

**BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST**

**POLICY FOR MANAGING CONCERNS ABOUT  
POORLY PERFORMING PRIMARY CARE  
PRACTITIONERS**

**1. Introduction**

Following the integration of the former North Birmingham and Eastern Birmingham Primary Care Trusts, the Policy was reviewed and agreed at a meeting of the Performance Panel held on 30 October 2007, at which minor amendments to the Terms of Reference for the Performance Panel were agreed. In regard to establishing a Panel to hear a case related to a Primary Care Practitioner, it was recognised that membership of the Panel should be “appropriate to the cultural and professional background of the PCP in question”.

It was also agreed that for meetings of the Panel to be quorate, the minimum members present should be: a professional member, a Non Executive Director and an Executive Director.

The Policy was approved by the Integrated Governance and Performance Committee in December 2007.

**2. Purpose of the Policy**

The Birmingham East and North Primary Care Trust is committed to assuring the quality of its Primary Care Practitioner Services in order to maximise clinical effectiveness and minimise risk and harm to patients and staff.

The majority of Primary Care Practitioner (PCPs) – which includes General Medical Practitioners, General Ophthalmic Service Practitioners, General Dental Practitioners and Community Chemists provide a highly competent and highly quality service. However, a small minority of PCPs may not, and when concerns are identified, it is the responsibility of the PCT to evaluate the potential impact on patient safety and to act accordingly.

The PCT is committed to developing a culture in which the PCT supports PCPs to provide a highly competent service to patients within the framework set out in the Policy.

The aim of the Policy is to provide a framework for the PCT to evaluate and support PCPs whose performance gives cause for concern and to ensure that action is taken by the PCT before the problems identified become detrimental to patient care.

The Policy is set out in eight parts: Part 1 sets out the general principles that apply to all PCPs; Parts 2 to 5 set out the policy and procedures relating to the four professions; Part 6 relates to

suspension; Part 7 sets out the overarching framework and process which requires to be followed in oral hearings and Part 8 sets out the PCT's complaints handling and disciplinary responsibilities.

The PCT will, on the coming into effect or repeal in England, of any law which changes the relevant regulatory framework relating to the management of PCPs, seek to ensure that this document is amended accordingly.

### **3. Overview of the process**

Responsibilities for decision-making, investigation, and developing improvement programmes have been allocated to separate bodies to ensure a fair and transparent process. Investigations will be initiated by the Performance Panel and undertaken by the Assessment Group. Appropriate professionals will be co-opted as necessary.

The role of the Performance Panel is to receive referrals from a range of sources and determine the action to be taken. The Performance Panel is a formal Committee of the PCT Board (as set out in the Primary Care Trusts (Membership, Procedure and Administrative Arrangements) Regulations 2000.SI 2000/89 (as amended)).

Membership of the Performance Panel includes:

- The Chief Executive or a representative of the Chief Executive who will act as her deputy.
- The Medical Director
- A Non Executive of the PCT
- An appropriate "professional" member(s); and
- Other co-opted PCT members as appropriate

Referrals to the Performance Panel may come from various PCT systems including complaints and "whistle blowing" from staff. Referrals may arise from routine performance monitoring based on national and PCT developed key indicators.

If the matter involved counter-fraud, the Practice/PCP will be referred to the city-wide Counter-Fraud Office at the Birmingham and Sandwell Internal Audit Consortium.

If a matter is of a sufficiently serious professional nature which may involve patients and/or issues of professional misconduct, it will be referred to the appropriate professional body, eg. GMC and/or to the National Patient Safety Agency.

### **4. Recommendation**

The PCT Board is asked to approve the Policy, which includes the Performance Panel as a Sub Committee of the Board.