

- 📧 Ask for: David Baldwin
- 📧 david.baldwin@csfleak.info
- 📧 [REDACTED]
- 📧 PO Box 5761, Strathpeffer, IV15 0AQ, Scotland

Public Liaison
Belfast HSC Trust
1st Floor, Nore Villa
Knockbracken Healthcare Park
Belfast
Northern Ireland
BT8 8BH

publicliaison@belfasttrust.hscni.net

Our Ref.: HSCB/02/FOI
Your Ref.: n/a

18 June 2018

Dear Sir/Madam,

**FREEDOM OF INFORMATION ACT 2000
SPINAL CEREBROSPINAL FLUID (CSF) LEAKS, INTRACRANIAL HYPOTENSION & EPIDURAL BLOOD PATCHING**

The CSF Leak Association is a Scottish Charitable Incorporated Organisation and registered charity working across the United Kingdom to raise awareness of cerebrospinal fluid (CSF) leaks. Amongst other key objectives, our charity works to improve access to the best possible standards of care and support for sufferers, and to secure clear and consistent treatment pathways within the UK's four health services.

We are aware of an on-going review and recall of 2,500 neurological cases in Northern Ireland and that some of these reviews relate to patients with CSF leaks and/or patients who have undergone epidural blood patch procedures in response to suspected CSF leaks. We are aware that as part of a separate review, the General Medical Council (GMC) has applied a number of conditions to the licence of the doctor whose cases are being reviewed.

One of those conditions states:

"6 He must only perform epidural blood patching in line with his employing trust's protocol, and his practice must be subject to regular clinical audit, at intervals agreed with his supervisor."

On behalf of the CSF Leak Association, I therefore request the following information from HSC in Northern Ireland:

- Copies of any and all protocols, procedural guidance and/or general guidance (whether or not they are draft, interim or adopted) relating to epidural blood patching and/or surgical glue patching in HSC in Northern Ireland. The period of interest is a ten year period up until and including the date of this letter.

There is no protocol in place in Belfast HSC Trust. The need for epidural blood patch is based on clinical assessment supported by neuro-imaging.

- All information, in whatever format, relating to the development and/or adoption and/or review of any and all protocols, procedural guidance and/or general guidance for epidural blood patching and/or surgical glue patching in HSC in Northern Ireland. The period of interest is a ten year period up until and including the date of this letter.

There is no protocol in place in Belfast HSC Trust. The need for epidural blood patch is based on clinical assessment supported by neuro-imaging.

- Copies of any and all protocols, procedural guidance, treatment pathways and/or general guidance (whether or not they are draft, interim or adopted) relating to the diagnosis, treatment and/or management of spinal cerebrospinal fluid (CSF) leaks and/or intracranial hypotension by HSC in Northern Ireland. The period of interest is a ten year period up until and including the date of this letter.

There is no protocol in place in Belfast HSC Trust. The need for epidural blood patch is based on clinical assessment supported by neuro-imaging.

- The total number of patients diagnosed as suffering, or likely to be suffering from a spinal CSF leak and/or intracranial hypotension (incl. traumatic, iatrogenic and spontaneous CSF leaks) by HSC in Northern Ireland over a ten year period up until and including the date of this letter. If this information is not available, we would ask for clarification as to how such cases are coded and recorded and, going forward, how they will be coded and recorded.

Year	Number of CSF leak/ICH Belfast Trust
2008	13
2009	9
2010	19
2011	22
2012	26
2013	24
2014	31
2015	31
2016	44
2017	26
Total	245

- The total number of epidural blood patches and surgical glue patches performed by HSC in Northern Ireland over a ten year period up until and including the date of this letter. If this information is not available, we would ask for clarification as to how such procedures are coded and recorded and, going forward, how they will be coded and recorded.

