

Department of Health Insurance and Indemnity Policy Review Stakeholder Engagement Exercise – Key findings

May 2010

Strictly Confidential – Final Report



This report has been prepared for and only for the Department of Health in accordance with the terms of our engagement letter and for no other party and/or purpose. We do not accept or assume any liability or duty of care for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Proposals, tenders, reports together with working papers and similar documents, whether interim or final and other deliverables submitted by PricewaterhouseCoopers LLP, contain methodologies, models, pricing information and other materials and work product, which are proprietary and confidential to PricewaterhouseCoopers LLP, or which have been provided to PricewaterhouseCoopers LLP by third parties who may have made such information available on foot of confidentiality agreements, either written, implied, or under the law of confidence.

PricewaterhouseCoopers LLP clearly identifies all such proposals, tenders, reports and other deliverables as protected under the copyright laws of the United Kingdom and other countries. Such documents, presentations and materials are submitted on the condition that they shall not be disclosed outside the recipient's organisation, or duplicated, used or disclosed in whole or in part by the recipient for any purpose other than that for which they were specifically procured, pursuant to our engagement letter.

In the event that, pursuant to a request which the Department of Health has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report or any deliverable prepared by us, it will notify PwC promptly and consult with PwC prior to disclosing such information. The Department of Health agrees to pay due regard to any representations which PwC may make in connection with such disclosures and the Department of Health shall apply any relevant exemptions which may exist under the Act to such information.

©2010 PricewaterhouseCoopers LLP All rights reserved. "PricewaterhouseCoopers" refers to PricewaterhouseCoopers LLP (a limited liability partnership in the United Kingdom) or, as the context requires, the PricewaterhouseCoopers global network or other member firms in the network, each of which is a separate and independent legal entity.

Table of contents

Section	Page
1 Background	5
2 Methodology	8
3 Key findings	10
4 Conclusions	27

Section 1

Background

Background

Professional insurance or indemnity cover aims to provide financial compensation in the case of negligence or mistakes on the part of Healthcare Professionals. The compensation arrangements available to patients, the public, and service users vary across the Health Professions, and are influenced by the settings within which Health Professionals work and operate.

The UK Government's current policy is to ensure that, as far as practicable, patients can secure compensation when they suffer harm through negligence on the part of a Health Professional. The UK Government has commissioned a review of the implementation of this policy, specifically to address:

“whether the requirement to have professional insurance or indemnity in place, as a condition of registration with a health regulatory body, is the most effective and proportionate way of ensuring that, as far as practicable, patients can secure compensation when they suffer harm through negligence on the part of a Healthcare Professional. ”

PricewaterhouseCoopers (PwC) was commissioned by the DH to explore the current arrangements of insurance/indemnity for Healthcare Professionals in the UK, and the issues and potential options for ensuring the provision of insurance/indemnity cover for registered Healthcare Professionals in cases of negligence.

In addition, as an extension to this project, PwC were also commissioned to conduct a stakeholder engagement exercise to feed into the review of the UK Government's policy on professional insurance and indemnity. It is this stakeholder engagement exercise to which this report refers.

Background and scope of work

This research will feed into the review of the UK Government's policy on professional insurance and indemnity, of which the key objective is to identify a solution to implementation of the policy in the most proportionate and targeted way and to mitigate against lack of recourse to compensation. A review group of stakeholders has been established to facilitate this assessment.

Specifically, this research will explore the perceptions of patients and the public towards the question of Healthcare Professionals being required to have insurance or indemnity as a condition of registration. This will include consideration of the effects of such requirements and how they might be implemented on patient choice. The workshops that took place with members of the public as part of this review will produce information on the expectations of patients, the public and service users regarding professional insurance or indemnity cover, together with their views on the scenarios outlined for achieving the requirements of the review.

Section 2

Methodology

Methodology

A total of five focus groups were conducted across the UK, each consisting of between 8 and 10 participants. A more detailed breakdown of the recruitment criteria is included in the table below.

Location	Group	Additional criteria
London	Patients and service users	Gender mixed, aged 35+
Manchester	General public	Gender mixed, aged 18-34
Glasgow	Patients and service users	Gender mixed, aged 35+
Cardiff	Patients and service users	Gender mixed, aged 18-34
Belfast	General public	Gender mixed, aged 35+

All groups were recruited using a free-find approach. A recruitment questionnaire was designed to ensure that all participants met the necessary criteria for inclusion in the groups.

