

# Northamptonshire Primary Care Training Hub PLT

## Learning from claims and GP Indemnity

March 2025

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Advise / Resolve / Learn

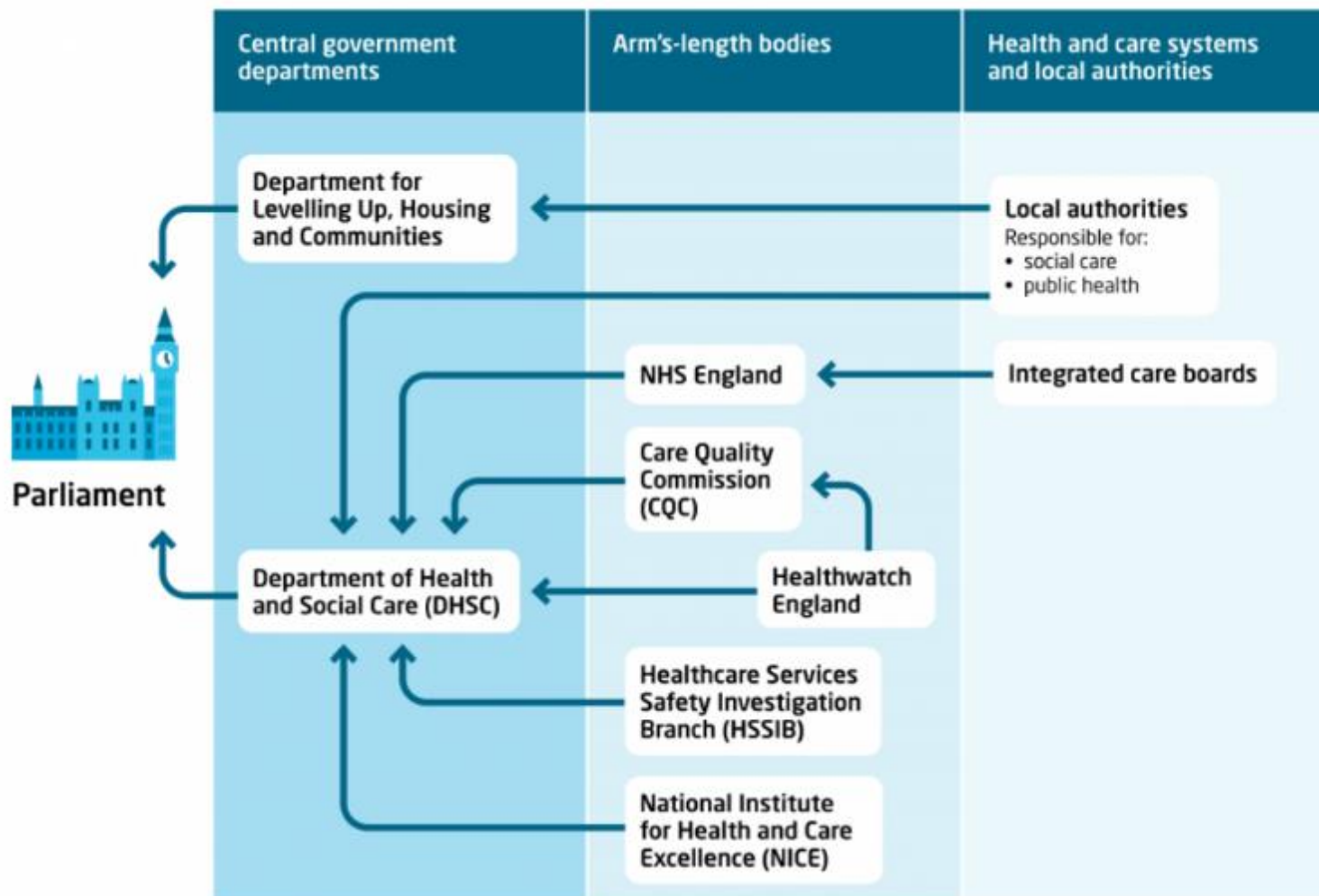
**NHS**  
Resolution



# Session overview

- Introduction to NHS Resolution and GP indemnity
- Scene setting
- Utilising learning from claims to support patient and practitioner safety in general practice
- Clinical negligence, documentation, duty of candour and available legal support and advice

# NHS Resolution and the wider system



The NHS Resolution Safety and Learning team supports the NHS to better understand their claims risk profiles, to target their safety activity and share learning across the system for improvement.

# NHS Resolution: Our Priorities

## New strategic priorities



**Deliver fair resolution**



**Share data and insights as a catalyst for improvement**



**Collaborate to improve maternity outcomes**



**Invest in our people and systems to transform our business**

## Our services

### Claims Management

Delivers expertise in handling both clinical and non-clinical claims through our indemnity schemes

### Primary Care Appeals

Offers an impartial resolution service for the fair handling of primary care contracting disputes.

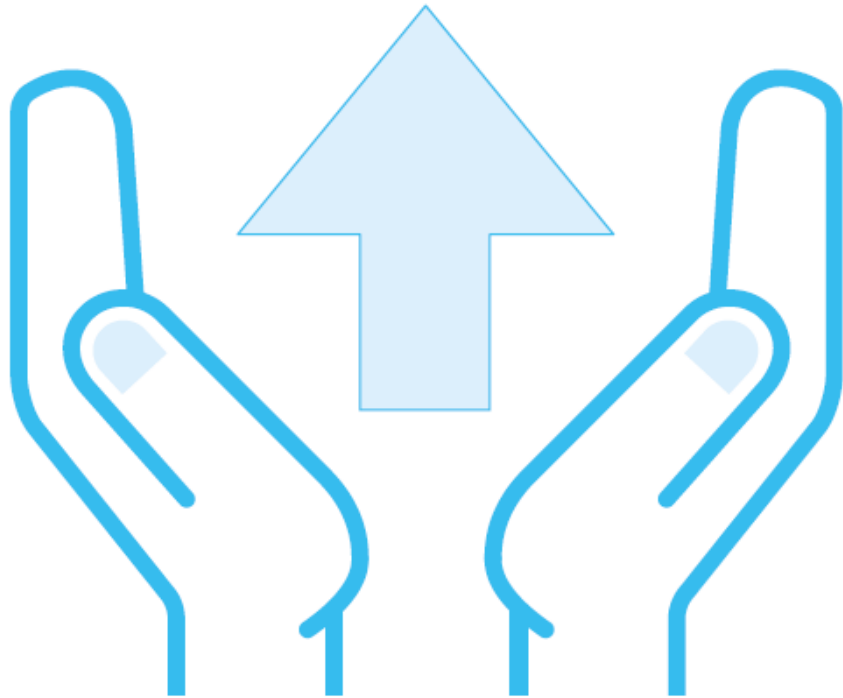
### Practitioner Performance Advice

Delivering expert advice, support and interventions on the fair management of concerns about the performance of doctors, dentists and pharmacists