Year	Number of epidural blood patches Belfast Trust
2008	0
2009	4
2010	10
2011	3
2012	8
2013	6
2014	19
2015	72
2016	92
2017	29
Total	243

- Confirmation as to the availability or otherwise of the following spinal CSF leak diagnostic techniques within HSC in Northern Ireland and, if available, the institutions where they are performed:
 - a) MRI – T2 STIR Sequences using Axial and Sagittal planes; Available Belfast Trust
 - b) MR Myelography (Non-intrathecal gadolinium enhanced) Not available
 - c) MR Myelography (Intrathecal gadolinium-enhanced) Not available
 - d) CT Myelography Available Belfast Trust
 - e) Dynamic CT Myelography Not available
 - f) Digital Subtraction Myelography Available Belfast Trust
 - g) Radionuclide Cisternography Available Belfast Trust
 - h) Single-photon emission computed tomography (SPECT) Available Belfast Trust

We do not wish to comment on the review or recall of patients itself and it is understandably and rightly a matter for the authorities involved, however we have been contacted by a number of former and current CSF leak/Spontaneous Intracranial Hypotension (SIH) patients in Northern Ireland who are concerned about the adverse impact that on-going proceedings may potentially have on their care and the treatment options afforded to them.

As an organisation focused on CSF leaks and working with experts within the NHS to secure clear and consistent diagnosis and treatment thereof, we seek your reassurance that those patients in Northern Ireland who require diagnostics and/or treatment for proven or suspected spinal CSF leaks will receive all necessary scans, tests and treatment timeously.

We would like to conclude this letter with the following general observations on spinal CSF leaks and intracranial hypotension:

1. It has been demonstrated that many spinal leaks do not show on MR imaging¹ and evidence of resultant intracranial hypotension can be absent in up to 20% of cases²; basing firm diagnosis upon imaging alone (including ruling out a CSF leak) or finding the location of a leak can be an enormous challenge for doctors.
2. *Imaging Signs in Spontaneous Intracranial Hypotension: Prevalence and Relationship to CSF Pressure*, published by Kranz et al in 2016³, notes that of 93 subjects in their study 17% showed no abnormal dural enhancement; 39% showed no evidence of brain sagging, and; 25% showed no venous distension sign, concluding that there is weak correlation between individual brain or myelographic imaging signs and a patient's CSF pressure.

¹ Kranz, PG et al. 2018 "Spontaneous Intracranial Hypotension: 10 Myths and Misperceptions" <https://onlinelibrary.wiley.com/doi/10.1111/head.13328>

² Schievink, WI. 2006 "Spontaneous Spinal Cerebrospinal Fluid Leaks and Intracranial Hypotension" <https://jamanetwork.com/journals/jama/fullarticle/202849>

³ Kranz, PG. 2017 "Imaging Signs in Spontaneous Intracranial Hypotension: Prevalence and Relationship to CSF Pressure" <http://www.ajnr.org/content/37/7/1374>

3. *Spontaneous cerebrospinal fluid leaks: from intracranial hypotension to cerebrospinal fluid hypovolemia - evolution of a concept*, published by Mokri in 1999⁴, notes several modes of presentation for spontaneous intracranial hypotension, including: a) those where clinical-imaging is normal and CSF pressures consistently within normal limits, and b) cases with an absence of diffuse pachymeningeal gadolinium enhancement with presence of low CSF pressures and typical clinical manifestations.
4. A lumbar puncture may be performed to measure CSF pressure, but is not required to make a diagnosis and readings within 'normal range' are not uncommon despite a leak being present⁵; one recent study noted low readings in only 34% of subjects with a spinal CSF leak⁶, while another demonstrated low pressure in only 55.3%⁷.
5. There are still few SIH experts globally let alone within the UK, and a belief that the condition is defined by the presence of low CSF pressure, while still common, is no longer sufficient or accurate⁸. Studies show that familiarity with the spectrum of presentations and causes of SIH is critical to accurate and timely diagnosis and management⁹.
6. Leading experts have noted that unfamiliarity with the condition among medical professionals in general, along with the unusually varied spectrum of clinical and radiographic manifestations, can and does lead to misdiagnosis and/or diagnosis delay spanning months and years^{10,11}.
7. While no surgical procedure is risk-free and some uncommon complications (mainly temporary) are noted¹², epidural blood patching is generally considered to be relatively low risk, safe and effective^{13,14}. The seminal "Diagnostic Criteria for Spontaneous Spinal CSF Leaks and Intracranial Hypotension", published in 2008¹⁵, also notes the use of epidural blood patching as a diagnostic tool, as well as a treatment option.

