Beware new type of medical reports

Many doctors are familiar with the need for medical reports on patients and know the commonest reasons they are prepared for.

Mainly, they are sought for personal injury claims, damages claims for negligence or other various legal purposes.

Some doctors' groups prepare these regularly and know all the requirements. But, increasingly, a wider range of medical professionals may be asked to provide reports. Be alert to such requests and consider if you are able to do this kind of work

The increased need for medical reports has come about due to a rise in governance and regulatory activity in both hospital and general practice. Doctors may be asked to examine and comment on another doctor's performance,

BY DR JIM RODGER
Head of professional services, Medical and Dental Defence Union of Scotland

> **Independent practitioners should think hard about their own abilities before doing this work and remember that a flawed report could leave them facing GMC charges**

looking at particular groups of patients. Reports are now being sought by a variety of organisations, such as hospital and primary care trusts and the GMC.

These reports are more complex and often more complicated than an otherwise straightforward personal injury report. They may have significant and serious implications for the doctor under scrutiny and could have serious repercussions for their future earning potential.

But it can be a vital protection for doctors that a colleague of similar experience and knowledge can give a fair and honest independent view of their practice.

So it is crucial that doctors asked to prepare these reports are trained, experienced and fully understand how to examine evidence, weigh it and prepare a balanced report. Doing reports without being so armed will only be a disservice to patients and fellow doctors.

Independent practitioners should think hard about their own abilities before doing this work and remember that a flawed report could leave them facing GMC charges.

Data to prove private-sector quality

Sally Taber, director of the Independent Healthcare Advisory Services, answers your questions about the Hellenic Project (see news story on page 3).

Q Will patients be able to view consultant specific information?
A No, this information will only be available to the consultants themselves and the independent hospitals where they are working. The project will collect and publish risk-adjusted mortality rates for the sector which will allow easy and fair comparison with other providers and sectors.

Q How will this information be made available to insurers?
A That is a matter for individual providers and their insurance customers to address. A meeting is currently being arranged with the insurers to ensure lines of communication are addressed.

Q What indicators will be added?
A We have prioritised indicators that relate to clinical quality and that are important both to clinicians, patients and regulators.

SALLY TABER
Director of the Independent Healthcare Advisory Services (IHAS)

Q How do you ensure data protection principles are met to protect consultants and patients?
A We have two clinical governance specialists sitting on the governance board overseeing the project and a working group answerable to the board to manage information governance principles.

This includes ensuring all information is pseudonymised in accordance with best practice. As well as oversight from the providers, both Dr Foster and Healthcode handle large amounts of data for all parts of the health sector and have robust governance processes in place. As appropriate, we will also consult the National Information Governance Board – the organisation which was preceded by the Patient Information Advisory Group, where we are represented through IHAS.

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Q Will this project just cover independent sector treatment centres?
A No, it will cover all independent-sector services including independent-sector hospitals and ISTCs. Some of the hospitals participating in this scheme only carry out private treatments. This new scheme provides much-needed industry benchmarking as well as aiding comparisons with traditional NHS providers.

Q Will it prove that the independent sector is better than the NHS?
A Our objective is to present statistically robust comparable information about clinical quality, rather than to play one sector off against another. Once clinically comparable information is available, patients will have enough information to make their own judgments about the standard of care they can expect from both.

Q As the project uses Healthcode to provide the data feed to Dr Foster, isn't there a risk that providers' billing data will be compromised?
A No. Healthcode duplicates the data it receives so that the billing feed and the information used for the Hellenic project are treated completely in parallel and cannot impact on each other.