### Safety and Learning

Supports the NHS, our members and beneficiaries to better understand their claims risk profiles, to target their safety activity while sharing learning across the system to improve patient care

# General Practice Indemnity schemes

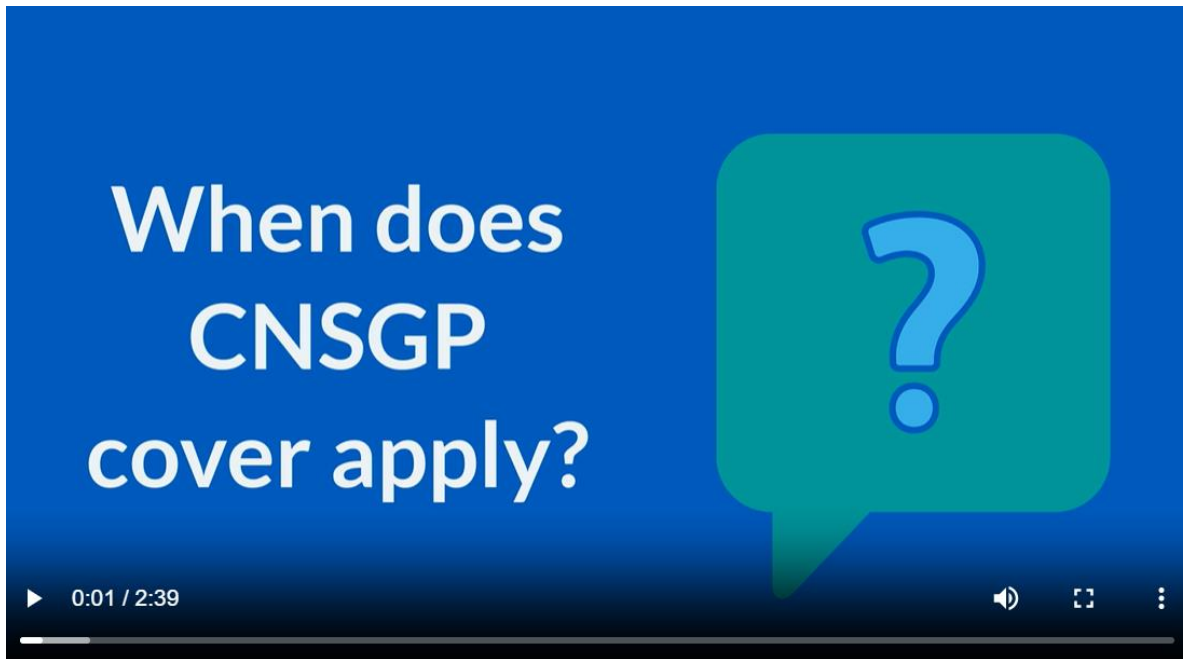


**Clinical Negligence Scheme for General Practice (CNSGP)** which covers clinical negligence claims for incidents occurring in general practice on or after 1 April 2019.

**Clinical Negligence Scheme for Coronavirus (CNSC)** launched on 3 April 2020.

**Existing Liabilities Scheme for General Practice (ELSGP)** is a new scheme launched on 6 April 2020. Medical and Dental Defence Union of Scotland (MDDUS) claims fully transferred to NHS Resolution on that date.

# CNSGP cover



This short animation will give you all the information you need to understand when CNSGP cover will apply.

- [General Practice Indemnity - NHS Resolution](#)

The beneficiary charter outlines our promises to support you through the process

- [Beneficiary charter - NHS Resolution](#)

