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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

Report of Investigation by the Performance Screening Group
Dr Jane Barton – General Practitioner, Gosport

1. Introduction

1.1 In accordance with the local procedure for identifying and supporting a primary care medical practitioner whose performance may be giving rise to concern, a Performance Screening Group was established on 29th June 2001.

1.2 The Screening Group was asked to carry out an initial investigation into the performance of Dr Jane Barton in her role as a general practitioner in Gosport in the light of information passed to the Health Authority Medical Adviser by the Director of Public Health.

1.3 The Screening Group consisted of:

- Dr Paul Edmondson-Jones, Medical Adviser to the Health Authority
- Dr Bob Button, Chief Executive of the Local Medical Committee
- Mrs Margaret Lovell, Chief Officer of the Community Health Council

1.4 The aim of the Screening Group was to determine whether there was a prima facie case of poor professional performance and, if there was, to refer it to the Performance Reference Panel for formal and detailed investigation.

2. Background to the Case

2.1 Gosport Police had recently been investigating the death of a 91-year-old female patient at the Gosport War Memorial Hospital in 1998. The Director of Public Health became aware that an element of those investigations centred around the actions of Dr Jane Barton in her role as a Medical Assistant employed by Portsmouth Healthcare Trust. The police had considered the matter to be sufficiently serious to warrant referral to the General Medical Council.

2.2 Dr Barton subsequently appeared in front of the General Medical Council in the latter half of June. They decided that there was insufficient evidence to consider the case further until the Crown Prosecution Service had decided how they intended to proceed. They stated that they saw no reason at all to consider either suspending Dr Barton or to place any restrictions on her practice at that stage. However, Dr Barton did agree subsequently with the Health Authority that she would stand aside as Chair of Gosport Primary Care Group pro tem.

2.3 The Director of Public Health asked for the Screening Group to be established in order to investigate her performance as a general practitioner and not in any way to investigate or screen any aspect of her performance as a clinical assistant. He reasoned that, if doubts were being expressed about the quality of her

performance in the latter area then it was appropriate, in the public interest, to screen her performance as a general practitioner.

3. Screening Methodology

3.1 The Screening Group established a few initial basic principles to help guide their investigation:

- Not appropriate to investigate or screen arbitrary elements of her performance – factors screened should relate to presenting problem.
- Not appropriate to go "fishing" for evidence of poor performance unrelated to presenting problem unless done for all doctors.
- Not appropriate to interview or discuss the matter with any of her partners or colleagues – must merely use available information.
- The Screening Panel did not have to be satisfied there was evidence of poor performance "beyond reasonable doubt" but merely had to be satisfied there was some doubt in order to pass to Reference Panel.
- Must always ask the question when faced with apparent differences in outcome or performance whether it was actually evidence of "poor performance" or merely evidence of "different but acceptable practice".
- Must always be wary of alternative explanations for apparent anomalies in the information available – often there may be several.
- Must remember that confidentiality is vitally important.

3.2 It was agreed that the following aspects of Dr Barton's performance should be screened where appropriate and relevant information could be obtained:

- Education and Training
- Working Patterns
- Outcome Measures
- Relationship with Professional Colleagues in Primary Care
- Prescribing Patterns
- Relationship with Patients
- Relationship with, and referrals to, Secondary Care Colleagues
- Relationship with other External Organisations

4. Education and Training.

4.1 The Screening Group examined the pattern of training and education undertaken by Dr Barton over the last 5 years in order to understand its quality and quantity and to see what level of PGEA payment she had received. This information

was then compared against the levels undertaken by her partners and by all other GPs in Gosport.

- *Level of Payment*. All the GPs in Gosport (with just 3 exceptions) have received Level 5 payments (currently £683.75 per quarter) for Education and Training every 3 months for the last 5 years. The 3 exceptions quoted above receive Level 4 payments (£545 per quarter) but neither Dr Barton nor any of her partners are one of these.

