

Terms of Reference for Investigation into allegations of Bullying, Harassment and Clinical Practice concerns in relation to a named GP

1. Background

1.1. In November and December 2016, Gloucestershire Clinical Commissioning Group (“**GCCG**”) and NHS England (“**NHSE**”) received information from members of the public and former members of the Romney House Surgery (“**the Practice**”) staff which raised a number of concerns, specifically:

- 1.1.1. Allegations of bullying and harassment by a named GP;
- 1.1.2. Allegations of poor clinical practice in relation to the named GP;
- 1.1.3. Concerns about poor patient experience in relation to the care provided by the named GP; and
- 1.1.4. Concerns as to the management of patient complaints by that named GP.

2. Investigation objective

2.1. In view of the concerns raised, NHSE and GCCG have commissioned an independent investigation with a view to examining those concerns to inform:

- 2.1.1. Consideration of regulatory action by NHS England under the National Health Service (Performers Lists)(England) Regulations 2013 (as amended); and
- 2.1.2. Consideration of referral to third party stakeholders, including but not limited to the GMC, and other regulatory bodies as applicable.

3. Investigation Team Composition

3.1. The Investigating Team will be composed of:

- 3.1.1. Individuals from Capsticks LLP; and
- 3.1.2. Expert clinical advisers.

4. Scope

4.1. In light of the concerns identified, the investigation will seek to investigate:

- 4.1.1. **Bullying and Harassment (“TOR 1”)** specifically:

4.1.1.1. Is there evidence to substantiate the allegation that the named GP has acted in a bullying, intimidating and undermining manner in his interfaces with staff and/or patients.

4.1.2. **Clinical Practice (“TOR 2”)**, specifically:

4.1.2.1. Are the concerns raised in relation to poor clinical practice and patient experience substantiated, as benchmarked against recommended good medical practice and in line with recognised standards such as, but not limited to, GMC’s Good Medical Practice and national and local guidelines.

4.1.3. **Complaints Handling (“TOR 3”)**, specifically:

4.1.3.1. Does the named GP manage and respond to complaints about their practice appropriately and in line with recognised national and local standards/guidelines and practice policy.

5. Methodology

5.1. The investigation will be comprised of:

5.1.1. Clinical case reviews and notes audit;

5.1.2. Interviews;

5.1.3. A review of submissions as detailed at paragraph 5.4 below; and

5.1.4. A review of applicable supporting information.

5.2. Clinical Case Reviews and Notes Audit

5.2.1. **Targeted clinical case reviews of patient records:**

5.2.1.1. A targeted review of the cases identified as being of concern to establish:

(a) Whether, in each specific case, the concerns identified are substantiated; and

(b) an overall assessment as to:

(i) Consultation, examination and investigation technique;

(ii) Clinical appropriateness of treatment and follow up, specifically whether the treatment is in line with recommended practice (e.g. NICE, G-Care) and the Practice’s policies and procedures;

(iii) Record keeping; and

(iv) Complaint handling.

5.2.1.2. **Clinical Notes Audit**

(a) A clinical notes audit of 30 randomly selected notes relating to the named GP with a view to assessing:

(i) Consultation, examination and investigation technique;

(ii) Clinical appropriateness of treatment and follow up, specifically whether the treatment is in line with recommended practice (e.g. NICE, G-Care) and the Practice's policies and procedures;

(iii) Record keeping; and

(iv) Complaint handling.

5.3. Interviews

5.3.1. Interviews will be undertaken as part of the investigation with:

5.3.1.1. A representative sample of current and former Practice staff;

5.3.1.2. Patients, as necessary;

5.3.1.3. Stakeholders of the Practice, to include, as applicable, current and former members of the Patient Participation Group; and

5.3.1.4. Any other individual, the Inspection Team determines is appropriate, to inform the investigation.

5.3.2. In the case of all interviews, at the start of the interview, the following shall be explained:

5.3.2.1. The purpose of the interview;

5.3.2.2. How and for what purpose the information provided will be used, and consent obtained for this;

5.3.2.3. Interviews will be recorded and transcribed as necessary;

5.3.2.4. A statement/record of the meeting will be produced; and

5.3.2.5. Interviewees will be asked to check their individual statement/meeting note for factual accuracy and sign to confirm that the statement is a true and accurate record of their recollection of events.

5.3.3. Should the individual not wish to participate or be unable to attend an interview the Inspection Team will accept a written submission.

5.4. **Review of submissions received**

5.4.1. Between Tuesday 31st January 2017 and Tuesday 14th February 2017, a confidential email address and freepost postal address will be open to allow individuals an opportunity to raise concerns or comments which they feel may be beneficial to the Inspection Team.

5.4.2. Submissions should be limited to individual's first-hand experience. Where an individual is unable to send their own submission this should be clearly identified along with the name of the person who is sending details on their behalf.

5.4.3. Those submissions will be reviewed by the Inspection Team as part of the investigation.

5.4.4. For the purposes of clarification in relation to those submissions, any individual who raises a complaint regarding their NHS care will be directed to the NHS complaints procedure and the complaint dealt with under that procedure.

5.5. **Review of other supporting information**

5.5.1. A review will be undertaken of any other supporting information the Inspection Team is of the view is necessary to inform the investigation.

6. **Reporting Mechanisms and Outputs**

6.1. The Inspection Team will:

6.1.1. Prepare a written report ("**the Report**") setting out in detail:

(a) methodology adopted;

(b) findings;

(c) conclusions; and

(d) recommendations.

7. **Timescales**

7.1. The investigation will take place in February 2017.

7.2. The deadline for submissions being received as referred to at paragraph 5.4 above will be Tuesday 14th February 2017;

7.3. It is anticipated that the Report will be produced by the end of March 2017.

8. Information Governance

8.1. All documentation considered will remain strictly private and confidential and shall not be disseminated or discussed outside of NHSE or GCCG without the approval of:

8.1.1. Head of Professional Performance Medical Team, NHS England: South (South Central); and

8.1.2. Executive Nurse and Quality Lead for GCCG.

8.2. Patient identifiable, private or sensitive information will be processed in accordance with all relevant legislation and guidance, including but not limited to: the Data Protection Act 1998 (as amended), Department of Health Guidance: Confidentiality: NHS Code of Practice (November 2003) as supplemented by: Confidentiality: NHS Code of Practice (November 2010), and NHS England's Confidentiality Policy (June 2014).

9. Variation

9.1. If, as part of the investigatory process, additional concerns are identified which are outwith the remit of this investigation, they shall be referred to NHSE and the GCCG to consider variation to these terms of reference.

31st January 2017