If some or all of the information requested is not held by yourselves, rather it is held or likely to be held by other organisations within HSC in Northern Ireland, I would appreciate it greatly if you would either forward this request to them or provide contact details to me by return so that we may forward it ourselves.

I look forward to hearing from you in due course. If, however, you require clarification or any further information from me, please do not hesitate to contact me using one or more of the methods above.

Yours faithfully,

David Baldwin
Chairman

For and on behalf of the
CSF Leak Association

⁴ Mokri, B. 1999 "Spontaneous cerebrospinal fluid leaks: from intracranial hypotension to cerebrospinal fluid hypovolemia" <https://www.ncbi.nlm.nih.gov/pubmed/10560599>

⁵ Kranz, PG et al. 2018 "Spontaneous Intracranial Hypotension: 10 Myths and Misperceptions" <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13328>

⁶ Kranz, PG. 2016 "How common is normal cerebrospinal fluid pressure in spontaneous intracranial hypotension?" <https://www.ncbi.nlm.nih.gov/pubmed/26682575>

⁷ Yao LL. 2017 "Factors affecting cerebrospinal fluid opening pressure in patients with spontaneous intracranial hypotension." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5498838>

⁸ Kranz, P. 2017 "Update on the Diagnosis and Treatment of Spontaneous Intracranial Hypotension." <https://www.ncbi.nlm.nih.gov/pubmed/28755201>

⁹ Kranz, P. 2017 "Update on the Diagnosis and Treatment of Spontaneous Intracranial Hypotension." <https://www.ncbi.nlm.nih.gov/doi/epdf/10.1111/head.13328>

¹⁰ Kranz, PG et al. 2018 "Spontaneous Intracranial Hypotension: 10 Myths and Misperceptions" <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13328>

¹¹ Schievink, WI. 2003 "Misdiagnosis of spontaneous intracranial hypotension." <https://www.ncbi.nlm.nih.gov/pubmed/14676045>

¹² Kranz, PG et al. 2018 "Spontaneous Intracranial Hypotension: 10 Myths and Misperceptions" <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13328>

¹³ Kranz, PG et al. 2018 "Spontaneous Intracranial Hypotension: 10 Myths and Misperceptions" <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13328>

¹⁴ Sorour, M. 2014 "Intraventricular Hemorrhage after Epidural Blood Patching: An Unusual Complication" <https://www.hindawi.com/journals/crinm/2014/406289>

¹⁵ Kalina, P. 2016 "A complication of an epidural blood patch" [https://www.sciencedirect.com/science/article/pii/S0967-5868\(16\)30233-8/fulltext](https://www.sciencedirect.com/science/article/pii/S0967-5868(16)30233-8/fulltext)

¹⁶ Feuer, M. 2007 "Spinal Anesthesia: Post-Dural Puncture Headache" <https://www.ncbi.nlm.nih.gov/pubmed/18258706>

¹⁷ Schievink, WI. 2008 "Diagnostic criteria for spontaneous spinal CSF leaks and intracranial hypotension." <https://www.ncbi.nlm.nih.gov/pubmed/18258706>

PublicLiaison-SM

From: [REDACTED]
Sent: 03 July 2018 15:59
To: PublicLiaison-SM
Subject: Freedom of Information request - Dr M Watt Patient Recall

Dear Belfast Health and Social Care Trust (Northern Ireland),

1. How many patients have requested a copy of their medical records from your trust as a result of the Dr M Watt patient recall?
2. How many patients who have received a copy of their medical records from your trust have contacted you to inform you medical notes are missing from their medical records including missing imaging reports/cds/dvds.
3. Do you hold a copy of Dr M Watts private patient medical records?