A spread of gender and socio-economic group was achieved, with a slight bias towards the C2DE occupations in the Manchester and Cardiff groups as it was felt that sufficient ABC1's had been represented in the other locations.

The breakdown of the focus groups was discussed and agreed with members of the review group prior to recruitment.

Source: DH background data and regulator websites

Section 3

Key findings

Introduction

Contact with Healthcare Professionals

- All participants had recent experience of engaging with Healthcare Professionals, some with more regular or recent contact than others.

“Probably the only one that is regular for me would be the dentist for my 6 month check up.” (Cardiff)

- A minority had regular contact due to particular health issues, due to being a parent and their children falling ill often, or due to a family member having a long term illness.

“Since I’ve had kids I feel like I’m at the Doctors all the time, usually every six weeks.” (Glasgow)

“Our GP is really good with my mum, he would even take a call.” (Belfast)

- Most felt that they would only visit a Healthcare Professional if they felt it was absolutely necessary although some in the older age groups felt they were visiting Healthcare Professionals more often.

“I only go when I’m ill.” (Glasgow)

“As you get older its more frequent.” (London)

- Issues such as long waiting times for appointments and lack of contact with own GP were mentioned as barriers to accessing health services.

“It’s getting time off work because mostly its Monday to Friday, nine to five when you are in work.” (Belfast)

*“What I hate is a surgery with 20 doctors and you don’t know who you are going to see. I can’t cope with that.”
(Belfast)*

“I don’t even know who my own GP is.” (Manchester)

Introduction

Perceived risks of engaging with Healthcare Professionals

- The majority of participants stated that they have a high level of trust in Healthcare Professionals and believe what they are being told.

“You trust them.” (Belfast)

“You trust doctors implicitly, its what you are brought up to believe.” (London)

- Risks that were mentioned included superbugs, mis-diagnosis, lack of specialist knowledge from a GP, lengthy waiting times and falling standards of care overall.

“A GP is a general practitioner, its not specific.” (Belfast)

- Some felt that care received in a hospital environment was more risky as this tended to include surgical procedures.

“Lots of mistakes seem to happen in hospitals.” (London)

- The increased use of foreign Healthcare Professionals was a specific concern of some participants, particularly those in the younger age group.

“How can you practice medicine in England if you can’t speak English?” (Manchester)

- However, the majority of participants stated that they tend not to think about risks of engaging with Healthcare Professionals at the time as most participants had not experienced any major procedures.

“I have had a couple of operations and I’ve never really given it much thought about what would happen if something went wrong. I just wanted to get it done.” (Cardiff)

Introduction

Insurance arrangements – perceptions of the current situation

- All participants agreed that they would assume a Healthcare Professional was covered by professional insurance or indemnity. There was also overall agreement that they had never really thought about this issue.

“I would always take it at face value and assume they were covered.” (Belfast)

“I would not even assume, I would never even think about it.” (Manchester)

- Many participants mentioned that they believed that care provided under the NHS was automatically covered as it was a public service.

“If it says NHS that means National Health, it’s the government so its automatically covered.” (Manchester)

- Some participants also mentioned that they would assume that insurance cover was a condition of registration.

“They must have some sort of licence to practice.” (Belfast)

“I didn’t think they could practice without insurance.” (Manchester)

“I assumed that anybody that was practicing in something would have some sort of governing body behind them that you could go to if there was a problem.” (Cardiff)

- A small minority mentioned they would sometimes consider professional insurance or indemnity arrangements but only for alternative therapies such as reflexology. Others stated that this would only become an issue if something were to go wrong.

“It would only cross your mind if something went wrong.” (Glasgow)

“Certainly if I was going to an alterative practitioner I might question their credentials and wonder are they covered.”
(Belfast)

Knowledge of insurance and indemnity cover

Importance of Healthcare Professionals having insurance and indemnity cover

- All participants agreed that it was very important for Healthcare Professionals to have insurance and many thought that it was vital, as it could be a matter of life or death and the work of some Healthcare Professionals was extremely risky.