# Incidents, complaints and claims

1 April 2023- 31 March 2024



Resolution



13,718

**new clinical claims**

reported to NHS Resolution

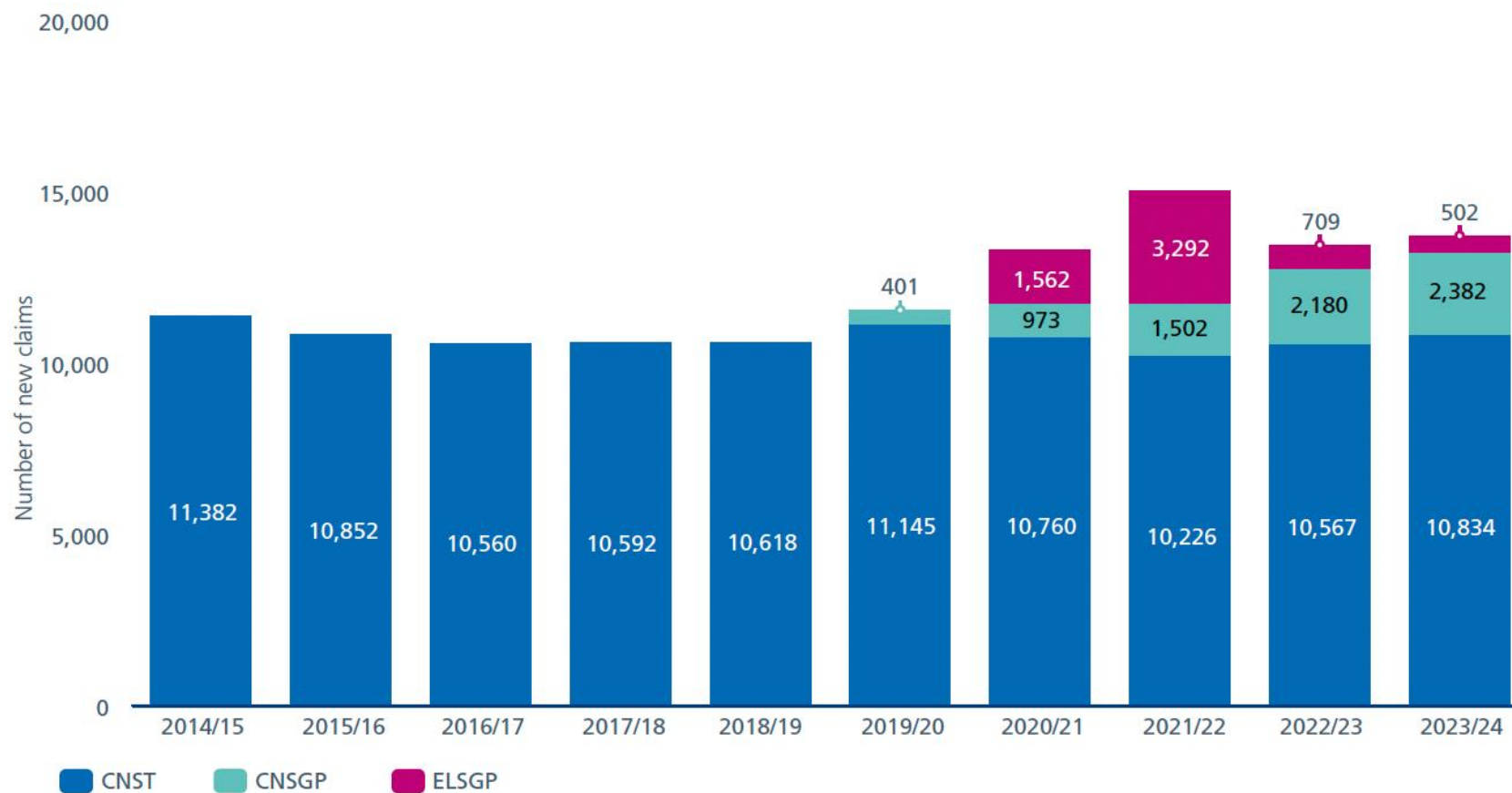
**229,458 complaints\***

recorded by NHS Digital

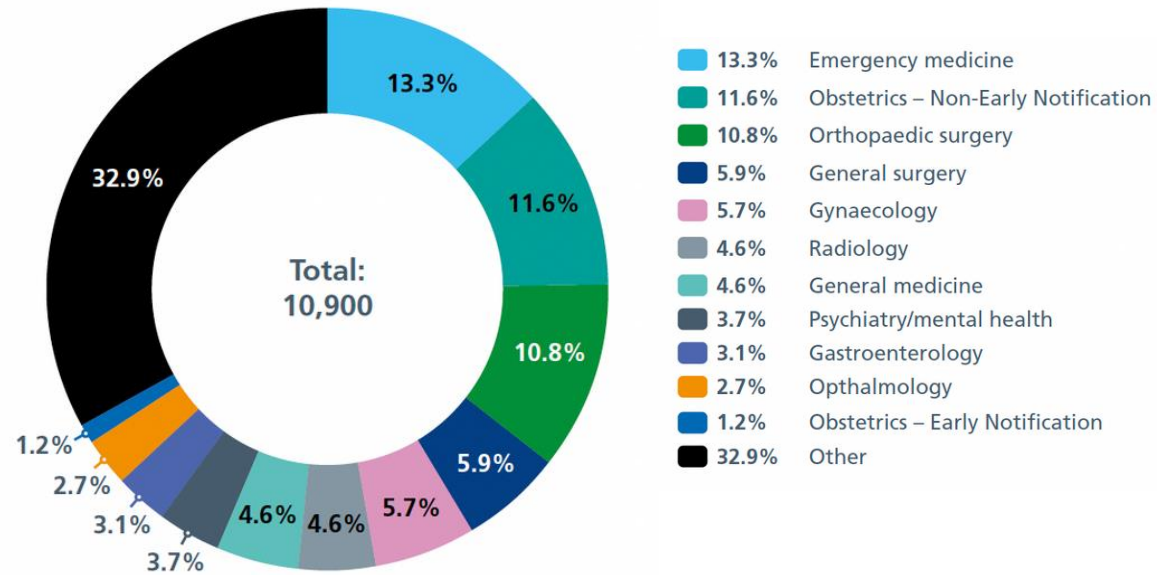
**2,345,817 incidents\*\***

reported to the National Reporting  
and Learning System

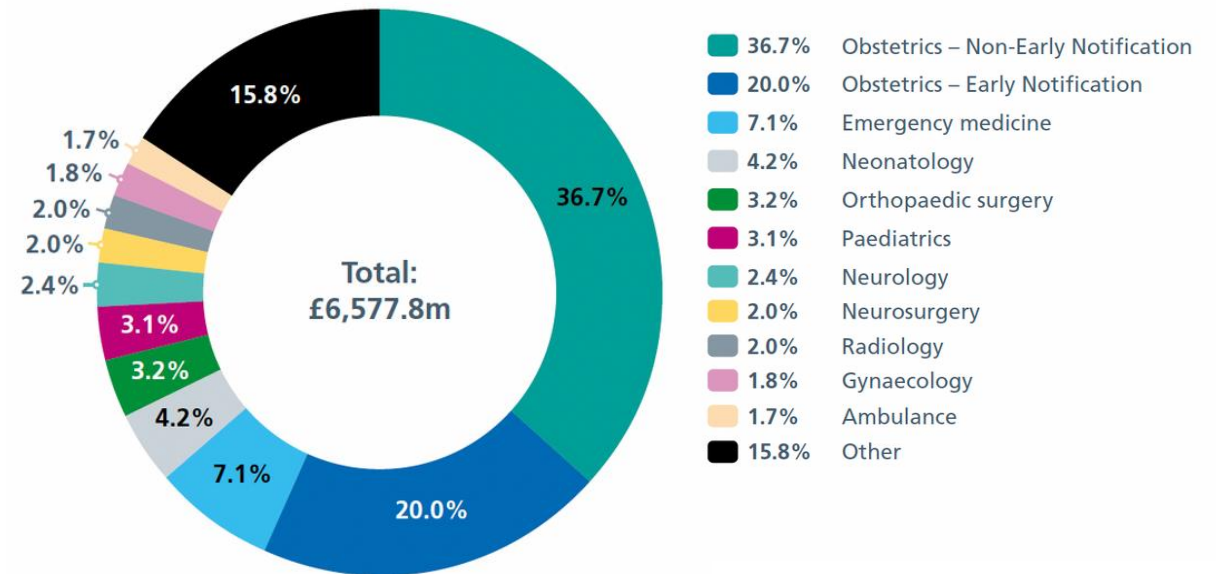
# The total number of new CNST, CNSGP and ELSGP claims and incidents reported in each financial year from 2014/15 to 2023/24



