

Health Practice Associates - What Are They About?

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Several years ago I acted for a woman who had tragically lost her husband due to substandard medical care by the Private Ambulance Service.

By way of background information, in February 2016 my client's husband Mr P complained of chest pain shortly after he returned home from work. His wife telephoned 111 to seek advice as he had taken Gaviscon thinking he had indigestion but had vomited afterwards and he was complaining of right shoulder pain.

An ambulance arrived shortly after her call and 3 members of the crew attended Mr P's home. The lead ambulance technician was of the opinion that Mr P was fine and that he had pulled a muscle and there was nothing to worry about.

An ECG was performed by her colleague and the ECG was noted to be abnormal by the lead technician's colleague. The print out of the tracing read

*'Abnormal ECG **unconfirmed** lateral T wave abnormality is nonspecific, *possible anteroseptal infarct – age undetermined'.*

Despite this finding the lead technician refused to accept the ECG was abnormal and did not recommend that Mr P be transported to hospital. In fact, she persuaded him there was no need for him to attend hospital as he was definitely not having a heart attack and she had reached this conclusion before the ECG had been performed.

The ambulance crew then left and Mr P went to bed and sadly died 10 hours later in the presence of his wife. He was 54 years old. An internal report was prepared following the death and the report confirms the root cause for Mr P's death was:

'The decision made by the Emergency Medical Technician not to take this patient to hospital was based upon their incorrect analysis of the patient's ECG and presenting signs and symptoms. When challenged by a lower qualified colleague of the ECG, the EMT is alleged to have ignored their colleagues concerns and dismissed the changes on the ECG....'

At the inquest, the coroner's verdict stated serious failing of medical care provided by the private ambulance service in February 2016. The coroner also recommended that the court write to the contractor and subcontractor in regard to how they bring about improvement and lessons learned as a result of this incident. The saddest part of this was that the deceased lived 8 minutes from his local hospital, which had a specialist cardiac centre and if he had been transported to hospital when seen by the ambulance crew he would not have died.

My client was unaware that her husband was treated by a private ambulance service, she assumed that the ambulance was an NHS Trust crew. In any event, the case settled and the Private Ambulance Service went into liquidation.

My client's main concern was that the individual ambulance technician was not held accountable for her husband's death. She did not even attend the inquest to face my client and post Mr P's death, all she was made to do was complete a form reflecting how she would do things differently next time. There were rumours that she had also been under the spotlight previously in other parts of the country for substandard medical care. However, this individual slipped through the net as far as accountability stands.

She was not on any database, any register and at the time of settlement of the case, we heard that she was training to be a paramedic in yet another part of the country.

Who are HPA?

Health Practice Associates (HPA) www.hpa-uk.org is a not-for-profit regulated community interest company (publicly owned) that seeks to hold individuals to account for the efficacy of the care provided, acts or omissions, in so doing trying to prevent rogue staff members slipping through the net.

It maintains a register of emergency and non-emergency medical care staff who are not required under statute

to register as clinical practitioners, such as ambulance technicians, emergency care assistants, ambulance care assistants and similar, who are expected to uphold the standards for their vocational skills and abide by HPA's code of conduct, performance and ethics

The role of HPA is to protect the health and wellbeing of patients who use the services of registered individuals and only register those who are competent. HPA seeks to ensure expert, ethical and peer reviewed governance and oversee all registrants.

HPA has a governing panel made up of 18 members who's backgrounds include NHS, private & voluntary sector directors, executives, senior managers/partners, managers; as well as registered members of the occupations on HPA UK. The panel acts a steering group and also leads on policy and procedure regarding HPA's governance of registrants and organisational use of the system.

The HPA register displays qualifications and professional development of all registered individuals and highlights those individuals who fail to meet the acceptable standards preserving role autonomy for safe practising clinicians. As part of the registration individuals can develop their CPD training and expand their skills linking their profile with the clinical education department/s of organisations they work for. Organisations are also enabled through the HPA document dissemination portal to closely monitor whether registrants are keeping up to date with relevant policies and procedures to ensure compliance.

The important benefit is like the GMC and HCPC (for Paramedics), the HPA register is a public register and displays the qualifications and professional development for registered individuals. Members of the public can also see other basic information about the registered individual but they cannot, upload, store or share information about individual patients.

If a registered HPA member receives a complaint about his or her practice or there is a serious concern notified about that individual to the HPA which after investigation warrants being added to their profile on the register, the trust or organisation that they work for will receive an instant notification. What they do with that information is up to the trust or organisation.

HPA has a process for managing any causes for concern raised by employers, organisation, patients or even members of the public. The process provides for sanctions to be taken against the registrant; depending on the seriousness of the concern, these include the

registrant being removed from the register and this being noted on their record.

Benefits

The HPA improves accountability, and if a registered individual is reported to their employer then any restriction on their employment must be proportionate.

HPA's platform allows organisations to:

- *check and confirm a registrant's scope of practice*
- *check and confirm a registrant's driving level*
- *check and confirm a registrant's professional updating*
- *check on complaints/adverse incidents for registrants*
- *receive real-time safeguarding alerts regarding registrants*
- *report causes for concern, whether the individual is registered or not*
- *check if a registrant has any outstanding action plans from a Trust or other organisation*
- *closely monitor if documents such as internal and external policies and procedures are being read by associated registrants via a compliance dashboard*
- *strengthens and compliments an organisations clinical governance framework by ensuring employees operate within their scope of practice*

For registrants, the HPA platform provides

- *confirmation of a registrant's scope of practice*
- *confirmation of their driving capability eg, blue-light emergency*
- *a platform for recording professional development and updating*
- *a framework for managing causes for concern fairly but robustly*
- *confirmation of their criminal record background check*
- *evidence grade, driving and status via a high-grade drivers licence style ID card with live qr links to their profile*
- *be nationally visible to potential employers who can confirm a reliable track record*

The NHS access portal on HPA has an Alert system within the NHS parent group to internally and instantly alert

Trusts about individuals under investigation, sanction or dismissed for misconduct/malpractice

These individuals often seek employment in the private ambulance sector, which until the launch of HPA was an unwitting safe-haven, with individuals able to operate 'under the radar'.

Although the HPA register is voluntary to adopt, the key question for employers is to ask is if an employee isn't on the register, then why not? For organisations hiring staff to provide cover at events, for example music festivals, checking that staff are on the HPA register provides both assurance and significantly reduces the risk to all parties.

In summary, the HPA register provides increased assurance for employers, commissioners and users of services that registrants are 'fit for purpose', and a mechanism for ensuring individuals are held to account. If the ambulance technician who treated Mr P had been registered and an alert had come to light in regard to her fitness to practise then Mr P may still be with us today and the pain and anguish his widow suffers each day would have been avoided.

The HPA public registrar can only be a good thing.

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