“It is important because mistakes do get made and the scale of a mistake that a doctor could make could be significant.” (Glasgow)

“They are people like us. They have days when they are not on form and they make mistakes, they are bound to.”
(Belfast)

“It is just common sense on their part, isn’t it? To insure themselves in case something goes wrong.” (Cardiff)

- Some also stated that as they deal with people they have a duty to be insured, as other professionals or self-employed people do.

“My husband is a financial advisor and he has to pay out a lot of money every year in indemnity insurance so I think health professionals should have to as well.” (Glasgow)

“If you are dealing with customers you need to be insured.” (London)

- Other examples of the need for insurance were given, particularly car and house insurance, and compared to the work of Healthcare Professionals, highlighting the overall belief that it was a necessity.

“Everything has got insurance, you’ve got car insurance, house insurance so why shouldn’t doctors have insurance?”
(Cardiff)

Knowledge of insurance and indemnity cover Categories of Healthcare Professionals

- Participants were shown the four categories of Healthcare Professionals based on where they work or who employs them. There was general consensus among the groups about the possible insurance arrangements of each of the four categories.

Categories of Healthcare Professional	Thoughts on insurance arrangements
Those who are employed or engaged by an NHS hospital/acute trust;	Automatically covered by the NHS, some felt there would be no need for them to have their own insurance
Those who work in NHS “branded” care environments, such as primary care;	Automatically covered by the NHS as a type of “blanket” cover A small minority thought that each individual or each practice may have their own insurance
Those who work in the independent/ private sector but are employed;	May be covered by employer, may take out their own insurance
Those who work in the independent/ private sector but are self-employed.	Would be responsible for taking out their own insurance. Some thought that those who were self employed would be more cautious and therefore purchase their own policy

Knowledge of insurance and indemnity cover Categories of Healthcare Professionals

Categories of Healthcare Professional	Quotes
Those who are employed within an NHS hospital or acute trust	<p><i>"I would have thought it would be covered by the whole NHS."</i> (Cardiff)</p> <p><i>"There would be a blanket cover."</i> (London)</p>
Those who work in NHS Primary Care (for example, a GP practice, dentist, pharmacist)	<p><i>"It would still be the NHS."</i> (Belfast)</p> <p><i>"A local GP practice would have their own insurance because they get paid by the NHS and they can claim it back off the NHS."</i> (Cardiff)</p>
Those who work in the independent or private sector but are employed, for example, nurses working in a private hospital	<p><i>"Whenever you work for a company they will always cover you."</i> (Cardiff)</p>
Those who work in the independent or private sector but are self-employed, for example, independent midwives, physiotherapists working in their own practice, private consultants	<p><i>"I would think the private ones would require more cover because you are paying for their service."</i> (Glasgow)</p> <p><i>"They charge you more for going private so you would think they would be covered and use some of their fee towards insurance."</i> (Manchester)</p> <p><i>"I would assume if they are self employed they would have their own insurance as anyone else who is self employed would do."</i> (Manchester)</p>

Knowledge of insurance and indemnity cover Categories of Healthcare Professionals – those who work under the NHS brand

- The majority of participants felt that the first two categories of Healthcare Professional fell under the brand of the NHS.

“It’s the NHS that is paying them so they should insure them.” (Glasgow)

“NHS has blanket cover that covers everyone.” (Glasgow)

- A minority of participants considered that some NHS Primary Care could also offer private treatment and as such would need to have their own insurance arrangements.

“Well the GP practice could offer other services so I am not sure if that would be covered by the NHS.” (Belfast)

- A few participants also felt that the individual Healthcare Professional should be responsible for their own actions and that it is not the fault of the NHS as their employer, therefore they should purchase their own insurance.

“If something happens, administering a drug or giving an injection they were the only person there. I think it should be accountable to the one person.” (Belfast)

Knowledge of insurance and indemnity cover Healthcare Professionals who may be uninsured

- There was overall agreement that patients currently have no way of knowing whether or not a Healthcare Professional is insured. Most participants also recognised that they would never have considered the issue prior to discussing it in the focus group.