- *Quantity of Training*. Over the last 5 years, Dr Barton has recorded an average of 66 hours per year in recognised PGEA training. This is higher than any of her partners who have each averaged between 34 and 61 hours a year. On average Dr Barton has spent 16 hours a year on PGEA recognised for Health Promotion, 19 hours on Disease management and 31 hours on Service Management. Although she has a greater proportion in Service Management than any of her partners, the 35 hours a year spent in Health Promotion and Disease Management is well above the recommended minimum levels and greater in quantity than 3 of her 5 partners.

- *Quality of Training* It is considered noteworthy and laudable that Dr Barton has attended the local Portsmouth GP Refresher Course (30 hours a year) in 4 out of the last 5 years. It is also noted that she attended a 12-hour Extended Course in Palliative Care in 1998.

4.2 The Screening Group considered that there was no evidence to suggest that Dr Barton had not sought to keep herself up to date through Education and Training - in fact the evidence suggested that she had done more than the annual average for any individual GP in her practice or for Gosport GPs as a whole.

5. Working patterns

5.1 The Screening Group looked at the number of night visits made by Dr Barton's practice compared to other practices in Gosport – it is not possible to examine visits undertaken per doctor. The bare statistics suggest that the practice presents more claims for night visits to its registered patients than any other Gosport practice. On average over the last 5 years, the practice has submitted 46% more claims every quarter than the average for Gosport. It is not possible to determine what proportion of these visits were undertaken by individual practitioners although we know a deputising service is used by some partners to cover out of hours calls.

5.2 The higher than average rate of night visits may be due to a number of factors. These can include a predominantly elderly or deprived population, dissatisfaction with the quality or quantity of daytime care, the availability of public transport to the surgery or even overfull lists causing problems with obtaining appointments. The practice has an average list size of 1,967 per doctor, which compares well with the average for Gosport of 1,920 per doctor. There is no evidence through complaints or other sources that the level of service offered by Dr Barton and her practice was significantly lower or different to that of any other Gosport practice.

5.3 Dr Barton worked as a Clinical Assistant at the Gosport War Memorial Hospital and is Chair of Gosport PCG. Analysis of her working patterns showed that the number of hours that she was available for clinical work in an average week for

17 hours. This is only slightly less than the recommended health authority level for a general practitioner of 19 hours a week and only slightly less than the average for a doctor in her practice which is 18.5 hours a week. There is a wide variation in availability for surgery across Gosport ranging from 13 hours per GP in one practice to 28.25 per GP in another. In Dr Barton's case she was available for surgery every day, whereas many doctors undertaking other duties will be absent for one or more days a week.

5.4 Although Dr Bartons' practice regularly claimed nearly 50% more night visits there is nothing to suggest that this was a result of either poor quality or quantity of care provided either by her and/or her partners. It may be the result of a combination of demographic, cultural and deprivation factors but is more likely to be due to a difference in the way in which the partners behave clinically preferring to visit rather than give telephone advice. Similarly although she undertook a number of duties outside general practice it does not appear that the number of hours she was available to her patients was significantly compromised.

6. Outcome Measures

6.1 The only information readily available to the Screening Group was the quarterly levels of Cytology Screening achieved over the last 5 years, the quarterly level of 2 year old and pre school immunisations achieved over the last 5 years and the percentage of at risk groups immunised against flu last winter. All of these rates are only available by practice and the doctors will not perform most of the procedures anyway. However, poor levels of uptake might suggest poor supervision or leadership from the medical staff in a practice.

6.2 The results showed that:

- The practice achieved a performance almost exactly equal to the Gosport average for immunisations of two-year-old children.
- The practice achieved a better than average performance for pre-school immunisations nearly every quarter for the last 5 years.
- The practice achieved 64% uptake of flu vaccination in over 65 age groups last year compared to a Gosport average of 67% and a Health Authority average of 68%. The national target was 50%..
- The practice achieved significantly less than the Gosport average for cervical screening uptake. In fact the practice were consistently the worst performing practice in Gosport.

6.3 The significance of low uptake of cervical screening may be that the call up procedures were poor, that the take up rates were poor or that there were a larger than average number of inadequate smears. The first reason will reflect either practice culture or a very mobile population, the second may reflect a deprived, disadvantaged or socially excluded population and the third might reflect poor clinical technique by the nursing staff.