# Total number of clinical claims received in 2023/24 by specialty

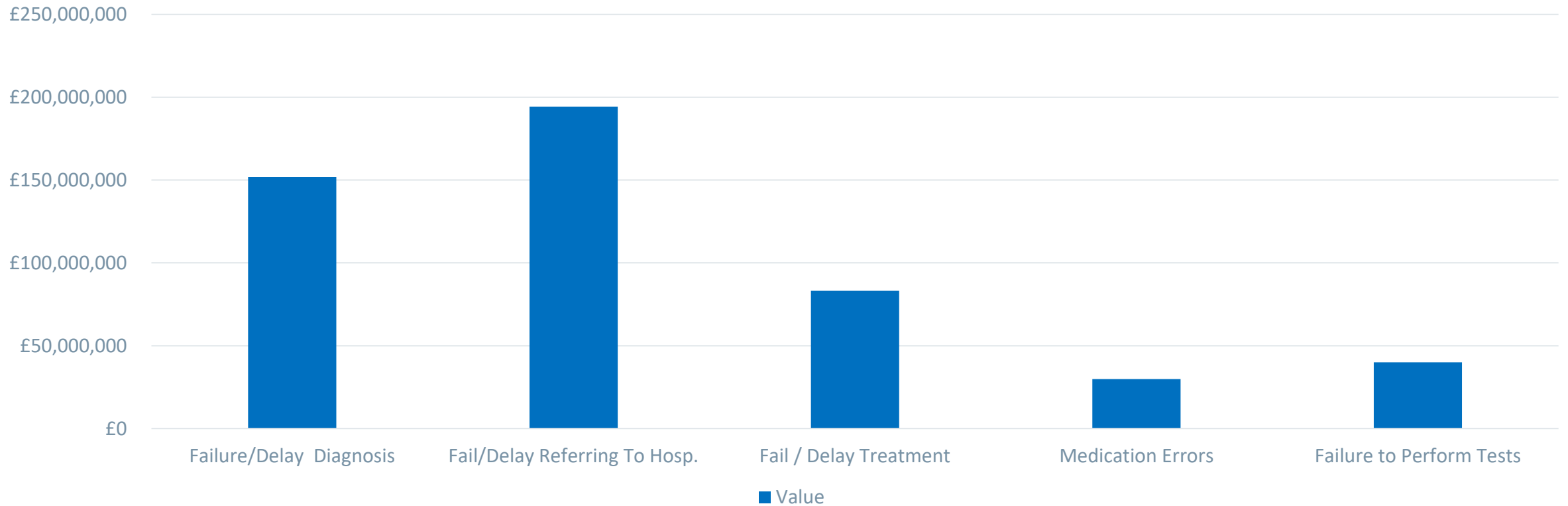


# Total value of clinical claims received in 2023/24 by specialty



# General Practice - Top Cause & Injury Codes 2013/14 to 2022/23

## National Top 5 Causes by Value



# Overview of the 2019/2020 CNSGP Report (Published 2022)

# Clinical negligence scheme for general practice (CNSGP) report

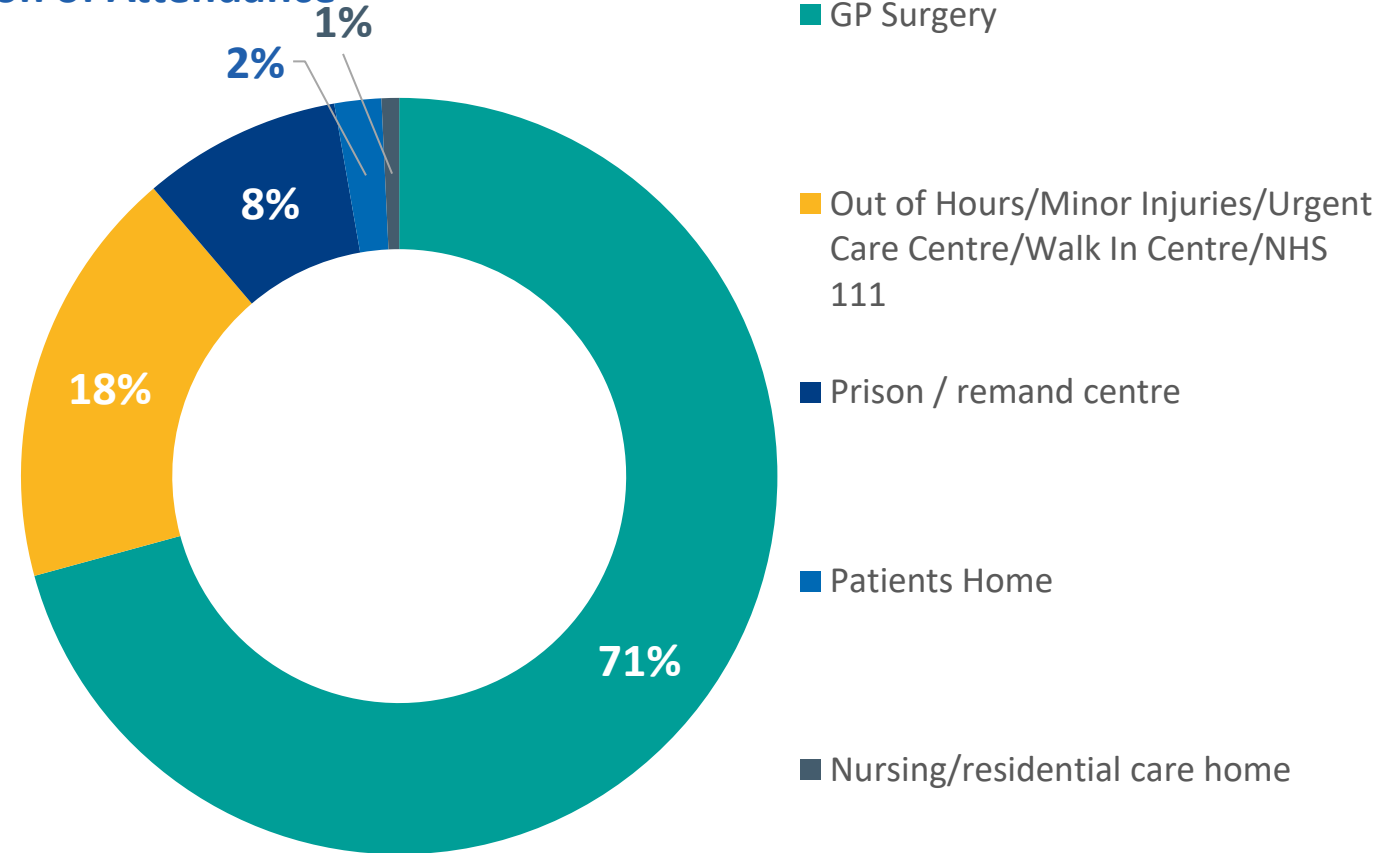
Failure to investigate and/or diagnose, and missed, wrong and delayed diagnoses