“You wouldn’t know unless you asked.” (Cardiff)

- Some mentioned the possibility of having insurance certificates displayed on the wall of the practice and a few participants had experienced this.
- Almost all participants said that if they did know a Healthcare Professional was not insured they would not use their services. A small minority would consider using an uninsured professional, but this would depend on the nature of the health problem and the perceived risk involved from treatment.

“If you knew they weren’t covered you wouldn’t go to them.” (Cardiff)

“You would apply the ratio of risk. If he was going to put me on the table and cut me up I would want him to be insured.” (Belfast)

- Some participants questioned the integrity of a Healthcare Professional who has chosen not to purchase insurance if they knew it was required. Others felt that you may also consider they may not be qualified if they are not insured.

“You would question why they are not insured, you would also question their qualifications. Maybe they couldn’t get insurance because they were not qualified.” (Belfast)

“By not taking out the insurance you are not showing the same level of care for your patient as someone who has taken out the insurance.” (Manchester)

Knowledge of insurance and indemnity cover

Who enforces insurance requirements?

- Many participants thought that the Healthcare Professional's regulatory body had a duty to check insurance credentials. It was thought that if a Healthcare Professional was not insured it would render their registration invalid.

"They should get struck off if they don't have it." (Glasgow)

"If you are not insured then you are not allowed to practice. End of." (London)

- Some felt that it was the responsibility of the government or a government department or that it should be their responsibility in the future. A few participants mentioned the Department of Health as having overall responsibility.

"The Government should enforce it." (Cardiff)

- Some felt that it should be the responsibility of the employer to either provide insurance for their employees or, where this is not provided, to check that the Healthcare Professional concerned had their own insurance. This was felt to be particularly important in the case of foreign workers – their employer should not only check their qualifications but also check their insurance arrangements.

"If you are in the NHS you assume they are covered and if they are private then there is also that assumption." (Glasgow)

- Many respondents gave the example of the DVLA having the ability to check insurance certificates via their systems so that tax renewal can only occur for insured vehicles.

"If they can do it for car insurance then there is no reason why they can't do it for health." (Manchester)

Knowledge of insurance and indemnity cover

Checking insurance credentials of Healthcare Professionals

- Almost all participants stated that they would be happy to check the insurance arrangements of a Healthcare Professional providing this was easy to access and widely known. Many mentioned the internet and having a specific website to go to where this information could be checked. A few mentioned directgov as a possible source or signpost to the relevant information.

“As long as it was easy and accessible.” (Belfast)

“The list should be online as everyone has access to the internet now.” (Glasgow)

- A minority stated that they would be happy to ask the individual concerned if they were insured but some felt they would not be comfortable asking this question outright. A few participants thought that it should be culture for the Healthcare Professional to introduce themselves as insured or provide information when a patient registers.

“I wouldn’t mind, it’s our right to know.” (Cardiff)

“He would think you had a hidden agenda, that you were going to sue him.” (Glasgow)

“I think it would be a cheek to ask” (Cardiff)

“I don’t think it would be the best way of embarking on a good doctor/ patient relationship.” (Glasgow)

Negligence events and compensation

Pursuing a claim

- Most participants agreed that claims would only be pursued for serious injuries or for instances where life long care was required. Some also mentioned that if the patient was unable to work for a time they may claim to cover their loss of earnings.

“If it impacted on your life, if it was very serious, like if you were paralysed.” (Cardiff)

- If it was then discovered that the Healthcare Professional in question was not insured many thought they should have their licence to practice revoked or suspended, depending on the severity of the negligence event. A minority also mentioned the possibility of pursuing a private claim against the individual. Others also mentioned having a “pool” of money to cover the uninsured, similar to the model of the Motor Insurer’s Bureau. A minority mentioned the possibility of making it a criminal offence, similar to failing to have car insurance.

“They should get struck off if they don’t have it.” (Glasgow)

“They could be sued privately” (Glasgow)

“If it were brought into law that they cannot practice without insurance then they are a criminal if they do it.”
(Manchester)

- Participants felt that they would have to seek legal advice from a solicitor to find out how to pursue a claim. A small number mentioned “no win no fee” companies and contacting Citizen’s Advice.

“I would just get a lawyer and speak to him.” (Glasgow)

- Barriers to pursuing a claim included the cost of legal advice and the perception that most insurance companies will look for loopholes not to pay. This could result in wasted time and money on the part of the patient. Also, many participants felt that the size and scale of the NHS meant that a patient was unlikely to be successful if a claim was pursued.

