

Agenda item:	15
Report title:	Update on piloting the Provisional Enquiry process for Single Clinical Incidents
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Action:	To note

Executive summary

The Single Clinical Incidents pilot went live on 11 July 2016 and has now been in place for approximately three months. The interim evaluation indicates that the process has been working well.

Recommendation

The Strategy and Policy Board is asked to note the progress of the Single Clinical Incident pilot and the next steps for the project.

Background

- 1 The initial Provisional Enquiry (PE) process was piloted from November 2014 to September 2015. In that time, 252 PEs were opened. Of these 76% (136) were closed after the PE, and 24% (44) were referred for a Stream 1 investigation. The median time to close a case in provisional enquiry is 63 days, as opposed to 245 days in Stream 1. Following the success of the pilot, in July 2015 the Board agreed that it should be rolled out.
- 2 Following the success of the initial PE pilot and roll out, the Board approved a second phase to streamline the way that we investigate 'single clinical incidents' (SCIs) and 'single clinical concerns' (SCCs). Rather than following the initial process, it was agreed that we should follow a bespoke PE process where we initially seek information from the doctor's Responsible Officer (including a copy of a local investigation report) in order to make a more informed triage decision about whether to open an investigation.
- 3 It was agreed that the initial focus should be on 'single clinical incidents', (i.e. incidents consisting of only a single point of contact between a doctor and patient) and the subsequent phase will include 'single clinical concerns' (i.e. concerns relating to more than one point of contact, but only a single issue or course of treatment).
- 4 It is hoped that the pilot will;
 - a Reduce the impact on doctors of opening unnecessary investigations.
 - b Speed up the handling of single clinical incidents and concerns.
 - c Enable us to respond to complaints more effectively and proportionately.
 - d Reduce the number of cases closed following a full investigation with no action being taken against the doctor.

Progress to date

- 5 The single clinical incident phase of the pilot was launched on 11 July 2016 and has now been in place for approximately three months. At the time of writing this paper, 56 enquiries have been considered suitable for inclusion within the pilot. The service target for concluding these enquiries is 49 days.
- 6 Of the 56 enquiries put into the pilot, 18 have now been through and completed the pilot process; 11 of those enquiries have been closed with no further action and the remaining seven enquiries have been promoted to a Stream 1 investigation. The other 38 enquiries are still in progress. As planned, after two months an interim

evaluation was carried out to consider whether to expand the pilot to include single clinical concerns.

- 7 It is difficult to draw any meaningful conclusions from such a limited data set at this stage, however the interim evaluation suggests that the pilot is generally running well and states that “The information required, where it is available, is being obtained largely within the timescales allocated. The triage team and the ELAs are clearly committed to ensuring the process is robustly tested and have ensured that every opportunity is taken to expedite the information to assist the enquiry.”
- 8 However, the interim evaluation report goes on to state that “The review of outcomes of the pilot strongly points towards the conclusion that local investigations have not begun or are incomplete at the point at which we are requesting information. It appears that we are receiving the enquiry either at the same time as the local body or in some cases before.” Therefore there is little, or sometimes no information available which would enable the RO to provide us with the information we need. The report goes on to confirm that “We are subsequently seeking further evidence such as medical records/expert opinion (similar to the types of enquiries we carry out within the wider Provisional Enquiries process) in order to make a decision on whether it is appropriate to close the enquiry or promote to an investigation.”
- 9 In addition to piloting a provisional enquiries process for single clinical incidents, the pilot has looked to explore whether an Investigation Officer or an Employer Liaison Adviser (ELA) is better placed/more successful in obtaining copies of any local investigations from the doctor’s responsible officer. Again, with such a limited number of enquiries that have concluded, it is difficult to draw any concrete conclusions so far. However, anecdotal feedback suggests that ELA involvement opens up the lines of communication, draws awareness to incidents at a local level, and promotes local investigation start up.

Next steps

- 10 On the 26 October 2016, the project board met to review the findings of the interim evaluation and to make a decision as to whether the pilot should be expanded to include Single Clinical Concerns. As there are to date a small number of concluded cases, it was agreed that we should continue to pilot provisional enquiries for SCIs for an additional period of time to gain more experience of the pilot process before deciding whether to expand to SCCs.
- 11 The pilot will be kept under review and a further update will be provided to the Board following expansion of the pilot to include single clinical concerns.