Yours faithfully,

[REDACTED]

Please use this email address for all replies to this request:

[REDACTED]
Is publicliaison@belfasttrust.hscni.net the wrong address for Freedom of Information requests to Belfast Health and Social Care Trust (Northern Ireland)? If so, please contact us using this form:
https://www.whatdotheyknow.com/change_request/new?body=belfast_health_and_social_care_trust_northern_ireland

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://www.whatdotheyknow.com/help/officers>

For more detailed guidance on safely disclosing information, read the latest advice from the ICO:
<https://www.whatdotheyknow.com/help/ico-guidance-for-authorities>

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an FOI officer, please ask your web manager to link to us from your organisation's FOI page.



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E: publicliaison@belfasttrust.hscni.net

24 July 2018

Our ref: FOI/18337

[REDACTED]

Dear [REDACTED]

RE: Dr M Watt Patient Recall

I refer to your Freedom of Information (FOI) request received 3 July 2018.
Please find below the details you requested. I hope this information is helpful.

1. How many patients have requested a copy of their medical records from your trust as a result of the Dr M Watt patient recall?

Answer: 148

2. How many patients who have received a copy of their medical records from your trust have contacted you to inform you medical notes are missing from their medical records including missing imaging reports/cds/dvds.

Answer: 1 at present

3. Do you hold a copy of Dr M Watts private patient medical records?

Answer: No

If you are dissatisfied with the way in which your Freedom of Information (FOI) request has been handled you may wish to complain. You should contact [REDACTED] Nore Villa, Knockbracken Health Care Park, Saintfield Road, Belfast BT8 8BH or alternatively e-mail: [REDACTED] within two months of the date of this response and your complaint will be considered and a response provided usually within 20 working days of receipt.

Should you still be dissatisfied with the outcome, you can proceed to the second review stage by contacting the Information Commissioner, The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF who will undertake an independent review. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's review process to try to resolve the matter with the Trust in the first instance.

If you require any further information or wish to discuss, please do not hesitate to contact me.

Yours sincerely

[REDACTED]
[REDACTED]

PublicLiaison-SM

From: [REDACTED]
Sent: 11 July 2018 15:58
To: PublicLiaison-SM
Subject: Freedom of Information request

Dear Sir/Madam can you confirm that a copy of the Royal College of Physicians report into Dr Michael Watt – Neurologist – can be released to me? I understand that it was provided to the BHSCT at the end of April 2018

I await hearing from you

Kind regards

[REDACTED]
O'Muirigh Solicitors

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In carrying out our work, we collect, use and are responsible for personal information about data subjects and are the 'controller' of this information for the purposes of the General Data Protection Regulation and other applicable data protection laws.

Our Privacy Notice (as to what data we collect and store and why, who we share this information with, the security mechanisms we have put in place to protect such data and how to contact our office if there is a complaint) is available on request. Please contact our office at the above email address.

Our further Data and Information Protection Policies are also available on request simply by emailing our office at [REDACTED] These include:

- 1) Our Data Protection Policy
- 2) Our Information Management Policy
- 3) Our Managing Data Protection Breaches Policy
- 4) Our Data Protection Breach Reporting Procedure



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24 July 2018

Our ref: FOI/18391

[REDACTED]
O'Muirigh Solicitors
24-26 Springfield Road
Belfast

Dear [REDACTED]

RE: Copy of Royal College of Physicians report in to Dr Michael Watt

I refer to your Freedom of Information (FOI) request received 11 July 2018.

In accordance with the FOI Act 2000 we cannot fulfill your request under Section 40(2) personal information relating to a third party. This is an Absolute Exemption and not subject to a Public Interest Test.

It is public knowledge that the Report refers specifically to Dr Watt. For this reason we would not be in a position to redact any part of the Report in order to release it to the public. This is because it is clear that the Report relates directly to Dr Watt. This is deemed to be sensitive personal information about another individual and disclosure would breach one or more of the principles of the Data Protection Act:

Principle 1 Processing Fairly and Lawfully
Schedule 2 Condition 1 where consent would be required

And for sensitive personal information
Schedule 3 Condition 1 where explicit consent would be required
Section 10 – The right to prevent processing likely to cause damage or distress

Additionally, because the Report contains personal information relating to the doctor, and since disclosure to yourself is not necessary to fulfil public interest considerations such as the need to ensure appropriate action in relation to current patients, the Trust is not in a position to provide the Royal College of Physicians Report to you at this time.