Costs and Benefits

Importance of a system of redress

- All participants agreed that it was very important that there is a system of redress in place when things go wrong. It was also widely agreed that there is a lack of knowledge among the general public of where to go to in order to make a complaint or pursue a claim.

“It is important for organisations to make it up to a person who has suffered. It is proper professional behaviour.”
(Cardiff)

- Some also mentioned that in many cases an explanation or apology would suffice, and many patients are not looking for financial gain.
- Again, some participants mentioned the requirement for a body to cover the uninsured professional in cases of negligence (similar to Motor Insurer’s Bureau, ABTA etc).

Costs and Benefits

What if Healthcare Professionals had to stop practicing?

- Overall the scenario of Healthcare Professionals ceasing to practice was felt to be unrealistic.

“If you want to be a doctor then you would want the insurance for being a doctor.” (Belfast)

- Most participants stated that insurance was a requirement and only a small minority would consider using an uninsured Healthcare Professional, and this would only be in certain circumstances.
- Many thought that the cost of insurance would be affordable and insurance companies and the government would need to ensure this is the case and it is proportional to the earnings of the profession in question.

“The insurance companies should make it more accessible so that everybody could get it.” (Cardiff)

“He wouldn’t be that good if he couldn’t afford to pay his insurance.” (Cardiff)

“ That would be a national problem. The government would have to intervene.” (Belfast)

- Again, the need for insurance in everyday life was discussed, and the general public pay car and home insurance, therefore those who have the potential to harm human beings have a requirement to be covered.

“When you are dealing with people’s lives you should be expected to pay.” (Glasgow)

“You have to have it. Why should they be exempt?” (Manchester)

Costs and Benefits

Burden on the tax payer

- In general, most participants were not concerned about the financial burden falling on the tax payer. Some thought that this was a small price to pay for having a free health care service.

“Sure where else would it come from?” (Manchester)

“We have a free health care system so I think its right that we have to make that sacrifice.” (Cardiff)

- However, many mentioned that if claims were occurring within the NHS then the finances to fund this would have to come from the NHS budget.

“The NHS is a government body, we pay into that so obviously its going to be taken out of that money, simple as that. That’s how the NHS works.” (Cardiff)

- Others felt that the financial burden should fall on the insurance companies.

“The NHS is already stretched to breaking point and the insurance companies should pay out for things like negligence.” (Glasgow)

- Some expressed concern over funds being used to pay claims that should be used to improve care in the health sector.

“I am more worried about my taxes being spent improving standards than paying out when things go wrong.”
(London)

“There are limited funds in the NHS and the money should go to where it is needed.” (Glasgow)

Costs and Benefits

Willingness to pay additional costs

- Many respondents stated that they would be willing to pay extra to see an insured Healthcare Professional. However, it was also mentioned that this would only be if they could afford it and the majority still felt an entitlement to free health care on the NHS.

“I might pay extra for the peace of mind knowing someone was insured.” (Belfast)

“I wouldn’t pay any more. We already pay our National Insurance and taxes to cover the NHS.” (Glasgow)

- Most also stated that they would assume the insurance costs would be part of the overheads for any private provider and they would not expect or wish to see additional insurance costs itemised on a bill.

“They would just put it on the bill and we wouldn’t know, would we?” (Cardiff)

- Ultimately it was felt that insurance costs or increased registration costs to cover the cost of insurance would be passed onto the patient anyway.

“I would think if it was private then it is already part of the cost that we are paying, that’s why it is so expensive.”
(Cardiff)

Costs and Benefits

Best approach to providing cover

There were considered to be two acceptable approaches to providing cover:

- 1) The regulatory body should be responsible for checking that their professionals are insured at the point of renewing their registration. It was also considered that regulatory bodies were best placed to advise on the level of insurance required for their professionals as they knew the intricacies of each profession and the potential risks involved.

“You pay the money in order to belong to that profession.” (London)

“They could get into the real specifics of that profession They would have a database of claims and the consumer could access the information. It would be transparent and we would all be empowered.” (London)

“You wouldn’t expect a consultant or a paramedic to pay the same amount of insurance as an arts therapist.” (Cardiff)

- 2) The employer should provide cover for all their employees – this would work well in the NHS and in private employers. For those who are self-employed they would be responsible for providing their own cover.

