



THE BRITISH MEDICAL ASSOCIATION

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FAX MESSAGE TO: Bob Button

FAX NO: Code A

FROM: Beverley
BMA Winchester Office

DATE: 12 OCT

NUMBER OF PAGES: (inclusive) 4

ADDITIONAL MESSAGE: Bob, the missing enclosure
Sony B.

If you have not received all pages, please contact me on the above number

01-OCT-2001 10:15 FROM DR KNAAN AN & PARTNERS TO Code A P.02

Isle of Wight, Portsmouth and **NHS** South East Hampshire Health Authority

Our Ref: PEJ/VMS/080101

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10 August 2001

PERSONAL
Jane Barton

Code A

Dear Jane,

The Health Authority and the Local Medical Committee operate a jointly agreed Local Procedure for the identification and support of primary care medical practitioners whose performance has been questioned in some way. It has two completely separate stages:

- The first is to convene a Performance Screening Group. This will usually comprise of the Health Authority Medical Adviser, the Chief Executive of the Local Medical Committee and a Community Health Council Chief Officer. Its aim is to carry out an initial screen of available routine information in order to determine whether or not it supports in any way the allegation of poor professional performance.
- The second is to convene a Performance Reference Panel. If the Screening Group believe there is any doubt at all about the doctor's professional performance based on the routine information it has then it will initiate the convening of this larger and more senior group which will carry out an in depth investigation.

Dr Peter Old asked me, as the Health Authority's acting Medical Adviser to set in motion the agreed Local Procedure after he had spoken with you on 29th June 2001. 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 professional performance and that we do not intend to convene the Performance Reference Panel or in fact to take any other action. Penny Humphris and Peter Old have been informed of this decision. The Report we produced, however, remains confidential and can only be accessed by the 3 members of the Performance Screening Group.

12/10 '01 FRI 10:44 FAX 01962 856761

BMA WINCHESTER

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01-OCT-2001 10:16 FROM DR KNA~~AS~~ AN & PARTNERS TO 01962856761 P.03

I know that this must have been a difficult few weeks for you and I hope that this news will help relieve and reduce the personal stress that you must be feeling at this time.

Code A

Dr Paul Edmondson-Jones
Acting Medical Adviser

Code A

X400: C=GB;A=NHS;P=NHS S and W HN;O=NHS Portsmouth and SE Hants;HA:OU1=GW;G=Paul;S=Edmondson-Jones

01-OCT-2001 10:15 FROM DR KNA@ AN & PARTNERS

TO

01962856761 P. 04

**Isle of Wight, Portsmouth and South East Hampshire Health Authority
Isle of Wight, Portsmouth and South East Hampshire Local Medical Committee**

**A Local Procedure for the Identification and Support of Primary Care Medical
Practitioners whose Performance is Giving Cause for Concern**

1. Introduction

1.1 This Local Procedure has been prepared in discussion with the Health Authority, Primary Care Trusts (Groups) and the Local Medical Committee. It takes full account of the principles espoused in "Supporting Doctors, Protecting Patients" (1999). It has been deliberately aligned, as far as possible, to the procedures adopted by both North & Mid Hampshire and Southampton & South West Hampshire Health Authorities. This is in accordance with the recommendation of the South East Regional Primary Care Medical Advisers Group that a common approach should be adopted as far as possible across the South East Region.

1.2 The aim of the Local Procedure is to:

- o Provide support to doctors who are in difficulty
- o Ensure the protection of the public

1.3 In order to achieve this, the processes involved must be sufficiently flexible to deal sensitively with individual problems but robust enough to produce rapid, decisive action when there is serious risk to the public. It is important that all parties involved in the processes must have confidence in them. Additionally a close working relationship must be developed between the Health Authority and the Local Medical Committee, which recognises the need to increasingly involve the PCTs/PCGs. Finally, lay opinion must be included at appropriate stages of the Local Procedure.

2. General Principles.

2.1 The Procedure is grounded in the following principles:

- o It is about poor professional performance and is strictly designed to facilitate improvement in performance. This does not include disputes over partnership or other similar matters. Neither does it include contractual and disciplinary disputes nor individual patient complaints as there are other procedures in place to deal with these.
- o It must be able to maintain a level of confidentiality appropriate to the circumstances - as in the case of problems related to ill health. However, while confidentiality may be absolute in the exploratory stages of an enquiry, the processes are unlikely to reach a definitive stage with purely anonymous or unattributable information.
- o It must be simple and easy to access by anyone who has concerns about the performance of a doctor.
- o It must deal with matters raised promptly and effectively.