

To:

CCG Quality Leads LRC Chairs NECS Primary Care Contractors Cumbria and the North East
NHS England
Waterfront 4
Goldcrest Way
Newcastle upon Tyne
NE15 8NY

Telephone: 011382 53052

Email address: mike.prentice@nhs.net

2 June 2015

Dear Colleagues

Re: Organisational Change – Senior Appointments and Managing Performer Concerns

The purpose of this letter is to advise you of the changes that have recently taken place across NHS England at the local level. The two former Area Teams of Cumbria, Northumberland, Tyne & Wear and Durham, Darlington & Tees have come together and will now be known as NHS England-North (Cumbria and North East).

<u>Staffing</u>

The following senior appointments to Cumbria and North East have been made, and are as follows:

- Director of Commissioning and Operations) Tim Rideout (commenced 5 May 2015)
- Medical Director and Responsible Officer Dr Mike Prentice
- Director of Nursing & Quality Bev Riley
- Director of Commissioning Strategy Christine Keen
- Director of Finance Audrey Pickstock
- Director of Delivery Alison Slater

The teams are based at and work across the following sites:

Waterfront 4 (WF4)
Goldcrest Way
Newburn, Newcastle upon Tyne
NE15 8NY

The Old Exchange (OE)
Barnard Street
Darlington
DL3 7DR

Managing Performers Concerns

NHS England Cumbria and North East is responsible for assuring high standards of professional performance of individual GPs, Dentists, Optometrists and Pharmacists in accordance with NHS England's Framework for managing performer concerns, which can be accessed at

http://www.england.nhs.uk/wp-content/uploads/2014/08/Performer-list-frmwrk.pdf

Referring a colleague with a performance concern can be a difficult step to take. If you are in doubt I encourage you to contact us to discuss the issues with one the Assistant Medical Directors who may be able to help. Contact details for members of the Medical and Quality and Performance Teams are enclosed with this letter.

For a referral to us, I would like to use this opportunity to remind you of our Referral Form (attached) which should be used where a practitioner's performance gives cause for concern. This applies to GPs, Dentists, Optometrists and Pharmacists across Cumbria and the North East. The form aims to standardise the information collected and also helps referrers by providing prompts for the range of information we would routinely ask for. It allows for actions already taken to be documented and passed on. The form appears to be working effectively though we would always welcome feedback on this.

In addition I have added the Consent Form (attached) which aims to clarify how we use the information provided and with whom it may be shared with. I would not wish either of the forms or the issue of consent to discourage reporting something which is a concern and again I urge you to discuss the issue with one of the Assistant Medical Directors if needed.

The Referral Form (including the Consent Form) is enclosed with this letter, which also contains some guidance notes and how to submit a referral to NHS England. An electronic version of the Form can also be obtained by contacting a member of the Quality and Performers Team at the address above.

We trust this information will be of assistance to you.

Yours sincerely

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Dr Mike Prentice (GMC No. 3289286) Medical Director and Responsible Officer (Cumbria and the North East)

Enclosures:

- 1. Medical Leads and Quality and Performance Team Contact Details
- 2. Referral Form & Consent Form

Medical Leads and Quality and Performance Team

PLEASE NOTE THE FIRST POINTS OF CONTACT FOR QUERIES IN RELATION TO CLINICAL CONCERNS ARE:

Dr Tim Butler

Assistant Medical Director / Deputy Responsible Officer: Telephone Number: 0113 825 1610 or 07900 715 343

Email: timbutler@nhs.net

Dr James Gossow

Assistant Medical Director / Deputy Responsible Officer: Telephone Number: 0113 825 1610 or 07824 432 834

Email: james.gossow@nhs.net

Dr Craig Melrose

Assistant Medical Director / Deputy Responsible Officer:

Telephone: 07878 851 908 Email: c.melrose@nhs.net

Dr Jonathan Slade

Assistant Medical Director / Deputy Responsible Officer:

Telephone Number: 07584 385 657 Email: jonathan.slade@nhs.net

Other Key Contacts Include

Medical Director and Responsible Officer

Dr Mike Prentice

Telephone Number: 0113 825 3027

Email: mike.prentice@nhs.net

Other members of the Quality and Performance Team working across C&NE (* unless otherwise stated) are as follows:

Based at Waterfront 4, Newburn

Name and Job Title	Tel number	E mail address
Ken Youngman Primary Care Commissioning Manager (Pharmacy/Optometry & Performance)	0113 824 7228	kenneth.youngman@nhs.net
Jackie Lambert Programme Manager	0113 824 7218	jackie.lambert@nhs.net
Mandy Moyse Programme Manager	0113 824 7237	mandy.moyse@nhs.net
Dawn Dunbar Project Officer	0113 824 7210	dawn.dunbar@nhs.net
Clair Dodds	0113 824 7205	clairdodds@nhs.net

Admin – GP Appraisal and	
Revalidation (*Cumbria,	
Northumberland and North of	
Tyne & Wear)	

Based at The Old Exchange, Darlington

Name and Job Title	Tel number	E mail address
Julie Logue	0113 824 7224	julie.logue1@nhs.net
Programme Manager		
Rachel Turnbull	0113 824 7248	rachelturnbull@nhs.net
Programme Manager		
Debbie Graham	0113 824 7211	debbie.graham5@nhs.net
Project Officer		
Lisa Morris	0113 824 7234	lisa.morris10@nhs.net
Project Officer		

Referral Form

Raising a Performance Concern Regarding a Clinician

Guidance note: This form should be used to refer a performance concern regarding a clinician to NHS England – North (Cumbria and the North East). The template will ensure general information is provided and will help the referrer to articulate what the specific concerns are. It is accepted that some of the boxes may not be relevant to every referral and may be amended to capture any key aspects of a particular concern.

