



Royal College of
General Practitioners

Indemnity at scale: complex and logical or disjointed and chaotic?

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General Practice is evolving as we move towards at scale clinical delivery in response to challenges of medical recruitment, rising demand, expanding population and complexity of healthcare needs. In [the RCGP and Nuffield Trust surveys](#) undertaken in 2015 76% of respondents said that they were either working at scale or thinking about doing so.

We are seeing evolution in terms of the way clinical services are provided and how practices are organised, however one of the most striking metamorphoses is that of the workforce. Gone are the days where GPs and Practice Nurses were the only clinicians on offer at the surgery; we are now seeing a collaborative multi-professional frontline team delivering care for patients: GPs, Pharmacists, Paramedics, Physiotherapists, Advanced Nurse Practitioners, Physician's Associates, Mental Health Practitioners. All are working hand in hand in General Practice to meet the needs of our population – the General Practice Forward View clearly points us in this direction.

This represents a hugely positive transition bringing opportunity for practices and patients however, as one might expect, there are also challenges and one of the most complex is indemnity.

Haxby Group has grown from a large single practice organisation caring for 20,000 people into a multi-practice organisation caring for a 50,000 population in two cities (York and Hull), from 10 sites with multiple contracts. We have faced significant GP recruitment challenges, more so in Hull but not exclusively. Consequently we have evolved our clinical workforce and now have 22 GP partners, 16 Salaried GPs, nine Practice Pharmacists, three Paramedics, two Advanced Nurse Practitioners and a team of 34 practice nurses and HCAs. Our ethos is very much about developing a collaborative, professional approach to providing care – the role of the GP is transforming to one where we provide leadership and support for our colleagues to see patients in acute settings or with long terms conditions and thus giving GPs the freedom to offer longer consultations to those with complex needs.

We deal with the three large medical indemnity companies (MDU, MPS, MDDUS) providing cover for our GPs, we have corporate indemnity covering a limited company that holds both APM and GMS contracts, our pharmacists are covered through The Pharmacist's Defence Association (PDA) and our paramedics are covered through Graybrooks. It felt like the indemnity companies were always a step behind as we sought cover for innovative working. I do accept that understanding risk in this environment is incredibly complex, however it can sometimes feel like the standard response to innovation from the indemnity companies is either that they're not able to provide cover, or they are able to provide it with huge premiums applied, often without seeming to fully appreciate how these clinicians are working collaboratively, having had appropriate training; and are under the governance umbrella of the GP Partners, with defined spheres of competence and a supportive framework around them.

My plea is that we work with the indemnity companies to understand the risks quickly so that the workforce transformation can continue at the required pace for the benefit of patients.

Our quest to have one policy from one company covering our entire organisation has not been a fruitful one so far and we are many months into negotiations. There is no doubt this is complex but surely achievable. As well as the ongoing reality that cover is discretionary we now must consider different types of cover, individual or claim only each with their own limitations and corporate cover because not only will the individual be sued but also your practice/company.

Furthermore one of our challenges has been that GPs, for many reasons, have a loyalty to their indemnity company, which will often have been chosen fairly randomly upon graduation. My feeling is that this not bidirectional, this is business and I think we must wise up to that as a profession. Indemnity companies do not, quite rightly, have loyalty to us as individuals, we're either covered or we're not.

I must be clear I do not underestimate the size of the challenge that these companies are facing. Practices come in all different shapes and sizes and the clinical workforce varies, as do clinical systems. We must also not underestimate how much we rely on and are supported by these organisations when a claim is brought against a clinician, having been supported by them myself for this purpose in the past I can say with absolute certainty that I was very grateful to them.

The reality is that we collectively have an obstacle to overcome. The indemnity companies are trying very hard to find a solution, NHS England are also looking closely at this and are due to produce guidance very soon. But we are losing time – the profession is evolving, patient need is growing, we must reach practical solutions quickly.

Dr Michael Devlin, MDU Head of External Relations and Liaison said:

"Primary care services are developing innovative ways of delivering services to patients, as recommended by the Five Year Forward View. We are keen to hear from groups pioneering new models of care so that we can work with them to offer an indemnity solution that appropriately meets their needs.

"When designing new indemnity solutions, we need to assess and quantify the risks and this can be complex. Sometimes it may take time to evaluate these risks and come up with an indemnity solution that meets the needs of individuals and employers, who will be working and providing care in innovative ways. The sooner we are involved in that discussion the better.

"The MDU is experienced at coming up with new indemnity solutions to meet the changing needs of our members. Despite a hostile medico-legal climate, we understand the importance of keeping the cost of indemnity down while ensuring members are able to come to us for assistance with a claim, no matter how many years after an incident it arises. We understand the changing needs of general practice and are keen to be part of the solution."