

Devlin, Denise

Sent: 22 June 2016 10:51
To: 'aegerton@gmc-uk.org'
Subject: TRIM: GMC Referrals from Northern Ireland
Attachments: INQ-4267-13 - GMC to BMcL in response to BMcL-0129-13 re referrals made since 2002 - 09-09-13.PDF

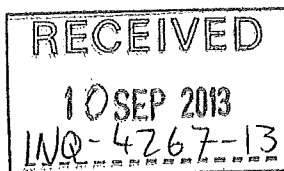
Dear Mr Egerton,

Back in 2013 you kindly provided the information contained in the attached letter detailing the number of referrals to GMC from Northern Ireland between 2007-2012. The Chairman would be grateful if this information could be updated to include figures up to and including 2015. Would it be possible to provide information on the number of referrals which led to fitness to practice hearings.

If you have any questions please contact me.

Kind regards,

Bernie Conlon
Secretary to Inquiry



9 September 2013

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Dear Mr McLoughlin

Re: The Inquiry into Hyponatraemia-related deaths

Thank you for your letter dated 12 August to Niall Dickson, I have been asked to reply on his behalf and am sorry it has taken me some time to gather the information needed in response.

In summary your enquiry seeks data from us which might show the number of referrals emanating from Northern Ireland by trusts (and other doctors) of hospital doctors in respect of concerns of clinical competence, by year, from 2002 onwards.

The first point I should make is that data on our current system (Siebel) only gives us reliable information back to 2006. Any information for pre-2006 would be less reliable and would not match those data we can extract from Siebel. Less importantly, it would also be extremely time consuming to gather the data manually. Further, we are not confident that it would give you the detail you require in any event. More positively I rather hope that some further explanation below and the attached table may give you some of what you need.

In the table you will see that we have shown 'total triages' by year since 2006 and identified those numbers by all trusts, from all doctors¹, from those who are 'non-GPs', from NI trusts and two further areas described as NI doctors and NI non-GPs. To confirm the geographical location we have used either the incident location or the complainant address as being in Northern Ireland.

I hope it will help further if I explain that the numbers in the table do not add up to the overall number of triages for each year, as we are looking only at referrals from doctors/Trusts, whereas an enquiry can also come from other sources eg members of the public. A triage is counted as one decision made against one doctor on one enquiry eg to promote to a case or to close with no further action. A single enquiry could lead to more

¹ It is possible that a complaint from a doctor might not necessarily be from a medical doctor eg someone with a PhD.

than one triage if it referred to or mentioned several doctors. A doctor may also be the subject of more than one enquiry.

I have also included some footnotes to help explain how the data is defined and hope that this helps aid your analysis.

Turning to the Northern Ireland specific data, you will see that, relatively speaking, the numbers are small. There is clearly some danger in seeking to identify patterns due the small number of complaints we receive from Northern Ireland. And whilst you will see that overall number of complaints from Northern Ireland has risen, the rise is not statistically significant and has also fluctuated randomly over the subject period.

You will note that we have not covered the issue of Clinical Competence. This is because allegations are not recorded at the GMC triage stage. However, we are able to identify 'Clinical Care' allegations at case level, which is normally recorded at the end of an investigation. We can therefore carry out a search of completed investigations between 2007 and 2012 with Clinical Care allegations included, although other allegations may also exist on the case. If you would find this helpful let me know. Alternatively, we can carry out a search on cases which have been marked as relating to performance issues. In both cases, numbers are likely to be very small for Northern Ireland as only a small number of triages lead to an investigation. Please also be aware that it will take our officers a little time to carry this out.

In general terms you will note that in 2007 we had 5213 triages and in 2012 that figure had risen to 10,338. For the same period the number of complaints from trusts rose from 360 to 1060. Taken as a whole the data shows a rise in Fitness to Practise complaints the GMC has received.

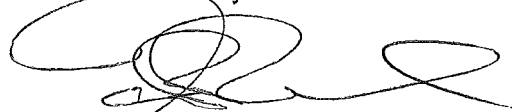
There is some risk in suggesting why this rise has occurred but whilst reason(s) for this increase are uncertain a range of factors are potentially relevant including:

- the increased number of patient episodes;
- the increased profile of the GMC and other regulators as a result of public enquiries;
- high profile cases;
- high profile radio and television appearances;
- better public access to information via the internet and social media;
- the residual effect of the abolition of the independent second stage complaints process, as administered by the Healthcare Commission, in 2009;
- the rise of conditional fee arrangements (eg. no win no fee).

Furthermore, available evidence indicates that the GMC is not unique in experiencing such an increase. Other regulators, complaints bodies in the health sector and, indeed, complaints bodies outside the health sector, such as the Advertising Standards Authority, have experienced similar trends. This suggests that changes in the wider social context may also be relevant.

I hope that this response has been helpful. If you would like to discuss further do please let me know – my contact details are below.

Yours sincerely



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Encl:

1. Table of data 2006 – 2012.

Table of data of fitness to practise complaints 2007 to 2012

Year	Total triages	# from all trusts ²	# from all drs	# from all non-GPs	# from NI trusts	# from NI drs	# from NI non-GPs
2007	5213	360	391	270	16	8	8
2008	5085	379	356	246	14	1	1
2009	5729	597	434	285	12	5	4
2010	7130	846	494	332	11	4	4
2011	8776	831	651	456	15	11	10
2012	10338	1060	692	491	19	10	10

² For 'Trusts' we include all of the following: Consolidated Health Board, Foundation Trust, NHS Trust, NHSCB, NHSCB AT, NHSCB CCG, NHSCB CR, Primary Care Trust, Public Health Body, Scottish Consolidated HB, Scottish HB PCD, Social Care Trust, Strategic Health Authority, Trust Headquarters and GMC approved practice settings.