If you are dissatisfied with the way in which your Freedom of Information (FOI) request has been handled you may wish to complain. You should contact [REDACTED] Nore Villa, Knockbracken Health Care Park, Saintfield Road, Belfast BT8 8BH or alternatively e-mail: [REDACTED] within two months of the date of this response

and your complaint will be considered and a response provided usually within 20 working days of receipt.

Should you still be dissatisfied with the outcome, you can proceed to the second review stage by contacting the Information Commissioner, The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF who will undertake an independent review. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's review process to try to resolve the matter with the Trust in the first instance.

If you require any further information or wish to discuss, please do not hesitate to contact me.

Yours sincerely

[Redacted signature]

[Redacted contact information]



Ó MUIRIGH SOLICITORS

HUMAN RIGHTS LAW FIRM

OFFICE MANAGER - PAULINE NÍ MHEIRIRIGH

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Public Liaison Services
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Saintfield Road
BELFAST
BT8 8BH

Our Ref: MISC/NQ/CK

Your Ref: FOI/18391

26 July 2018

Dear Madam

Re: Copy of Royal College of Physicians report into Dr. Michael Watt

We refer to your correspondence of 24 July 2018 and thank you for same. To enable us to advise further in respect of this matter we would be obliged if you would confirm whether or not our request is being processed by you under the Data Protection Act 1998 and/or the Freedom of Information Act 2000.

The report in question is required in connection with related legal proceedings. Therefore, please confirm whether or not this particular exemption has been taken into account. Please also confirm whether or not the explicit consent of Dr. Watt has been sought for the disclosure of the report.

We await hearing from you.

Yours faithfully
for Ó Muirigh Solicitors





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E: publicliaison@belfasttrust.hscni.net

21 August 2018

Our ref: FOI/18391

[REDACTED]
O'Muirigh Solicitors
24-26 Springfield Road
Belfast

Dear [REDACTED]

RE: Copy of Royal College of Physicians report in to Dr Michael Watt

I refer to your letter received 27 July 2018.

'To enable us to advise further in respect of this matter we would be obliged if you would confirm whether or not our request is being processed by you under the Data Protection Act 1998 and/or the Freedom of Information Act 2000.

The report in question is required in connection with related legal proceedings. Therefore, please confirm whether or not this particular exemption has been taken into account. Please also confirm whether or not the explicit consent of Dr Watt has been sought for the disclosure of the report.'

We have treated your request as a Freedom of Information Request with Section 40 (2) as the exemption quoted and we have not requested consent from Dr Watt to disclose the Report.

All patients whose medical notes have been reviewed by the Royal College are being contacted by the Trust to advise them of the details relating to them.

It is our understanding that Section 30 Investigations and Proceedings Conducted by Public Authorities would not apply in this instance. Section 30 can only be claimed by public authorities that have a duty to investigate whether someone should be charged with an offence, or the power to conduct such investigations and/or institute criminal proceedings.

If you are dissatisfied with the way in which your Freedom of Information (FOI) request has been handled you may wish to complain. You should contact [REDACTED] Nore Villa, Knockbracken Health Care Park, Saintfield Road, Belfast BT8 8BH or alternatively e-mail: [REDACTED] within two months of the date of this response

and your complaint will be considered and a response provided usually within 20 working days of receipt.

Should you still be dissatisfied with the outcome, you can proceed to the second review stage by contacting the Information Commissioner, The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF who will undertake an independent review. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's review process to try to resolve the matter with the Trust in the first instance.

If you require any further information or wish to discuss, please do not hesitate to contact me.