“As the employer, they are responsible for them.” (Glasgow)

“If they are working in a GP practice then the practice should have its own insurance.” (Cardiff)

“A pharmacist in Boots would be covered by Boots, whereas an NHS pharmacist should be covered by the NHS.”
(Glasgow)

Section 4

Conclusions

Conclusions

- There was an overall assumption that all Healthcare Professionals are covered by insurance and it was felt to be very important for them to have insurance. Only a small minority would use an uninsured professional, and this would only be for treatments perceived to be less risky.
- Whilst most participants could mention risks that may be involved, for example, surgical risks and incorrect medication, they also stated they tended not to consider these when engaging with a Healthcare Professional.
- None of the participants had considered insurance arrangements of Healthcare Professionals prior to discussing this issue in the focus group.
- It was assumed that any Healthcare Professional working under the brand of the NHS was automatically covered by insurance. Only a small minority of participants considered there to be any differences between acute NHS provision and NHS primary care with the majority believing that anything under the NHS brand would attract the same level of insurance cover.

Conclusions

- It was considered that there is currently no way of knowing whether or not a Healthcare Professional is insured.
- Some participants questioned the integrity and qualifications of uninsured Healthcare Professionals feeling that if they were uninsured they may also be unqualified.
- The responsibility for checking insurance details was thought to lie with the government, the regulatory bodies, the NHS or the Department of Health.
- All participants would be happy to use an online tool to check the insurance details of a Healthcare Professional but this would have to be clearly signposted and awareness of the resource would need to be widespread. Less than half of participants would be happy to ask a Healthcare Professional outright if they were insured.
- It was thought to be important to have a system of redress in place and it was considered unlikely that insurance premiums would be high enough to discourage Healthcare Professionals from purchasing insurance.
- The best approaches to providing cover were thought to be via the regulatory body or employer.

Section 7

Appendices

Recruitment questionnaire

Topic guide

List of healthcare professionals

Recruitment Questionnaire for focus groups on health professionals

A. Location	London	1
	Manchester	2
	Glasgow	3
	Cardiff	4
	Belfast	5

Good morning/afternoon/evening, my name is ... from PricewaterhouseCoopers. We are conducting some research in order to understand the views and opinions of the general public with regard to health professionals and their insurance arrangements. This will help develop current policy on insurance and indemnity of health professionals.

We will be setting up a series of focus groups with people who are willing to take part in the research. If you fit these circumstances and choose to take part, any personal details and information you provide will be kept confidential at all times.

Firstly, to ensure that we talk to a wide range of people can I ask?

RECRUITER: Record gender	<table border="1"> <tr> <td>Male</td> <td>1</td> </tr> <tr> <td>Female</td> <td>2</td> </tr> </table>	Male	1	Female	2	<i>Ensure a spread for each group</i>
Male	1					
Female	2					
1. Do you, or does anyone in your immediate family work in any of the following professions?	<table border="1"> <tr> <td>Market research</td> <td>1</td> </tr> <tr> <td>Health professional (GP, hospital doctor or consultant, nurse, dentist, midwife, or other health professional)</td> <td>2</td> </tr> </table>	Market research	1	Health professional (GP, hospital doctor or consultant, nurse, dentist, midwife, or other health professional)	2	<i>Thank and close (recruiter, please check complete list if unsure regarding professions)</i>
Market research	1					
Health professional (GP, hospital doctor or consultant, nurse, dentist, midwife, or other health professional)	2					
2. Which of the following age groups are you in?	<table border="1"> <tr> <td>18-34 years</td> <td>1</td> </tr> <tr> <td>35 years or over</td> <td>2</td> </tr> </table>	18-34 years	1	35 years or over	2	<i>Check age requirement for each group</i>
18-34 years	1					
35 years or over	2					
3. Have you consulted with any healthcare professional within the past three years? That is, a GP, hospital doctor or consultant, nurse, dentist, midwife, or other health professional	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2	<hr/> <i>Continue</i> <hr/> <i>Thank and close for patient groups, go to Q5 for general public groups (recruiter, please check complete list if unsure regarding professions)</i>
Yes	1					
No	2					
4. Have you consulted with any private healthcare professional within the past 5 years? That is, any consultation with or treatment by a healthcare professional that you paid for or was covered by private health insurance.	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2	<hr/> <i>Check quotas - Ensure at least 3-4 private patients recruited for patient groups</i> <hr/> <i>Continue</i>
Yes	1					
No	2					