In addition to completing this form, you may wish to discuss the concerns with one of the Assistant Medical Directors (detailed above) prior to submission of the form where verbal communication may provide greater clarification.

Details of individual rais	ing the issue	
Name:		
Designation:		
Organisation:		
Telephone number:		
Address:		
E-mail address:		
Date of referral:		
Details of incident and p	ractitioner concerned:	
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Date of incident:		
Clinician Name:		
GMC/GDC/GOC/Other		
regulatory body number:		
Source of concern:	PALS ref: DATIX ref: Complaints: Other please specify:	
Summary of concern: (lin	nked to regulatory standards i.e: GMC, GDC, GOC, NICE etc)	
Relevant background to		

Investigation steps to date/action taken by referrer:
(please include relevant meetings with clinician, i.e dates, place, attendees and
outcomes and any internal processes still on-going)
Clinician response to concern:
Potential ongoing risks:
Referral opinion including any identified next steps:
Supporting information attached:
Please see attached Consent Form for consideration / completion
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For Office Use only:
Recommendations to C&NE:
For Information
For action
Other (Please State):

If you would like to speak to someone:-

- Regarding completion of the form please contact a member of the Quality and Performance Team on (0113 824) 7237/7218/7224/7248 and ask to speak to one of the Programme Managers; or
- To discuss a performance concern, in the first instance please contact one of the Assistant Medical Directors:-

Dr Tim Butler

Telephone Number: 0113 825 1610 or 07900715343

Email: timbutler@nhs.net

Dr James Gossow

Telephone Number: 0113 825 1610 Email: james.gossow@nhs.net

Dr Craig Melrose

Telephone: 0113 825 2977 or 07878 851 908

Email: c.melrose@nhs.net

Jonathan Slade

Telephone Number: 07584 385 657 Email: jonathan.slade@nhs.net

Other contacts include:

Medical Director and Responsible Officer

Dr Mike Prentice

Telephone Number: 0113 825 3027 Email: mike.prentice@nhs.net

Once completed, please return the referral form to:

Dr Mike Prentice
Medical Director and Responsible Officer
NHS England
Waterfront 4
Goldcrest Way
Newcastle upon Tyne
NE15 8NY

Or, alternatively if you have an NHS Mail account, you may prefer to scan and attach the referral form to an email to:

england.performancereferral@nhs.net



Raising a Performance Concern Regarding a Practitioner

Consent Form

Pra	ctiti	oner	Name:
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Regulatory Body Number:

In order to investigate your concerns regarding the practitioner named above, NHS England - North (Cumbria and North East) will need to disclose details of your concern(s) to the practitioner concerned. Please provide us with your consent to do this by signing and dating where indicated below.

Please complete below

I agree that Cumbria and North East may share the information I have provided on
[date] and as contained in the Referral Form dated, and any
subsequent information I may provide in connection with the same to the practitioner named on
this form.
I understand that any information that Cumbria and North East receives during the course of any investigation into the concerns I have raised will likely be shared with legal representatives, clinical advisers and the relevant Regulatory Body. It may also be shared with the Police and other NHS Bodies as applicable to the investigation and as deemed appropriate by the Area Team.
Name:
Signature:
Date:

Please return this form with your completed Referral Form.

Note: If you feel unable to provide this consent and or wish to remain anonymous please contact in the first instance either Dr Tim Butler or Dr Craig Melrose, Assistant Medical Directors to discuss – details on the previous page.

Guidance notes	for Referrers to complete Practitioner referral Form
Details of Individual	Self- explanatory – all information requested should be provided in full.
Source of concern	Self- explanatory.
Summary of Concern	Clarify the nature of the performance concern e.g. patient / public safety; clinical performance (detailing specifics); behavior / attitude; specifics of any complaint; fraud; ill health; practitioner in difficulty; conduct. These examples are not exhaustive.
Relevant Background	Include details of any other current or historical concerns with the practitioner – action taken / outcome.
	Any issues which may be linked to the concerns raised.
Investigation steps	Provide a brief chronology of the steps taken prior to the referral e.g. internal investigations undertaken – outcome / meetings held / actions / agreements / current position etc.
Clinician Response to Concerns	Completion of this section will be subject to whether or not the referrer has informed the clinician at the time of the referral. Complete as applicable.
Potential ongoing risks	Highlight any risks or potential risks if this matter is not addressed.
Referral opinion	Based on the information available at the point of the referral, the referrer may wish to provide their opinion on how the case may be addressed, and any steps to resolution that may have been considered.
Supporting Information	The referrer should provide any available evidence to support the concerns raised / allegations made e.g. meeting notes; records; file notes; complaint letters; SUI's etc.,