Yours sincerely

[Redacted signature block]

PublicLiaison-SM

From: [REDACTED]
Sent: 19 July 2018 23:10
To: PublicLiaison-SM
Subject: Freedom of Information request - Questions re the 'Recall' of 2500 neurology patients

Follow Up Flag: Follow up
Flag Status: Completed

Dear Belfast Health and Social Care Trust (Northern Ireland), I represent a group of 420 patients involved in the recall of neurology patients of Dr Michael Watt. We would be grateful for transparent answers to the following questions;

Can the Trust please answer why Dr Watt has had conditions imposed on him by the General Medical Council. In Particular no.4 "He must not prescribe disease modifying therapies for multiple sclerosis patients without prior discussion within and the approval of, an appropriately constituted trust wide multi-disciplinary team". Secondly, What is the number of patients who have Multiple Sclerosis and who have been reviewed by a Neurologist had their diagnosis of RRMS now been diagnosed as SPMS?

Why is Dr Watt not seeing patients as he has not been suspended?
Will Dr Watt retain his post as a Consultant Neurologist at the RVH?

What exactly is the reason for this recall and leaving thousands of people with no "care and treatment" at all from belfast trust if the "care and treatment" of all Dr Watts' patient is so important it demands a review? Is it a problem with diagnosis, is it record keeping or is it simply down to cost of medication being prescribed? A simple and honest answer would help many though the stressful time that has been created! What are the results of these reviews in terms of misdiagnosis numbers and how do we know our review neurologist hasnt got it wrong? Do we get a second opinion after this review??

Number of complaints made from members of the public by neurologist? Total number of internal disciplinary sanctions imposed on Trust neurologists in Northern Ireland?

A breakdown of the percentage of patients prescribed either of the two 'highly effective DMDs' (Tysabri or Lemtrada) by neurologist in Northern Ireland?

from the reviews carried out to date, exactly how many patients have been proven to have been mis-diagnosed? What percentage of these are MS and Epilepsy patients?

Why have blood patches been cited as a reason for the recall when Dr Watt had at least one other consultant sign off on the procedure?

I still would like Dr Watt to be my neurologist as I've no complaint against him, do I have this right & if not so then why?

What role did any of Dr Watt's NHS colleagues play in starting this investigation?
Is anyone on the HSC Board a former patient of Dr Watt and may have a conflict of interest?

Can you please provide full details of the initial complaint that initiated the investigation into Dr Watt? Has this complaint been resolved and if so, how?

Yours faithfully,
[REDACTED]



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E: publicliaison@belfasttrust.hscni.net

28 August 2018

Our ref: FOI/18427

[REDACTED]

Dear [REDACTED]

RE: Neurology patient recall

I refer to your Freedom of Information (FOI) request received 20 July 2018.
Please find below the details you requested. I hope this information is helpful.

Can the Trust please answer why Dr Watt has had conditions imposed on him by the General Medical Council. In Particular no.4 "He must not prescribe disease modifying therapies for multiple sclerosis patients without prior discussion within and the approval of, an appropriately constituted trust wide multi-disciplinary team".

Following receipt of the Royal College of Physicians (RCP) report, the Trust shared the report with relevant bodies including the General Medical Council (GMC). Any queries regarding this should be raised with the GMC.

Secondly, What is the number of patients who have Multiple Sclerosis and who have been reviewed by a Neurologist had their diagnosis of RRMS now been diagnosed as SPMS?

Dr Watt had 681 patients attending as outpatients at the Belfast Trust prior to his restriction from clinical duties. Under section 36 of Freedom of Information Act 2000, Belfast Trust considers that responding to your question regarding the diagnosis of patients may prejudice the effective conduct of public affairs in relation to patients attending for appointments as part of the recall process, so is unable to make a response at this time.

Why is Dr Watt not seeing patients as he has not been suspended?

While Dr Watt has not been suspended and remains employed as a consultant neurologist at Belfast Trust, he is currently restricted from clinical duties.

Will Dr Watt retain his post as a Consultant Neurologist at the RVH?

As indicated previously, Dr Watt remains employed as a consultant neurologist at Belfast Trust.

What exactly is the reason for this recall and leaving thousands of people with no "care and treatment" at all from belfast trust if the "care and treatment" of all Dr Watts' patient is so important it demands a review?

