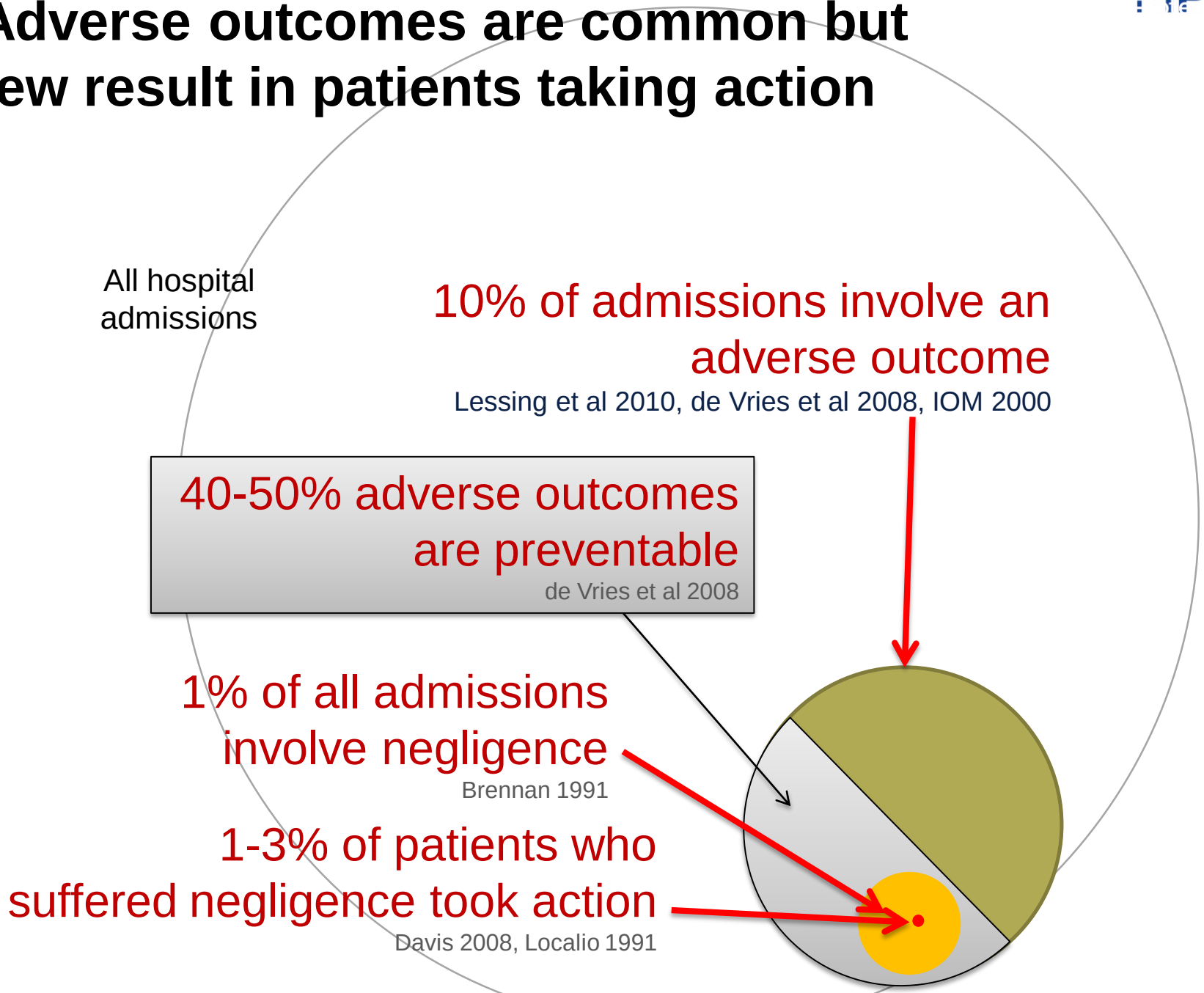
# Request for disclosure

Satisfy yourself that personal information is needed and the disclosure is required by law.

Only disclose information relevant to the request and only in the way required by the law

Where a disclosure request is received, the owner of the learning portfolio or other reflective note should seek advice form their employer, legal adviser, medical defence organisation or professional association.

