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Cause for concern? How concerns about the performance, conduct or health of general practitioners are raised and dealt with in England

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Methodology

- Conducted between 2015 and 2017
- Interviews: 36 across 8 NHSE area teams (clinical and non clinical staff)
- Case for concerns data collected from 5 NHSE area teams
- Most recently closed cases from each site – total of 102
- Extracted into data template
- Data collected included: the source and nature of the concern, a timeline of the case's development, actions and outcomes.

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Findings

Focus on four main areas:

- Identification of concerns
- Managing concerns
- Nature of concerns
- Outcome of concern cases

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Identification of concerns

- Diverse range of means concerns identified by
- Most prominent forms: patient complaints, GMC, GP practices, colleague complaints, CQC and safe guarding.
- Variety of routes taken by information before reaching NHS England area teams in highlights the number of potential entry points into the system.
- Weak spots:
  - Disconnect between complaints made to GP practices and NHS England.
  - Unidentified issues frequently found once initial concerns raised

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"It varies. We get some through the complaints route ... Sometimes we get it from work colleagues or CCG colleagues where there's issues; sometimes occasionally from the CQC in their inspections; and sometimes we get information from the GMC ... there's bits and pieces about fraud from employers and things, and those kind of things, particularly about health, different colleagues or employers that we get contacted."

(Associate MD, NHSE area team F)

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It's only when they get escalated to NHS England that we're able to manage that information … we don't tend to get involved with issues unless the practice specifically flags it up as a concern."

(Senior Project officer for Revalidation, NHSE area team B)

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Nature of concerns

Four broad categories: health, performance, conduct, and behaviour.

Core issue	Frequency
Performance	77
Behaviour	28
Conduct	19
Health	4
Total	128

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Managing concerns

- Centred on Framework for managing performer concerns processes:
  - Initial risk rating, taken to a performance advisory group (PAG) to determine whether initial investigation to be carried out.
  - If action needed referred to Performers List Decision making Panel (PLDP)
- Majority of case management driven by local PAG & case management staff
- Though same policy/procedures used, how operationalized area specific.
- Actions taken included: clinical reviews, audits, seeking information from the doctors concerned, meetings between NHS England Local Area Team case management staff and doctors concerned.
- Sixteen cases featured a GMC investigation - GMC processes & outcome decisions largely guided actions & outcomes of the NHS England processes.
- Key to managing concerns was communication within & across organisations.

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"They have a practitioner performance team where they would look into the case. They would talk to the doctor. They would talk to anyone else who was involved. They would look at the medical records, talk to the patient involved. And then they have a, what they call an information gathering group ... If there isn't a significant risk, they may close the case or talk to the doctor about some learning needs that they may identify. If there is a significant risk then it would go further up the line to something called a performance advisory group ... they can then take action against the doctor, ask them to do extra learning, ask them to do various types of educational activity or reflective logs or whatever, or they may even decide to suspend their licence to practice, their performance registration. They may even refer them to the GMC."

(LMC CEO, NHSE area team B)

We write out and you start to build that relationship … by engaging with the practitioner, giving them that opportunity we feel we're in a better place to take forward the salient points of a case so that the PAG can make an informed decision … So that forms the information for the report that goes to the PAG so the background of information, what we've been given, our assurance checks, information from the practitioner and then we are succinct in how we present that in a report. That's then taken to the performance advisory group and they make a decision.

(Programme Manager, NHSE area team G)

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Outcome of concerns

- Response of the doctor to concern raised dominant factor in outcome.

- Compliance crucial – reflection, demonstration insight, proactive behaviour, uptake of necessary training and the following of action plans.

- Speed cases completed dependent on doctor engagement & responses of other involved bodies. Involvement of NCAS or GMC seen to slow cases down - sometimes avoided as a result.

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"So we would monitor the cases, and if the doctors have been asked to do remedial action, either CPD or other things then the case manager will monitor that and take it back to the relevant panel, either PAG or PLDP to close it off if the action has been done and done satisfactorily to the panel, to the standard the panels require, and if not then obviously we go to performance regulations with regulatory action."

(Prog Man Reval & Appraisal, Prog Man Professional Performance and Reval, NHSE area team C)

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"It varies on the insight. You get some that, yes, it was great, just tell me to do… Some are very suspicious, they don't want to go [to OH or training] or they don't feel the value in it. It's very individual really, individual to the case, individual to the person and the more complicated cases are the ones that actually have lack of insight and they are the ones that are of concern. So it's an indicator to us where they're going; no, I don't need it, you know, not a problem. I'm fine. They would be some of the alarm bells for us that they don't know what they don't know."

(Programme Manager, NHSE area team G)

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Outcome of concerns

- No further action taken 46 of cases reviewed.
- Reasons included: PAG finding doctor not at fault, identified issues addressed, doctor relinquished license to practise/retired.
- In 46 cases outcomes ‘informal’ - doctor required to take actions as a result of the investigation but not sanctioned.

  Typically required doctor to reflect on concern at next appraisal.

  In two cases doctor offered advice on practice & in three cases PAG agreed a monitored action plan to be followed until PAG satisfied.
- In 27 cases doctor learning and further training implemented
- Seven cases escalated to PDLP - in five enforced performer conditions.

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Conclusions

- Most cases clinical performance related - not about 'bad apple' doctors but dips in medical performance, failure to keep skills & knowledge up to date.
- Cases identified through a disparate range of sources.
- Effective info sharing found but whether concerns reach NHS England & investigated often chance –question of how reliably concerns identified, how timely process and whether many cases go unreported.
- Variations in case management approach between Local Area Teams
- Revalidation and appraisal seen to have little effect on way concerns identified/managed – not effective method.
- Doctors response central factor in deciding the outcome of a concerns case
- Considerable amount of activity in managing concerns happens locally and never reaches the level of regulatory disciplinary procedures.

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