5. What is/was the occupation of the chief wage earner in your household?
RECORD AND CODE

ABC1	1
C2DE	2

Ensure a spread for each group

6. Have you ever attended a focus group?

Yes	1
No	2

Go to Q7

Go to Q8

7. How long is it since you attended a focus group?

Less than 3 years	1
More than 3 years	2

THANK & CLOSE

CONTINUE

We are getting a small group of people like yourself together to talk informally about issues surrounding healthcare professionals. This will take the form of a chat over tea, coffee or a drink.

8. Could you come along and be part of the group on the of ... at.....

Yes	1
No	2

CONTINUE

THANK & CLOSE

9. Issue invitation and record name and address

I declare that this interview has been carried out according to instructions and conducted within the Code of Conduct. The respondent was not a family member or close friend. I understand that all information provided must remain confidential.

Date: _____

Signed: _____

Topic Guide – Insurance and Indemnity

Introduction

- General introduction and warm up
- Market Research explained.
- Use of tape explained. Confidentiality guaranteed
- Purpose/background to research explained in broad terms.

“We are conducting some research in order to understand the views and opinions of the general public with regard to health professionals and their insurance arrangements. This will help develop current policy on insurance and indemnity of health professionals. We want to hear the views and opinions of general public and people who access health services – there are no right and wrong answers.”

- General warm-up discussion about contact with health professionals – how often do you make contact with a health professional, for example, a GP, dentist, optician, hospital? (Showcard: full list of health professionals)
- Do you think there are any risks involved when you are in contact with healthcare professionals? If so, what are the risks?
- Do you ever think about whether or not the person you are seeing is covered by insurance?

Knowledge of insurance and indemnity cover

Provide definition of insurance and indemnity cover – *“professional insurance or indemnity cover aims to provide financial compensation in the case of negligence or mistakes”.*

- How important do you feel it is for health professionals to have professional insurance or indemnity cover?
- What do you know about the level of insurance required by health professionals? (unprompted – ask general question first, then break down into the four categories)
 - 1) For those who are employed within an NHS hospital or acute trust (definition: generally a hospital that provides elective surgery, emergency care and other services, *note some private hospitals may have NHS brand)
 - 2) For those who work in NHS Primary Care (for example, a GP practice, dentist, pharmacist)
 - 3) For those who work in the independent or private sector but are **employed**, for example, nurses working in a private hospital
 - 4) For those who work in the independent or private sector but are **self-employed**, for example, independent midwives, physiotherapists working in their own practice, private consultants

Do you consider there to be any differences between categories 1 and 2?

Do you consider there to be any differences between services that you pay for and do not pay for?

Ask unprompted, then present scenarios: *“Which of the following scenarios do you think apply?”*

- 1) They are covered by their employer (e.g. the NHS)
 - 2) They are covered by their professional body or union (e.g. Royal College of Nursing, Royal Pharmaceutical Society, Unison)
 - 3) They purchase their own insurance policy
 - 4) They are not covered by insurance
-

- What if health professionals did not have insurance or were not covered through their employment?
 - How would you know?
 - Would the lack of cover affect your decision to use their services? (Prompt if needed: what if it were a choice between your first preference who was uninsured and your second preference who was insured?)
- Who **do you think** enforces the requirement to have professional insurance or indemnity cover in place? How do you think they do this? (prompt if required: NHS, Government, registration body)
- Who **should** enforce the requirement to have professional insurance or indemnity cover? (prompt if required: NHS, Government, registration body). How should they do this?
- Would you consider checking yourself whether or not a health professional was insured? How would you go about this? (prompt: helpline, internet)

Negligence events and compensation

- What do you think would govern a patient's decision on whether to pursue a claim or not when a mistake has been made or something has gone wrong?
- What do you think would happen if healthcare professional had no insurance/ was working outside scope? What should happen?
- Would you know how to go about making a claim?
- To what extent, if at all, do you feel it is important that the tax payer (through the NHS and social care) does **not** have to pick up the burden of care in the case of a negligence event? Why do you say that? Who should bear the cost of compensation?