Medication errors

Delays in care, including specialty reviews and referrals

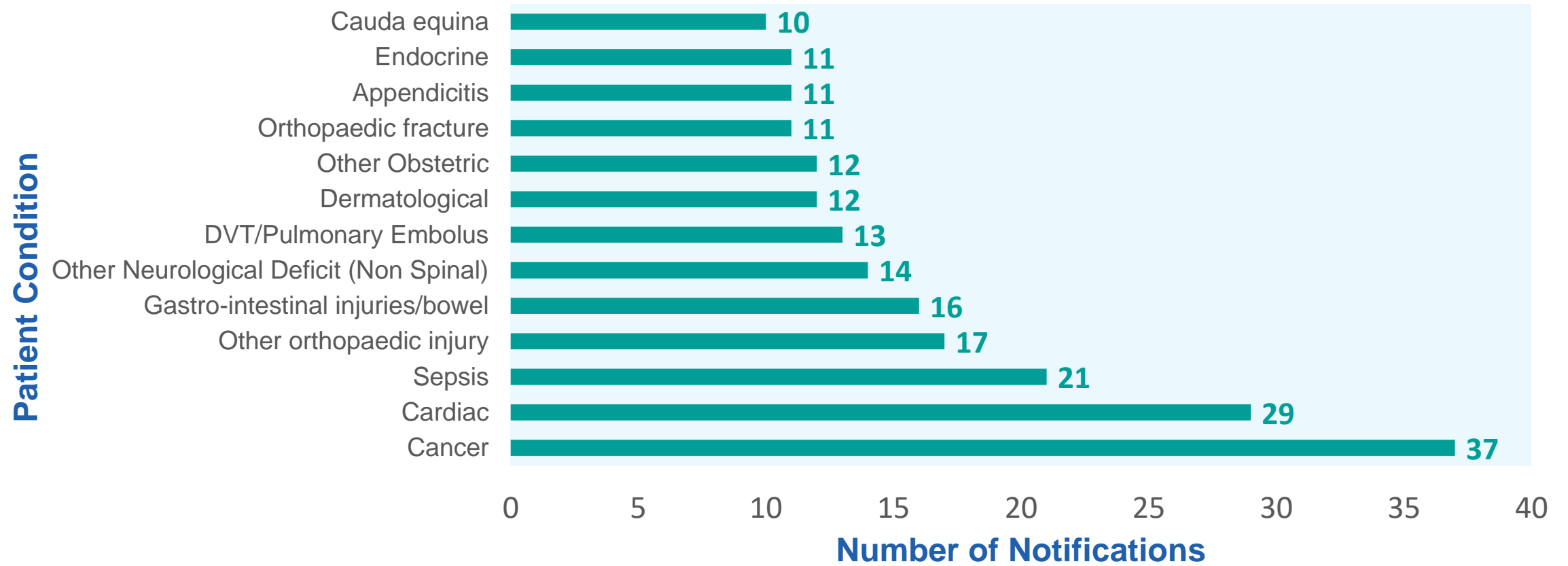
Problems with communication, between primary and secondary care

Location of Attendance



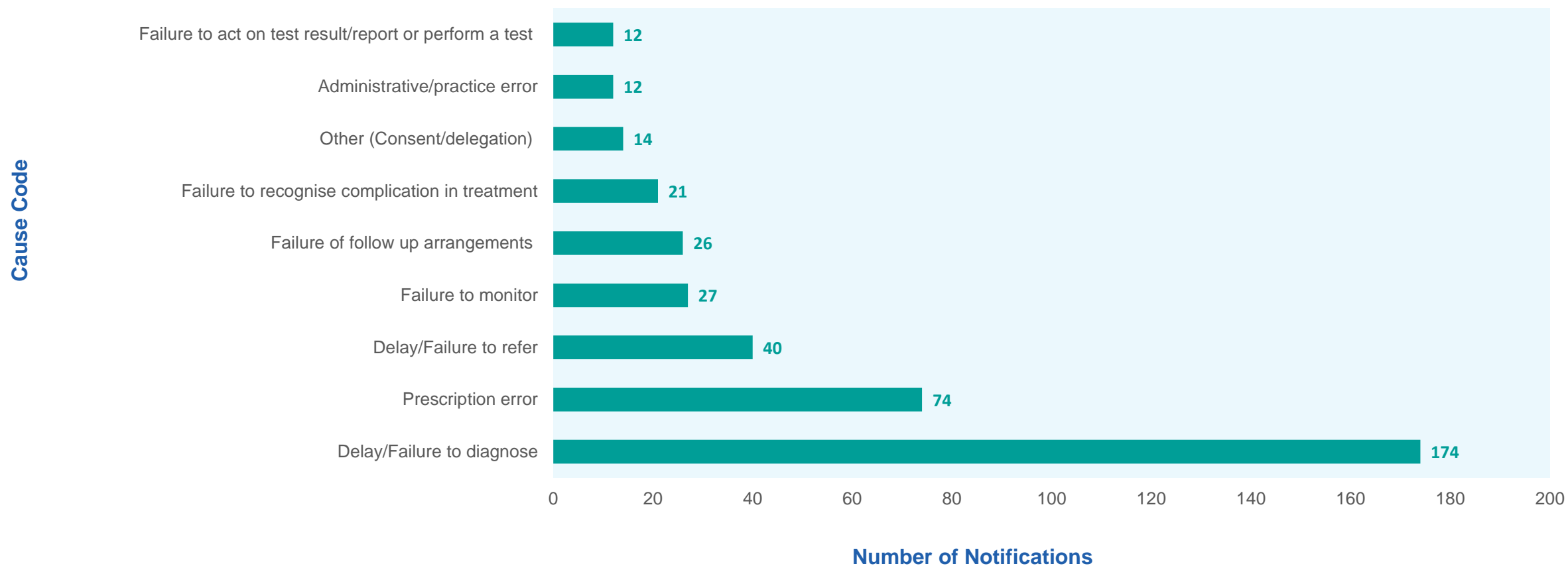
# Most frequent notifications by patient condition

