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## Private and Confidential

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Chief Executive
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Our Ref: 6532733

Your Ref:



10 October 2001

Dear Bob

## DR JANE BARTON

This is just a short note about the discussion we had in regard to the agreed so-called guidelines for the identification and support of primary care medical practitioners whose performance has been questioned in some way.

You will see in Dr Jane Barton's case that there was never any question that she had the choice of whether to co-operate with this **agreed procedure**, as it is now called. She was simply told by Dr Paul Edmondson-Jones, in a letter dated 10 August 2001, that the Health Authority's Acting Medical Adviser had been told by Dr Peter Old to set in motion **the agreed local procedure**. Consequently a Performance Screening Group was convened. Dr Barton had no choice whether or not to co-operate. The attached letter clearly confirms this.

I have made the point to you that it should be appropriate for the Performance Screening Group to give the doctor who is giving cause for concern an opportunity to respond to any complaints, or explain their actions. This essential communication would give the Screening Group all necessary information to make a judgement on the courses of action to be followed. Indeed, in the procedure that was applied in Dr Barton's case, it states in paragraph 4.5 that "The Screening Group will wish to be meticulous in hearing both sides of the story". Again, in Dr Barton's case, she was not given any such opportunity to provide essential explanations.

On this issue, you make the point that this was not necessary in this case, because the Screening Group decided that the formal processes outlined in the agreed policy (namely, referral to the Performance Reference Panel) were not appropriate, because the poor performance under scrutiny was related to Dr Barton's performance as a clinical assistant with the Health Care Trust. Whilst this was a correct decision, in my opinion, the fact is that this performance procedure was instigated, in that investigations were made by a Screening Group.



My evidence for this is in the attached letter dated 10 August from Dr Edmondson-Jones, where he states – "I convened the Performance Screening Group and we have spent the last few weeks looking at various aspects of your work as a General Medical Practitioner using available routine information. I am pleased to be able to tell you that we have unanimously agreed that we found no evidence of possible poor performance...". It is clear that the reasons why the referral was not passed on to a Performance Screening Panel, was not the fact that the procedure was not appropriate, but more down to the fact that the allegation had been investigated and no collaboration was found.

All in all, I am most unhappy. First that this procedure should have been used in Dr Barton's case, secondly, the procedure is being used, not as guidance, but as a formal process in which the doctor has no alternative but to accept and, finally, that the procedure used by the Isle of Wight, Portsmouth and South East Hampshire Health Authority did not follow the agreed document that you appear to believe was agreed between Health Authorities, local representatives and the LMC in March 2001 to deal with these matters.

In the circumstances, I would wish to contact all of the health authorities within my responsibility, in order to find out what procedures they are following in regard to poor performance of general practitioners, in order to ensure that they do follow the processes that the LMC thinks have been agreed.

On a related point, I am proceeding with sorting out local representation in PCTs and I will follow through your request to have LMCs represented. One of the first items on the Agenda that I will promote is a robust Poor Performance Procedure Policy, which will be distinctly different from the processes used by health authorities for GPs working independently in general practice.

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TONY COLEY Industrial Relations Officer