Presentation of patient stories

- *Patient stories: out of hours GP, independent midwife*
- What do you think would happen next?
- Do you think the health professional involved would be insured? What if health professional not insured? What would/ should happen?

Costs and benefits

- How important is it to you that there is a system of redress in place if things go wrong?
 - In your view, if health professionals had to stop providing their services as a result of a requirement to obtain full indemnity or insurance cover would that alter your view on whether practitioners should have cover? *Probe:*
 - To what extent, if at all, would you prefer that professionals continue working without cover?
 - What if this meant the best healthcare professionals no longer practised?
 - Your choice as a patient may be compromised due to this – how do you feel about that?
 - Would you be willing to pay extra to a healthcare professional to cover a contribution towards the cost of their insurance?
 - What do you feel would be an appropriate approach to providing cover? For example:
-

- Healthcare professional paying for their own cover. Probe on different types of professionals, including Doctors, nurses and midwives.
- Adding a percentage to the fee payable to the professional which would go towards insurance costs (if paying privately)
- Increasing registration costs with regulatory bodies to contribute to insurance and indemnity cover.
- Do you think the approach should be different for different types of health professional? e.g. GP, speech therapist, paramedic, nurse
- Do you think the approach should be different depending on where the health professional works or based on who employs them?

General closing discussion

- Summary of main points of discussion
 - Any other comments
 - Thank and close
-

List of Healthcare Professionals and Regulatory Body

Profession	Regulatory Body
Arts therapist	Health Professions Council (HPC)
Biomedical scientist	Health Professions Council (HPC)
Chiropodist	Health Professions Council (HPC)
Chiropractor	General Chiropractic Council (GCC)
Clinical Dental Technician	General Dental Council (GDC)
Clinical scientist	Health Professions Council (HPC)
Dental Hygienist	General Dental Council (GDC)
Dental Technician	General Dental Council (GDC)
Dental Therapist	General Dental Council (GDC)
Dentist	General Dental Council (GDC)
Dietician/ Dietitian	Health Professions Council (HPC)
Dispensing Optician	General Optical Council (GOC)
Doctor	General Medical Council (GMC)
General Practitioner	General Medical Council (GMC)
Health Visitor	Nursing & Midwifery Council (NMC)
Midwife	Nursing & Midwifery Council (NMC)
Occupational Therapist	Health Professions Council (HPC)
Operating Department Practitioner	Health Professions Council (HPC)

Profession	Regulatory Body
Optometrists	General Optical Council (GOC)
Orthodontic Therapist	General Dental Council (GDC)
Orthopist	Health Professions Council (HPC)
Orthotist	Health Professions Council (HPC)
Osteopath	General Osteopathic Council (GOsC)
Paramedic	Health Professions Council (HPC)
Pharmacy Technician	Royal Pharmaceutical Society/ General Pharmaceutical Society/ Pharmaceutical Society of Northern Ireland
Pharmacist	Royal Pharmaceutical Society/ General Pharmaceutical Society/ Pharmaceutical Society of Northern Ireland
Physiotherapist	Health Professions Council (HPC)
Podiatrist	Health Professions Council (HPC)
Prosthetist	Health Professions Council (HPC)
Psychologist	Health Professions Council (HPC)
Radiographer	Health Professions Council (HPC)
Registered Nurse	Nursing & Midwifery Council (NMC)
Speech and Language Therapist	Health Professions Council (HPC)
Surgeon	General Medical Council (GMC)

This report has been prepared for and only for Department of Health in accordance with the terms of our engagement letter dated 12 February 2010 and updated on 29 March 2010 and for no other purpose. We do not accept or assume any liability or duty of care for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

© 2010 PricewaterhouseCoopers LLP. All rights reserved. PricewaterhouseCoopers refers to PricewaterhouseCoopers LLP (a limited liability partnership in the United Kingdom) or, as the context requires, the PricewaterhouseCoopers global network or other member firms of the network, each of which is a separate and independent legal entity. Design: 1000385 pic_aa