## Most Frequent Notification by Patient Condition

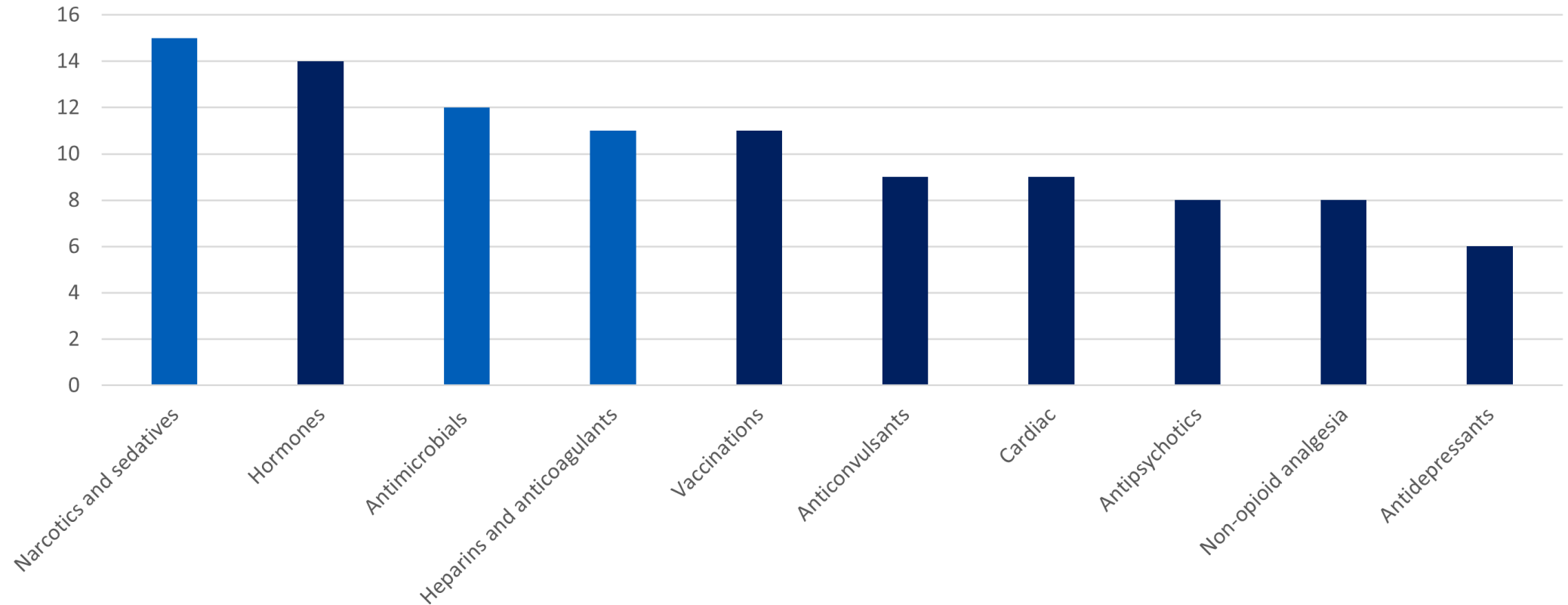


# CNSGP notification causes

Number of Notifications per cause code



# Medication Errors – GP Indemnity Schemes



[Did you know? General Practice Medication Errors](#)

# High value and fatality related claims

16 High Value<sup>a</sup> claims

86 fatality related claims

## Common Themes:

- 1 Diagnostic error including missing signs of deterioration.
- 2 Failure to investigate and/or diagnose, and missed, wrong and delayed diagnoses.
- 3 Failure to recognise the significance of repeat attendance and/or patient not re-attending when advised to.
- 4 Delays in care, including specialty reviews and missed therapeutic options.
- 5 Problems with communication, escalation and cross specialty team working.

a) In excess of £1 million

# Understanding the claims process

# The Law

## What is medical negligence?

A health practitioner must have acted in a way which fell short of acceptable professional standards known as a “Breach of Duty”

Who decides? A health practitioner of the same discipline

If a GP is being alleged to have been negligent; a GP expert must comment

*Bolam v Friern Hospital Management Committee*

**Defendant’s conduct is judged according to the standard of a reasonable person having that skill**

# What? - claims

- Legal process
- Breach of duty – in the standard of care
- Causation – caused or contributed to injury/harm
- Admissions of liability – may or may not be made
- Litigation risk



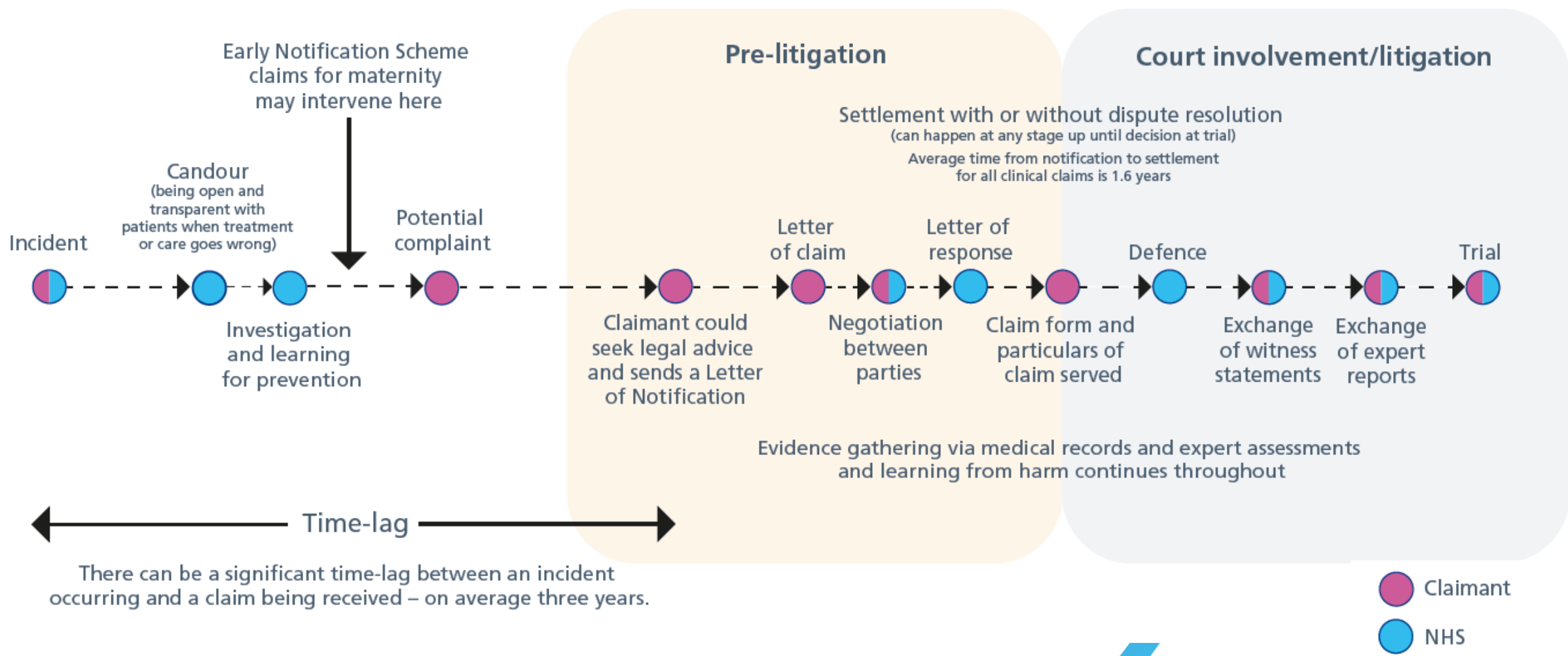
# When? - Claims

## Limitations

- 3 years from date of incident
- Unless a child – then it is 3yrs from 18<sup>th</sup> birthday
- No capacity – no limitation
- Or 3 years from date of knowledge



# Claims life cycle



# Why do people claim?



## Key conclusions:

- Reactions of NHS staff generally considered inadequate
- The majority not satisfied with the NHS complaints handling process
- A major external motivation to claim was suggestions from NHS staff



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*"I wanted to know what happened, and I wanted to know how the procedure took place. He was very ambivalent in a way, very flippant about it...I felt like I was bullied into having the procedure"*

# Record Keeping / evidence...

## Types of records

- Paper medical records
- Electronic patient records
- Emails
- Meeting minutes
- Draft and final reports
- Imaging
- Diaries
- Anything else?