Some concerns were raised regarding the care and treatment provided by Dr Watt to a number of patients. In order that Belfast Trust could obtain an expert opinion regarding Dr Watt's care and treatment, we asked the RCP to carry out an independent review. The recall was initiated following a recommendation in the RCP report that Belfast Trust should review the patients within Dr Watt's practice. Patients were invited to attend for a review appointment, in order to review their care and treatment and ensure they were receiving the best possible care and treatment. Belfast Trust recognises the anxiety created by the current situation and understands that this is a difficult and distressing time for patients as they seek assurance that they are receiving the best possible care and treatment.

You will appreciate that we have recalled many patients and our Neurology team worked extremely hard to ensure that every patient recalled was given the opportunity to be seen within the 12 week timeframe announced.

Is it a problem with diagnosis, is it record keeping or is it simply down to cost of medication being prescribed? A simple and honest answer would help many though the stressful time that has been created!

The RCP report contains personal information relating to the doctor, whose identity is known. Since disclosure of the contents of the report to yourself is not necessary to fulfil public interest considerations such as the need to ensure appropriate action in relation to current patients, Belfast Trust is not in a position to provide details contained within the report at this time. I would wish to confirm, however that the cost of medication being prescribed is not the reason for the review.

What are the results of these reviews in terms of misdiagnosis numbers...

Under section 36 of Freedom of Information Act 2000, Belfast Trust considers that responding to your question regarding the diagnosis of patients may prejudice the effective conduct of public affairs in relation to patients attending for appointments as part of the recall process, so is unable to make a response at this time.

...and how do we know our review neurologist hasn't got it wrong?

Belfast Trust is confident in the expertise provided by the consultant neurologists at the review appointments.

Do we get a second opinion after this review??

There is no provision for a second opinion within this recall.

Number of complaints made from members of the public by neurologist?

A total of 34 formal complaints were made against ALL neurologists who were employees of BHSCT across the time period 1 July 2012 to 30 June 2017.

Total number of internal disciplinary sanctions imposed on Trust neurologists in Northern Ireland?

Belfast Trust, as an employer, is unable to provide details regarding confidential disciplinary matters.

A breakdown of the percentage of patients prescribed either of the two 'highly effective DMDs' (Tysabri or Lemtrada) by neurologist in Northern Ireland?

We can only supply information relating to Neurologists in Belfast Trust. We are unable to provide exact patient figures as we believe this could make patients personally identifiable. This information is exempt from release under section 40(2) of the Freedom of Information Act 2000.

Years 2015/2016		
	No of patients prescribed Tysabri and % of total	No of patients prescribed Lemtrada and % of total
Dr 1	< 5 (4%)	0 (0%)
Dr 2	< 5 (4%)	< 5 (3%)
Dr 3	< 5 (13%)	< 5 (9%)
Dr 4	< 5 (9%)	< 5 (9%)
Dr 5	11 (48%)	< 5 (3%)
Dr 6	5 (22%)	27 (76%)

Years 2016/2017		
	No of patients prescribed Tysabri and % of total	No of patients prescribed Lemtrada and % of total
Dr 1	< 5 (2%)	0 (0%)
Dr 2	11 (32%)	< 5 (4%)
Dr 3	< 5 (9%)	< 5 (2%)
Dr 4	< 5 (12%)	12 (24%)
Dr 5	8 (24%)	8 (16%)
Dr 6	7 (21%)	27 (54%)

from the reviews carried out to date, exactly how many patients have been proven to have been mis-diagnosed? What percentage of these are MS and Epilepsy patients?

Under section 36 of Freedom of Information Act 2000, Belfast Trust considers that responding to your question regarding the diagnosis of patients may prejudice the effective conduct of public affairs in relation to patients attending for appointments as part of the recall process, so is unable to make a response at this time

Why have blood patches been cited as a reason for the recall when Dr Watt had at least one other consultant sign off on the procedure?

