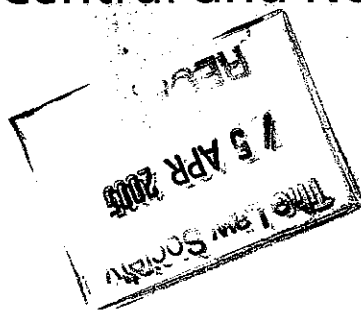


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Central and North West London



Mental Health NHS Trust
Mental Health Centre
Northwick Park Hospital
Watford Road
Harrow HA1 3UJ
Tel: 0208 869 2309
Fax: 0208 869 5087
Email: peter.Jefferys@nhs.net

Consumer Complaints Service
The Law Society
Victoria Court
8 Dormer Place
Leamington Spa
CV32 5AE

2 April 2005

Dear Sir / Madam

Complaint about Yvonne Hossack (Hossacks Solicitors, Kettering, Northants)

I wish to complain about the professional conduct of Yvonne Hossack in respect of her conduct towards me, as an expert witness. I was instructed by her as an expert medical witness to provide medical reports on residents at Rushlands, an Elderly Persons Home in Bristol between May 2003 and October 2004.

Complaint 1:

Yvonne Hossack sent me an email (22.10.04) threatening to refer me to the General Medical Council if I did not change my considered professional medical opinion about the risk faced by a patient. In my view this was coercive and unprofessional conduct. In the same email she said she would 'insist on an Inquest' if the patient died following transfer, which I also interpreted as a threat, and an attempt to get me to change my clinical opinion.

Complaint 2:

In a letter of complaint about my professional conduct made to the General Medical Council on 1 November 2004 Yvonne Hossack disclosed confidential medical information about 8 patients to the GMC without obtaining their consent, with no attempt to conceal their identities. The clinical information was totally irrelevant to the specific complaint she raised about my alleged refusal to change my professional opinion. This was unauthorised release of confidential personal clinical information, which I believe is unacceptable for a solicitor, as it would be for a doctor. In her letter to the GMC she implies that she was complaining on behalf of her client. I question whether Yvonne Hossack had authority to do so in view of her email (to me 4 Nov) which reads: 'When I met [Mrs S] I considered that although she did not have capacity to instruct me she certainly was able to express her thoughts and feelings'.



premature death. I have to repeat that I think the attention given to best practice by people in Bristol in recent weeks and months is of real significance. I am sorry if I cannot be more helpful at this stage.'

9. Yvonne Hossack replied (email 22 Oct at 16.47): 'You really do need to explain the basis of your clinical judgement.' Her response continued with some alleged views of Mrs S's daughter and concluded:

'It is my view that if I let matters stand as they currently are without sufficient explanation for your judgement that [Mrs S] is no longer at risk I the circumstances outlined ante then I will myself be failing in my duty to her. For the avoidance of doubt if [Mrs S] were to move relying on your discussions with Bristol and your not having seen [Mrs S] to inform you new clinical judgement and if she were to die, as your reports hitherto expected, then I will insist on an Inquest being held.

'I also have instructions to report you to the GMC but before I do so invite you to let me have your further comments by midday on Monday 25 October 2004.

'Finally, if we are satisfied that [Mrs S] is not at risk, then she, I and her daughter will be only too pleased. However I explained to you in earlier conversations my own duties to my client and that I was relying on your judgement. You sent a Report to me which did not indicate any risk. At the same time you reported to Bristol (July 2004) that there was a very real risk of loss of life expectancy for all three of my clients. This occurrence severely undermined my confidence in you as I am sure you will understand. Asked you, in writing, for an explanation but you have not supplied it. Please do so now as clearly I will need to forward to the GMC all documentation. I am sure they would expect me to try to resolve the matter without recourse to them.

Yours sincerely

Yvonne Hossack'

10. My email went 'down' and I did not access the 22 Oct email until 4 Nov. I briefly responded to Yvonne Hossack who replied: 'I have, as I said I would, made a complaint to the GMC. You should take independent advice, should you wish to do so, before responding to this email and hand it to those advising you'.
11. Yvonne Hossack formally complained to the General Medical Council about me on 1 November 2004 enclosing my medical reports on 8 Rushlands residents (with no attempt to conceal their identities or delete confidential medical information) as well as copies of emails and other correspondence referred to above.
12. The essence of Yvonne Hossack's complaint to the GMC was: 'I am very concerned about the advice this Doctor has given.'
13. The GMC Fitness to Practise Directorate subsequently asked me to identify my employers and forwarded them all with details of the Hossack complaint, inviting them to provide details of any concerns they might have about my personal or professional conduct. I was not required to provide evidence or make a formal response, and I was advised by the GMC in Feb 05 that the complaint was not being pursued further following case manager investigation. My medical reports were commended.

