

## MEETING CONTENT AND BACKGROUND

Consultants are now increasingly the unwitting subject of complaints and negligence actions both at the GMC and in the Courts. Some may be justified but the incidence of these actions has been rising inexorably over recent years and this affects not only NHS Resolution (NHS Litigation Authority), which is facing ever increasing costs, but also doctors in the private sector as professional indemnity premiums are rising.

Some attribute this to a 'societal change' and others to a transatlantic influence with "ambulance chasing lawyers' fuelling the litigation fires. High profile cases such as Sellu and Paterson have caused a widespread reaction both in the Press and in professional circles. However, there is evidence that the overall quality of care has been improving.

The changes imposed by the Montgomery case and the Duty of Candour are just a couple of issues in a fast changing legal landscape.

There is also simultaneously the demand for increased transparency and information about clinical outcomes from many sources, including the CMA. This demand is seen by most in the medical profession as a positive issue but with certain caveats about the nature, reliability and potential misuse of the data.

This is an important meeting with leading speakers who will discuss these issues. Mr Matt James (CEO of PHIN) will review progress in publishing consultant outcomes. The view from the professional indemnifiers will be given by Dr Christine Tomkins (CEO MDU) who will review the paradox between rising claim rates against a general improvement in care and how legal reforms are necessary to prevent unsustainable rates of indemnity costs. The recent legal changes require (quite rightly) greater transparency at the bedside but this has implications for clinical practice. Consultants are often uncertain how they should react at an early stage of a complaint in this changing environment and this topic will be reviewed by leading solicitors Ms Nadya Wolferstan and Ms Tania Francis from Hempsons. In many cases a complaint may escalate to the GMC or to the Courts and this again is both stressful and unclear to many consultants and Mr Neil Sheldon, (Barrister at One Crown Office Row) will discuss the legal and practical ways in which this should be managed.

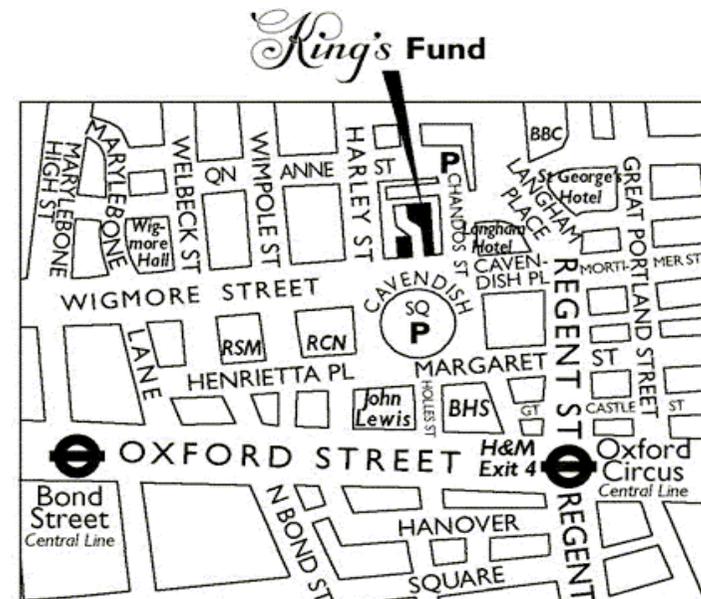


## Clinical Outcomes and Negligence Pitfalls and Possibilities?

A Meeting for Consultants  
The King's Fund, 11-13 Cavendish Square  
London W1G 0AN

Wednesday 28<sup>th</sup> February 2018

6.00 pm Registration & Light Buffet  
6.30 pm Meeting Start



# Clinical Outcomes and Negligence Pitfalls and Possibilities?

## Programme

6.00 pm	Registration & Light Buffet
6.30pm	Welcome
6.40pm	<b>PHIN-The current status of consultant clinical outcome reports</b> Matt James - CEO PHIN
7.00pm	<b>The case for legal reform - how to keep indemnity costs affordable</b> Dr Christine Tomkins - CEO Medical Defence Union
7.20pm	<b>How to deal with complaints at hospital level and avoid a GMC referral</b> Ms Nadya Wolferstan and Ms Tania Francis Solicitors - Hempsons
7.40pm	<b>Facing an action at the GMC or in the Court - panic or react calmly?</b> Mr Neil Sheldon Barrister - One Crown Office Row
8.00pm	<b>Panel Discussion - Q and A Session</b>
8.30pm	End of Meeting

## REGISTRATION and QUESTIONS

*In order to register please use the separate reply slip.*

### Questions:

How reliable is the "quality" data from private hospitals and will this allow patients to reliably discern any differences between consultants?

Will greater transparency of data increase unwarranted claims by patients or other parties?

What are the national trends in medico-legal claims across the UK?

Are there measurable changes in the quality of care in the UK and how does this relate to complaints and legal claims?

How do the Medical Defence Organisations foresee changes and in particular will consultant indemnity costs rise to unsustainable levels in certain high risk specialties?

What are the recent legal changes that affect hospital practice? Is there now an unfair bias against the profession?

How should consultants respond if they are challenged by a complaint at the bedside?

What happens if complaints escalate to Court or the GMC and how should consultants react to this challenge?