# Adverse outcomes are common but few result in patients taking action



# Factors in the decision to take action

**Predisposing factors**

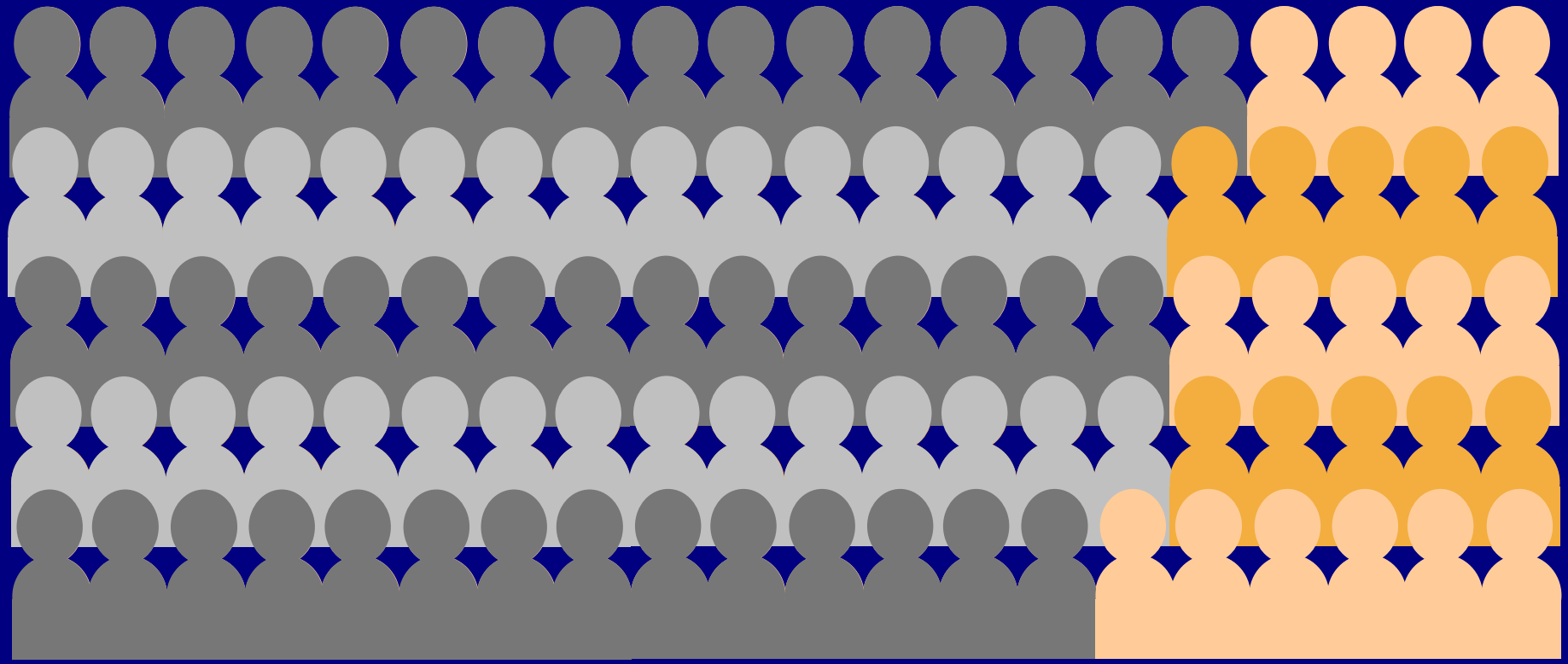
Rudeness, delays, inattentiveness, miscommunication, apathy, no communication

**Precipitating factors**

Adverse outcomes, iatrogenic injuries, failure to provide adequate care, providing incorrect care, systems errors, mistakes