6.4 As the childhood immunisation rates and the flu vaccination rates for the elderly were all at acceptable levels and it is only the cervical screening results which are below average, there is no evidence to suggest that there was poor leadership by

the doctors. In fact, it is likely that the low smear uptake rates were due to either process reasons or reflect a need for training of the staff involved.

7. Relationship with Professional Colleagues in Primary Care

7.1 As the Screening Group had agreed that it was inappropriate for them to interview partners of professional colleagues at the practice or elsewhere within primary care, there was little that could be done under this heading except to enquire whether Corporate Services were aware of any verbal or written complaints or comments that related to Dr Barton. They were not aware of any and so it was concluded that there was no evidence of an unsatisfactory relationship.

8. Prescribing Patterns

8.1 While it was felt quite appropriate to investigate Dr Barton's prescribing patterns over the last five years, it was impossible and unnecessary, in the short timeframe available, to investigate every aspect and so efforts were concentrated into 3 key areas:

- Hypnotics and Anxiolytics (including benzodiazepines)
- Diamorphine products
- Morphine Sulphate products

8.2 Dr Barton's prescribing patterns in relation to these 3 groups of drugs were examined over a five-year period. They were then compared against the patterns for her practice as a whole and against the patterns for each of the PCT/Gs in the old Portsmouth and South East Hampshire Health Authority area.

8.3 The Health Authority's Prescribing Adviser produced a short report. Her conclusion was that "*Analysis of both electronic and paper PACT prescribing data gives no indication that Dr Barton's prescribing of benzodiazepines, morphine or diamorphine preparations are in any way unusual or excessive. In fact, Dr Barton's paper PACT data indicates virtually no prescribing of diamorphine on FP 10 prescription between April 1999 or December 2000.*"

8.4 In fact, detailed analysis shows that:

- Hypnotic and Anxiolytic prescribing for the practice followed the same pattern as that for Gosport and the Health Authority. There were some high peaks and troughs but these related to three monthly repeat prescriptions rather than wide fluctuations in actual average prescribing levels. Prescribing costs for the practice were slightly higher than the Gosport average but this reflected prescriptions for more expensive drugs that reputedly have less potential for dependence rather than for increased quantities.

- The prescribing of diamorphine was unusual in that the practice appeared to hardly prescribe any of it. However, at an overage of 0.15 items per 1,000 patients per month it is not considered exceptional for an individual practice to register nil prescriptions for a month especially as much of the prescribing of these products may have been through the War Memorial Hospital.

- The prescribing of Morphine Sulphate by the practice, and the associated costs of these prescriptions, resembled the average prescribing seen at PCG level and at Health Authority level.

8.5 In conclusion, the Screening Group concurred with the comments of the Pharmaceutical Adviser that there was nothing to indicate abnormal prescribing patterns of any of these drugs by either Dr Barton or her partners.

9. Relationship with Patients

9.1 It was decided that there were four parameters that could be examined from routine statistics that would help give a picture of the relationship between Dr Barton and her patients. These were:

- Population profile in terms of patients aged over 65 (with M:F ratios).
- Removals from list by the GP compared to other Gosport GPs.
- Deaths from list by the GP compared to other Gosport GPs.
- Removals from list by patient with no change of address.

9.2 Dr Barton has a significantly lower number, as a percentage of the total practice population, of patients aged 60 and above than any of her partners and also significantly lower than all but 3 other Gosport GPs. This may reflect the fact that she has a registered population that is predominantly younger and female because she is female – the same applies to the other female partner but to a lesser extent. The majority of the elderly patients are with the senior partner.

9.3 The number of removals from list at the doctors request in Gosport over the last five years shows that only 3 patients have been removed by Dr Barton from her list in that time out of a total of 220 removals across Gosport. (This was an average of just over 5 per GP).

9.4 The number of deaths from the lists of Gosport GPs shows that Dr Barton list showed significantly fewer deaths per year than the average for other GPs. (4.5 people per year compared to the average of 18.7 per GP in her practice) However, this is not entirely unexpected given the relative scarcity of older people on her registered list. It must also be remembered that these are deaths from a GPs list and do not necessarily reflect which practitioner was caring for a particular patient at the time of death.