Documentation

I have copies of all the emails and correspondence referred to in the chronology, but I have a professional duty to protect confidential clinical information relating to the

Chronology

1. In May 2003 Hossacks instructed me to provide an independent medical report on 3 residents of Rushlands - completed June 2003.
2. In June 2004 I was jointly instructed by Hossacks and Bristol City Council to provide fresh medical reports on 3 Rushlands residents - completed July 2004.
3. Hossacks singly instructed me to provide some clarification in late July 04.
4. Bristol City Council undertook considerable additional social work with the Rushlands residents, responding to criticisms and suggestions made in my reports and discussion with me, between July and October 04.
5. Yvonne Hossack informed me on 19 October 04 that one of her clients: 'will not cooperate with the Council in any plans to re-locate her prior to a decision made by the court'. She asked me: 'Can you please confirm to me whether or not you consider that in Mrs S's case the very best of relocation plans and preparation can reduce her risk of loss of life expectancy to nil. If you consider that the very best of relocation plans and preparations can reduce the loss of life expectancy further than your best case estimate in your report to the Council would you please say so giving details of any shorter period of loss of life expectancy that you foresee'.
6. I replied promptly (20 Oct): 'I have seen the relocation plans for your three clients, and had a lengthy discussion on 4 October with [2 named social workers], questioning some details and making suggestions - consistent with best practice. My impression is that considerable care and thought was given to the detailed risk assessment for each individual. We had a clinically realistic discussion about respective risks facing each person and the steps that could be taken to minimise risk. All my practical suggestions were acknowledged in discussion and I think taken on board, in particular the importance of key workers from Rushlands providing 'special time' with individuals for a period post transfer.'

'My view on the likely risk of serious illness - mental or physical - or of premature death requires revision in light of the quality of work undertaken. My initial risk predictions were based on the assumption that transfer arrangements would be rushed with limited attention given to best practice. I am confident that for all three clients the steps taken by Bristol following my earlier reports and your lobbying has significantly reduced their psychological and physical risks. It is always difficult to quantify life expectancy. I understand that Mrs S has been medically stable in recent weeks. I think risk of premature death as a consequence of transfer is now very low. I asked [named SS senior manager] to try and negotiate agreement with the Rushlands GP for your three clients to continue responsibility for them in the first month following transfer to provide continuity of medical cover. And Mrs S will have continuity of specialist psychiatric support.'

7. Yvonne Hossack responded (email 21 Oct): 'with great concern as what you say is so different to your earlier report to Bristol.' Her email ended: 'How, exactly, giving me clinical references and practical details, has her risk of premature death been reduced to 'very low'?'
8. I responded by email the same day (21 Oct): 'I am not sure that I am able to respond with the kind of detail that you request, because the science of clinical opinion in this area is so limited particularly when predictions are asked for in respect of individuals. The fact that Mrs S has been unwilling to make certain preparations in advance does not of itself automatically increase her risk of

patients referred to in the documents. I would need to take advice on how to ensure their protection if your investigation requires access to some or all of the documents.

My professional background

I have been a consultant in the psychiatry of old age at Northwick Park Hospital since 1976 and am a Fellow of the Royal College of Psychiatrists and the Royal College of Physicians of London. I am a former Mental Health Act Commissioner and remain a Second Opinion Appointed Doctor. I am an Associate Member of the General Medical Council and have served on their Fitness to Practise Panels since 2001. I am a lay member of the Bar Council and of the Health, Conduct and Competency Committees of the Health Professions Council. I regularly provide expert witness reports for the High Court, usually jointly instructed (on issues of mental capacity and best interests). I served as Medical Director for Harrow and Hillingdon Healthcare NHS Trust for 9 years until 2001.

I appreciate that you will need to disclose this letter to Yvonne Hossack if you decide to investigate this complaint. I accept this.

Yours sincerely



Dr Peter Jefferys
MA(Cantab) MB BCh FRCP(Lond) FRCPsych
Consultant in the Psychiatry of Old Age