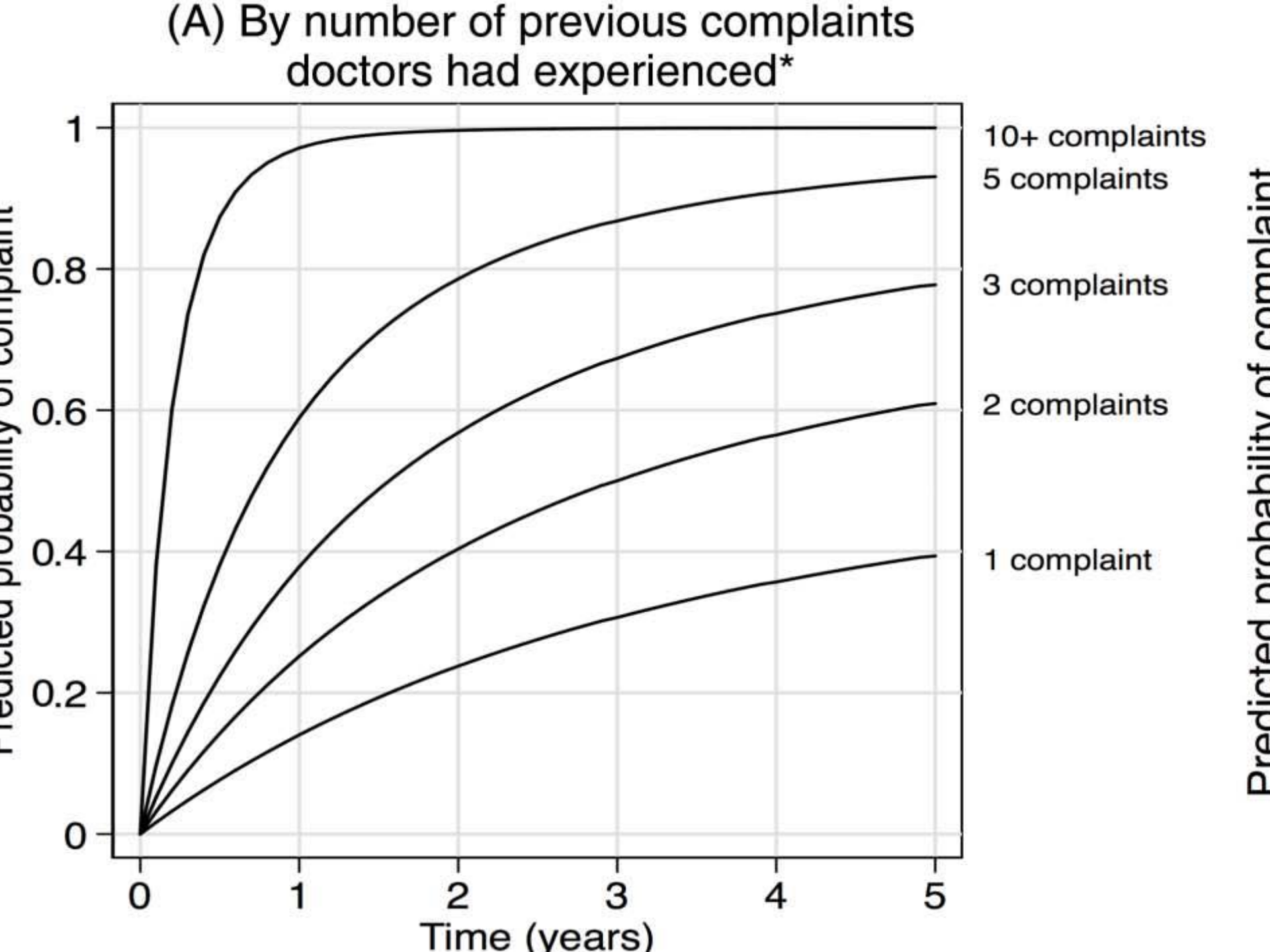
*Bunting et al 1998*

# Approx 67% of claims relate to adverse outcomes that are NOT associated with negligence



# Small group account for most complaints

- 3-9% of doctors = 50% of complaints
- MPS data 3% account for about 30%
- 3 prior complaints – 38% repeat in a year
- 10+ prior complaints – 97% repeat in a year


(A) By number of previous complaints doctors had experienced*
Predicted probability of complaint
1
0.8
0.6
0.4
0.2
0
0
1
2
3
4
5
Time (years)
10+ complaints
5 complaints
3 complaints
2 complaints
1 complaint
Predicted probability of complaint

# When things go wrong

- Recognise early and report
- Rectify/prevent further harm
- Speak to patient/family
- Say sorry
- Listen
- Don’t abandon
- Learn

*‘The best way to prevent the ever increasing litigation is to keep doctors out of hospitals and lawyers out of court.’*

**Irish Medical Times, 2002**

MPS

# THANK YOU

*rob.hendry@medicalprotection.org*

# MORE SUPPORT FROM MPS

Helping you to avoid problems before they happen is central to our approach so we provide a wide range of risk management resources and workshops

Take advantage of our **PRISM** online learning, free of charge as a benefit of your membership

Our events and conferences offer support and practical advice on topical issues relevant to health professionals

Further support and information is offered on our website, in addition to our publications, booklets, factsheets and case studies.

**medicalprotection.org**