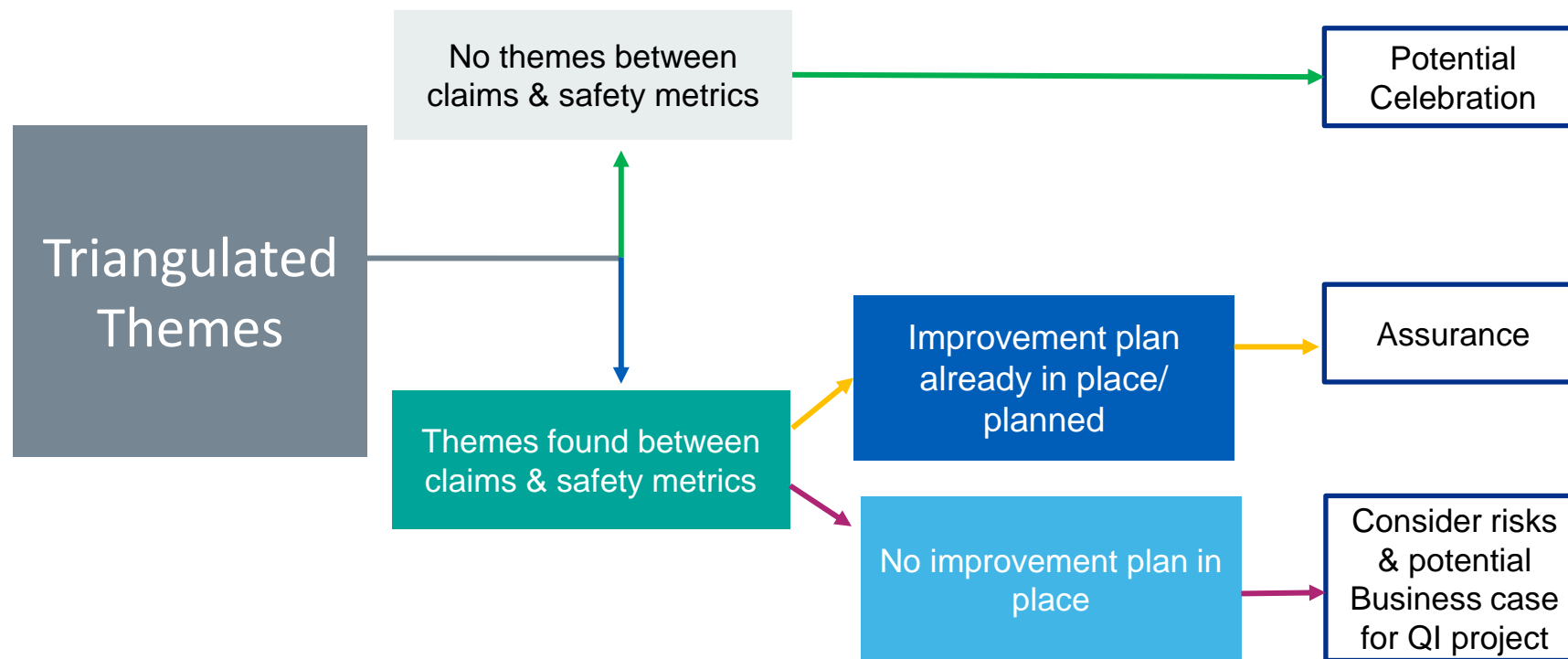


- Ensure your record is clear, complete, accurate and up to date.
- Complete at time or soon as possible after seeing patient.
- Record relevant history and examination findings both normal and abnormal.
- Record medication, investigations, treatment provided/proposed and safety netting advice.
- Note your recommendations for future/ongoing care. Decisions made and agreed actions including when to take no action, when decision should be reviewed.
- Note concerns or preferences expressed by patient that may be relevant to ongoing care.

# Triangulation of claims

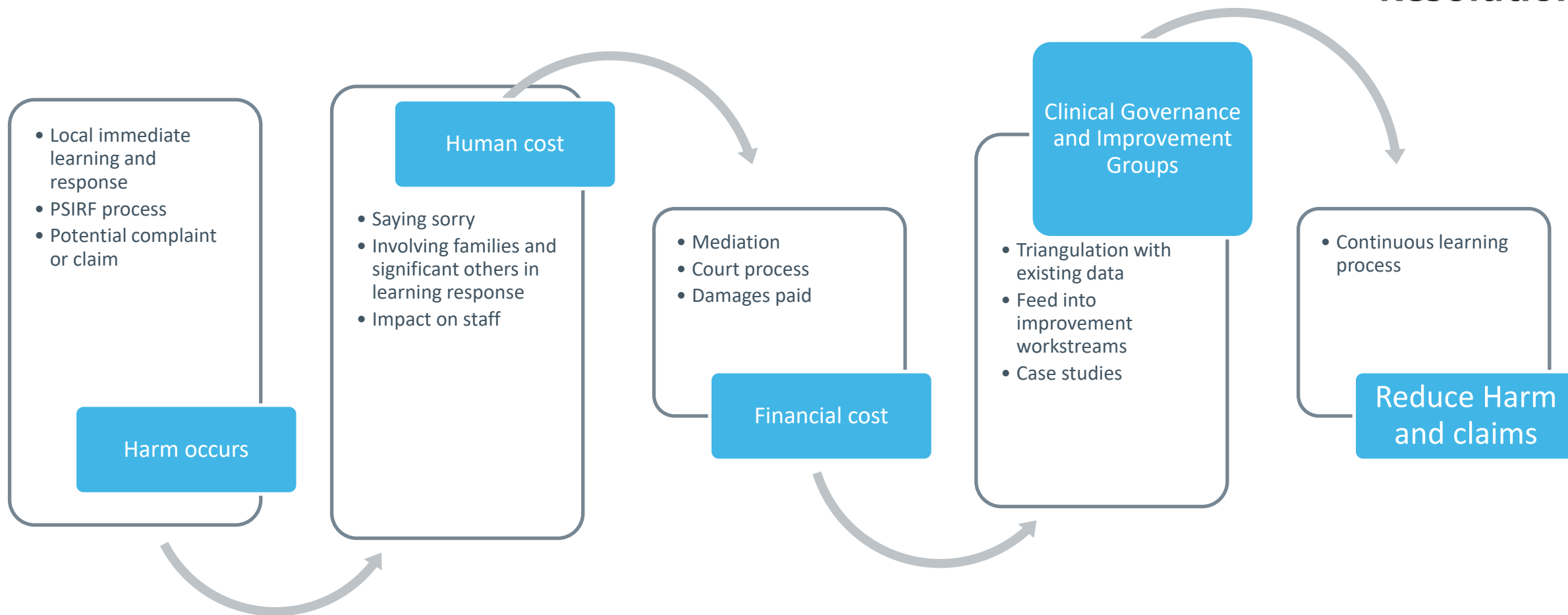
Drivers – Patient safety strategy, PSIRF & Primary Care Patient Safety Strategy

