

## Responses to the recommendations of the Independent Inquiry into the Issues raised by Paterson (25 March 2021)

Category	Recommendation	Government response
Information to patients	We recommend that there should be a single repository of the whole practice of consultants across England, setting out their practising privileges and other critical consultant performance data, for example, how many times a consultant has performed a particular procedure and how recently. This should be accessible and understandable to the public. It should be mandated for use by managers and healthcare professionals in both the NHS and independent sector.	No response to date.
	We recommend that it should be standard practice that consultants in both the NHS and the independent sector should write to patients, outlining their condition and treatment, in simple language, and copy this letter to the patient's GP, rather than writing to the GP and sending a copy to the patient.	NHS England and NHS Improvement will examine how current guidance published by the Academy of Medical Royal Colleges (AoMRC) in 2018 on writing outpatient clinical letters addressed to patients (and copied to their GP) using simple, appropriate language can be incorporated into the requirements of the NHS standard contract.
	We recommend that the differences between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is explained clearly to patients who choose to be treated privately, or whose treatment is provided in the independent sector but funded by the NHS. This should include clarification of how consultants are engaged at the private hospital, including the use of practising privileges and indemnity, and the arrangements for emergency provision and intensive care.	No response to date.

Consent	We recommend that there should be a short period introduced into the process of patients giving consent for surgical procedures, to allow them time to reflect on their diagnosis and treatment options. We recommend that the GMC monitors this as part of 'Good Medical Practice'.	The General Medical Council (GMC) published its revised good practice guidance on consent on 30 September 2020. This came into effect on 9 November 2020 and sets out seven principles of decision making and consent, including giving patients the information they need to make a decision and the time and support they need to understand it. The GMC will work with organisations across the UK's health services to support doctors to embed this into their everyday practice.
Multidisciplinary team (MDT)	We recommend that CQC, as a matter of urgency, should assure itself that all hospital providers are complying effectively with up-to-date national guidance on MDT meetings, including in breast cancer care, and that patients are not at risk of harm due to non-compliance in this area.	Specific questions relating to MDT are already included in appropriate CQC service frameworks. As part of a longer-term strategy (based upon a short- and medium-term action plan that includes this recommendation) the CQC will work to ensure these become mandatory elements of its assessment and inspection approaches and communicate its expectations to service providers.
Complaints	We recommend that information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and independent sector. We recommend that all private patients should have the right to mandatory independent resolution of their complaint.	No response to date.
Patient recall and ongoing care	We recommend that the University Hospitals Birmingham NHS Foundation Trust board should check that all patients of Paterson have been recalled, and to communicate with any who have not been seen.	University Hospitals Birmingham NHS Foundation Trust (UHB) contacted 4,394 patients between May and August 2020. This has given rise to 355 enquiries. Following receipt of each enquiry, the patient /relative was contacted directly by a member of a dedicated team to ensure that the Trust was responding in a way that was respectful and responsive to individual patient preferences. For patients who underwent a breast procedure, care was reviewed by a Consultant Breast Surgeon who was independent from the Trust. For

Patient recall and ongoing care		patients who had a general procedure e.g. hernia repair or a varicose veins/other vascular procedure, care was reviewed by a consultant from UHB.
	We recommend that Spire should check that all patients of Paterson have been recalled, and to communicate with any who have not been seen, and that they should check that they have been given an ongoing treatment plan in the same way that has been provided for patients in the NHS.	By December 2020 Spire Healthcare had contacted all known living patients of Ian Paterson for whom they had addresses (approximately 5,500). Spire Healthcare is currently ensuring that those patients' care has been fully reviewed, that the outcome of the reviews has been fully communicated to them and that, if required, they are getting the support and care that they needed. Additionally, several hundred people have contacted Spire as a result of the letters sent out last year. A proportion of these are having their care reviewed by an independent consultant surgeon and some have been referred for counselling, follow up support or, where clinically appropriate, treatment. Spire Healthcare will continue their review of patients' care during 2021.
Improving recall procedures	We recommend that a national framework or protocol, with guidance, is developed about how recall of patients should be managed and communicated. This framework or protocol should specify that the process is centred around the patient's needs, provide advice on how recall decisions are made, and advise what resource is required and how this might be provided. This should apply to both the independent sector and the NHS.	No response to date.
Clinical Indemnity	We recommend that the Government should, as a matter of urgency, reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry, and introduce a nationwide safety net to ensure patients are not disadvantaged.	No response to date.

Regulatory system	We recommend that the Government should ensure that the current system of regulation and the collaboration of the regulators serves patient safety as the top priority, given the ineffectiveness of the system identified in this Inquiry.	No response to date.
Investigating healthcare professionals' practice and behaviour	We recommend that if, when a hospital investigates a healthcare professional's behaviour, including the use of an HR process, any perceived risk to patient safety should result in the suspension of that healthcare professional. If the healthcare professional also works at another provider, any concerns about them should be communicated to that provider.	No response to date.
Corporate accountability	We recommend that the Government addresses, as a matter of urgency, this gap in responsibility and liability.	No response to date.
	We recommend that when things go wrong, boards should apologise at the earliest stage of investigation and not hold back from doing so for fear of the consequences in relation to their liability.	No response to date.
Adoption of the Inquiry's recommendations in the independent sector	We recommend that, if the Government accepts any of the recommendations concerned, it should make arrangements to ensure that these are to be applicable across the whole of the independent sector's workload (i.e. private, insured and NHS-funded) if independent sector providers are to be able to qualify for NHS contracted work.	No response to date.