Concerns were initially raised in November 2016 by a GP and in relation to the care and treatment provided by Dr Watt to a small number of his patients. Belfast Trust immediately took steps to restrict Dr Watt's practice in the areas of his practice where concerns had been raised. Belfast Trust also ensured that the casenotes for this small number of patients were reviewed independently by experts external to

Belfast Trust. In agreement with the Royal College of Physicians it was agreed that it would be important to have a review of a wider sample of Dr Watt's patients and this commenced in September 2017, before finally reporting in April 2018. The concerns identified regarding blood patching treatments were in relation to whether all these treatments were required. Blood patch procedures continued to be performed by Dr Watt, prior to his full clinical restrictions, subject to agreement that the procedure was clinically indicated

I still would like Dr Watt to be my neurologist as I've no complaint against him, do I have this right & if not so then why?

While Dr Watt has not been suspended, he is currently restricted from clinical duties.

What role did any of Dr Watt's NHS colleagues play in starting this investigation?

Concerns were initially raised in November 2016 by a GP and in relation to the care and treatment provided by Dr Watt to a small number of his patients. A concern was also raised by a consultant neurologist colleague in Belfast Trust

Is anyone on the HSC Board a former patient of Dr Watt and may have a conflict of interest?

We would refer you to the HSC Board in relation to concerns you may have in this regard.

Can you please provide full details of the initial complaint that initiated the investigation into Dr Watt? Has this complaint been resolved and if so, how?

The concerns raised in November 2016 were not raised by way of a complaint. They were raised by a GP and we are satisfied that they have been appropriately addressed.

If you are dissatisfied with the way in which your Freedom of Information (FOI) request has been handled you may wish to complain. You should contact [REDACTED] Nore Villa, Knockbracken Health Care Park, Saintfield Road, Belfast BT8 8BH or alternatively e-mail:

[REDACTED] within two months of the date of this response and your complaint will be considered and a response provided usually within 20 working days of receipt.

Should you still be dissatisfied with the outcome, you can proceed to the second review stage by contacting the Information Commissioner, The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF who will undertake an independent review. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's review process to try to resolve the matter with the Trust in the first instance.

If you require any further information or wish to discuss, please do not hesitate to contact me.

Yours sincerely

[REDACTED]

[REDACTED]

PublicLiaison-SM

From: [REDACTED]
Sent: 22 July 2018 14:36
To: PublicLiaison-SM
Subject: Freedom of Information request - Questions re the 'Recall' of 2500 neurology patients

Follow Up Flag: Follow up
Flag Status: Completed

Dear Belfast Health and Social Care Trust (Northern Ireland),

What role did any of Dr Watt's NHS colleagues play in starting this investigation?
Is anyone on the HSC Board a former patient of Dr Watt and may have a conflict of interest?
Can you please provide full details of the initial complaint that initiated the investigation into Dr Watt? Has this complaint been resolved and if so, how?

Yours faithfully,

[REDACTED]

Please use this email address for all replies to this request:
[REDACTED]

Is publicliaison@belfasttrust.hscni.net the wrong address for Freedom of Information requests to Belfast Health and Social Care Trust (Northern Ireland)? If so, please contact us using this form:
https://www.whatdotheyknow.com/change_request/new?body=belfast_health_and_social_care_trust_northern_ireland

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://www.whatdotheyknow.com/help/officers>

For more detailed guidance on safely disclosing information, read the latest advice from the ICO:
<https://www.whatdotheyknow.com/help/ico-guidance-for-authorities>

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an FOI officer, please ask your web manager to link to us from your organisation's FOI page.

28 August 2018

Our ref: FOI/18431

Dear [REDACTED]

RE: Neurology patient recall

I refer to your Freedom of Information (FOI) request received 23 July 2018.
Please find below the details you requested. I hope this information is helpful.

What role did any of Dr Watt's NHS colleagues play in starting this investigation?

Concerns were initially raised in November 2016 by a GP and in relation to the care and treatment provided by Dr Watt to a small number of his patients. A concern was also raised by a consultant neurologist colleague in Belfast Trust

Is anyone on the HSC Board a former patient of Dr Watt and may have a conflict of interest?

We would refer you to the HSC Board in relation to concerns you may have in this regard.

Can you please provide full details of the initial complaint that initiated the investigation into Dr Watt? Has this complaint been resolved and if so, how?

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