9.5 The number of removals from the doctors list at the patients request where there was no change of address show that there have been an average of 6.2 a year from Dr Barton's list compared to an average of 8.9 per GP in her practice.

9.6 There is nothing in any of these parameters that raises any concerns about Dr Barton's professional performance. in fact, most of the parameters suggest that she has a good relationship with her patients.

10 Relationship with, and referrals to, Secondary Care Colleagues

10.1 The basic information available to the Health Authority included:

- In Patient Referrals by GP, Practice and PCG for 1999 – 2001. Only total figures for referral to Portsmouth hospitals are available in this category.

- Out-patient referrals by GP, Practice and PCG for 1996 – 2001. This is available by specialty to all providers and by individual providers.

- FCEs by GP, Practice and PCG for 1996-2001. This is also available by specialty to all providers and by individual providers.

10.2 The data available shows:

- no wide divergence of practice in terms of absolute numbers referred in any one specialty,
- no preference or bias for or against a particular specialty
- no preference or bias for or against a particular provider

11. Relationship with other External Organisations

11.1 It was felt inappropriate to speak to any external organisations at this stage although Dr Edmondson-Jones had a short discussion with Dr Ian Reid, Medical Director at PHCT, to clarify the exact nature of the concerns about Dr Barton's performance at the War Memorial Hospital. Dr Reid confirmed that the circumstances related to a 91-year-old lady with a terminal illness and centred on the amount of pain relief prescribed and the manner in which it was administered.

12. Summary and Conclusions.

12.1 The Screening group looked at 8 areas of Dr Barton's professional performance and found:

- *Education and Training.* Dr Barton undertook a higher than average amount of training and education, attended relevant courses and fulfilled much more than the bare requirements laid down.

- *Working Patterns.* Dr Barton and her partners have average list sizes, and are available in the surgery regularly and in line with the recommended levels. Therefore, although her practice submitted 46% more claims for night visits than the average for Gosport GPs, this is likely to be due more to a different way of caring and practising medicine than to a lack of quality or quantity of day time work.

- *Outcome Measures.* The practice achieved very good results in terms of childhood immunisations and flu vaccinations for the elderly. Although the results for cervical cytology were the lowest for Gosport this is unlikely to be reflection of poor leadership or performance by any of the doctors.

- *Relationship with Professional Colleagues in Primary Care.* There was little the Group could do except to enquire whether there had been any complaints or observations passed to the Health Authority about Dr Barton and no-one was aware of any.

- *Prescribing Patterns.* Although the practice appeared to prescribe less diamorphine than expected, their prescribing patterns in relation to morphine sulphate products, hypnotics and anxiolytics were in no way unusual or excessive.

- *Relationship with Patients.* Dr Barton had a significantly lower number of elderly patients on her list than any of her partners and also significantly lower than all but 3 other Gosport GPs. However, the number of removals from her list at her request was about half the Gosport average and the number of deaths annually from patients on her list was about a quarter of that experienced by her partners. Similarly the number of removals from her list at the patients request where there was no change of address were lower than the rest of her practice. None of these parameters raised any concerns about her performance as a GP.

- *Relationship with, and referrals to, Secondary Care Colleagues.* The data available showed no divergence of practice in the numbers referred, the specialties referred to nor the hospitals used.

- *Relationship with other External Organisations.* It was not felt to be appropriate to discuss the issue with outside organisations and so no conclusions can be drawn from this parameter.

13. Recommendation.

13.1 The Performance Screening Group found no prima facie case of poor performance from the routine information that was available to them. The Group unanimously recommends that:

- The Performance Reference Panel should not be convened to investigate this matter at this time.

- Dr Barton should be told that the Screening Group found no prima facie case of poor performance and that no further action would be taken.

- The definitive copy of this Report should be passed to and retained by the Chief Executive of the LMC.

Dr Paul Edmondson-Jones Medical Adviser, HA	Mrs Margaret Lovell Chief Officer, CHC	Dr Bob Button Chief Executive, LMC