- Themes in:
- Claims
  - Patient safety events
  - Complaints
  - Safety Data (inc. CQC feedback)



**Abbreviations:** Patient Safety Incident Response Framework (PSIRF), Quality Improvement (QI), Clinical Quality Commission (CQC)

# Learning from litigation claims



## **What patients expect**

- Apology
- Prevention
- Understanding – both as explanation and compassion/empathy
- To be heard
- To receive an answer – why?
- Support
- Signposting – where appropriate

## **Workforce expectations**

- Compassion, understanding and support
- Fairness and equity
- To learn and to prevent
- The opportunity to provide an apology
- Signposting where appropriate

# Duty of candour - Saying sorry



## Duty of candour

Animation – 8:25 mins

- Professional and Statutory Duty of Candour
- Saying sorry is always the right thing to do and is not an admission of liability
- Always be compassionate towards the needs of the patient and those close to them
- Ensure conversations are timely and bespoke to their needs



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<https://resolution.nhs.uk/resources/duty-of-candour-animation/>

# Resources – Being Fair 2

The just and learning culture charter outlines the key features of a safe and fair workplace. This includes:



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## Being fair 2

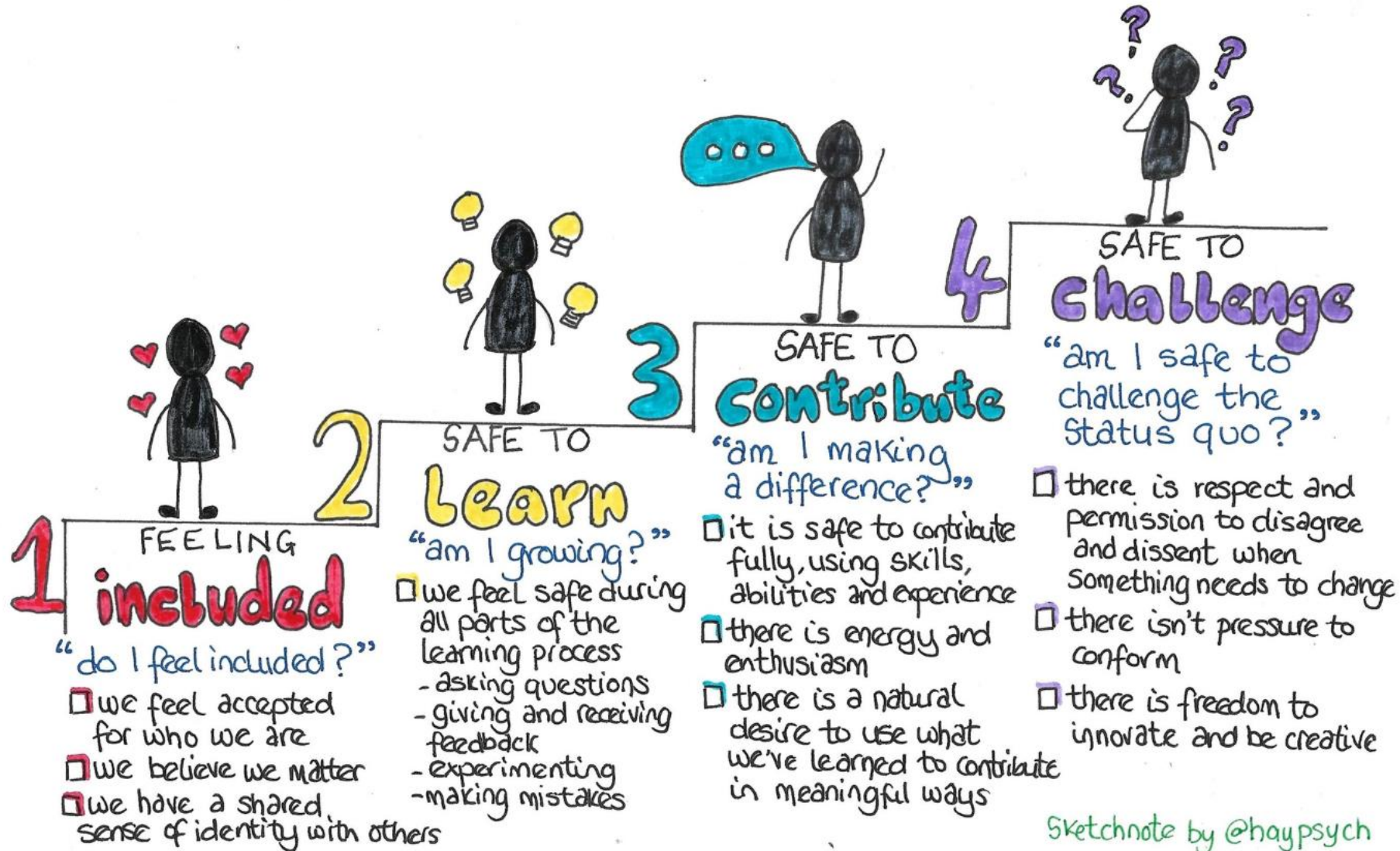
Promoting a person-centred workplace that is compassionate, safe and fair

bitly

SCAN ME

# the 4 STAGES of PSYCHOLOGICAL SAFETY

the 4 stages of psychological safety: Defining the path to inclusion and innovation  
by Timothy R Clark



# Thank you for listening

## **Safety and Learning team**

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# Thematic reports

Clinical negligence claims in  
Emergency Departments in England

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Report 1 of 3:  
**High value and fatality  
related claims**




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Published: March 2022

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Resolution

## Clinical Negligence Scheme for General Practice

An overview of the first year of the  
Clinical Negligence Scheme for General  
Practice (CNSGP) including a high level  
thematic analysis of the cohort of cases  
from year one of the scheme, 2019–2020.




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## Diabetes and lower limb complications

A thematic review of clinical  
negligence claims

Nicole Mottolini  
BPodM, Clinical Fellow,  
NHS Resolution



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Published: June 2022

# Did you know? Medication errors

Click on any of the pictures to read the full leaflet.

You can find other some of our other products for learning via our website [here](#).

Did you know? Insights into medication errors



Did you know? Anti-infective medication errors



Did you know? Heparin and anticoagulants



Did you know? General Practice Medication Errors



Did you know? Maternity Medication Errors



Did you know? Extravasation



## Primary Care Feedback received so far

“Very educative and will aid future consultations.”

“I would regularly review reports to identify recurring issues and develop an action plan to prevent them”

“I was able to identify the major ways that may cause claims to be brought and how to improve my practice.”

“Shaped my documentation approach. Learning to say sorry to patient  
Learn to Reflect and Re-Reflect.”

I hope you found this engagement beneficial, and I'd really appreciate your feedback to help us improve future sessions.

**Please use the QR code or use the link here**  
<https://www.smartsurvey.co.uk/s/41Z2B2/>  
**to complete the short survey**



**Thank you**