



SPECIALIST SERVICES DIVISION

CONFIDENTIAL BRIEFING NEUROSURGERY

1. SITUATION

The purpose of this SBAR briefing is to appraise the Medical Director NHS Tayside, and the Chief Executive of the ongoing actions following the requirement to suspend clinical practice of one of the Neurosurgeons as a precautionary measure following receipt of the Royal College of Surgeons Invited Review Report of the clinical practice of Professor Eljamel, Consultant Neurosurgeon

This action has placed this service under significant pressure and the remaining three Consultant Neurosurgeons are experiencing major challenges in terms of managing the emergency neurosurgical service as well as achieving both the 12-week Treatment Time Guarantee for elective demand and the 9-week Stage of Treatment for outpatient provision.

The emergent risks are particularly in relation to outpatient targets and spinal surgery.

A number of recommendations have been made and are being progressed including;

- Review of Professor Eljamel's spinal cases to ensure no incorrect level surgery has gone unaddressed scope of review from 2010 until present.
- Meeting with patients known to have had incorrect level spinal surgery
- Standard Operating Procedure for Intra-operative Establishment of Spinal Level
- Standard Operating Procedure for pre-operative marking
- Review of Consultant On-call arrangements
- GMC Referral

2. BACKGROUND

In June 2013, the General Manager, Specialist Services Division and Clinical Director, Specialists Services Division raised increasing concerns with the Medical Director about the practice of Professor Eljamel. These concerns were in response to an increasing number of complaints against this clinician, similar emerging themes within the complaints, evidence of more than one case of spinal surgery undertaken at the incorrect level, and other related intelligence and information.

Dr Andrew Russell wrote to the Royal College of Surgeons on 26th June 2013, requesting an individual performance review of Professor Sam Eljamel, which was undertaken on 16th and 17th September 2013.

The terms of reference for the review were defined as:

To consider concerns about the clinical work of Professor Sam Eljamel, Consultant Neurosurgeon, with specific reference to:

- Clinical knowledge, skills, surgical competency and clinical decision making
- Interpersonal skills and communication skills with patients, relatives and colleagues
- Review 14 specific patient case notes and corresponding complaints where concerns have been raised by patients and NHS Tayside, and to extend this review to additional case notes if deemed appropriate during the review process.

The review team used a range of information and interview techniques to analyse and triangulate data to determine whether there is a basis for concern about Professor Sam Eljamel's practice.

From June 2013 until present, specific arrangements were put in place to ensure a level of supervision for Professor Eljamel pending the review outcome.

3. ASSESSMENT

3.1 Risk Assessment

Total of 5 confirmed cases of incorrect level spinal surgery to date.

A number of major risks have been identified in relation to this situation and actions have been implemented to manage and minimise these as far as possible.

A major concern is related to breach of confidentiality resulting in adverse publicity and reputational damage with lack of patient and public confidence. Communications fully briefed.

3.2 Incorrect Level Spinal Surgery

5 suspected incorrect level spinal surgery cases were presented and considered during the Independent Review process.

4 cases have been confirmed as incorrect level spinal surgery

A further case has been identified through the complaints process and corrective surgery undertaken with good outcome.

3.3 Case Note Review

A database of all patients who have had spinal surgery undertaken by Professor Eljamel from Jan 2010 to August 2013 has been identified. This is a total of 681 cases including deceased patients. To identify those that may be at highest risk, this database was cross-matched against referrals to the Specialist Pain Service and 203 patients have been identified.

An initial case note review of the 203 patients is in progress by Consultant and Senior Nursing staff. Trigger questions have been developed to ascertain if the patients' medical records reflect a satisfactory outcome post-operatively or if patients have ongoing incapacitating pain.

Further more detailed review of any patients of concern will be undertaken by a Consultant Neurosurgeon.

To date 58 case notes have been reviewed with only 2 records of concern which will be subject to more detailed review.

3.4 Complaints and Patient Feedback

Of the 14 cases reviewed by the Independent Review Team, 3 were outstanding complaints awaiting investigation outcome.

2 cases reflected issues whereby the care was considered below the expected standard. Both patients have had a formal meeting to provide feedback with the Clinical Lead for Neurosurgery, Associate Medical Director for Surgical Directorate and the Divisional General Manager for Specialist Services.

1 case is incorrect level spinal surgery identified and a meeting has been arranged to confirm. This patient is aware of this and is expecting formal confirmation at the meeting.

The additional case identified where corrective surgery has been undertaken, has met formally with Clinical Lead for Neurosurgery, Associate Medical Director for Surgical Directorate and the Divisional General Manager for Specialist Services to give confirmation of incorrect level spinal surgery

One case of incorrect level spinal surgery was identified and confirmation of this surgical error has been given to the patient by the Medical Director following a formal Significant Clinical Event Analysis.

One case of incorrect spinal surgery patient is deceased. Arrangements to be made to contact next of kin to inform them of outcome. Patient and family unaware at present.

A further case of incorrect level spinal surgery has been identified via the formal claims process. Meeting with patient to be arranged to confirm surgical error.

3.5 Claims Process

One formal claim has been lodged. It is anticipated that additional claims will be progressed.

3.6 Service Assessment

Loss of Consultant capacity places the Neurosurgical service under increased pressure in particular achievement of waiting times for spinal surgery

In manpower terms the Consultant numbers are effectively reduced from 3.5 to 2.5. One of the consultants gives 4 sessions to Directorship of the Managed Clinical Network for Neurosurgery.

Specific pressures will be on outpatient clinics. Temporary arrangements have been put in place to provide Specialist Registrar and an Advanced Nurse Practitioner clinics with Consultants available for discussion / review if necessary. Principally other members of the multidisciplinary team will manage Professor Eljamel's specialist multidisciplinary clinics for pituitary and skull base. Current difficulties in achieving 12- week outpatient waiting times will continue. In-patient theatre lists will be covered by the existing three Consultants and there is already an arrangement with BMI for 60 spinal patients to be operated upon, in anticipation of the application of TTG in April 2014.

There are a small number of functional/movement patients who will be referred to colleagues in Glasgow. Professor Eljamel provided surgical input for the Advanced Intervention Service and the national agreement is that these patients will be treated within Scotland. It is highly specialised surgery. There are very small numbers, currently five patients are on the pathway. There is a contingency to invite a Neurosurgical colleague from London or Bristol to come to Dundee and undertake these procedures.

The remaining consultant colleagues will provide a substantive on-call arrangement between them until a locum replacement can be found.

Arrangements are required to address the sub-specialty practice of Professor Eljamel that cannot be covered by the remaining Consultants. In particular Professor Eljamel support the Advanced Interventions Service (formerly Neurosurgery for Mental Disorders service) which is a nationally designated service hosted by NHS Tayside and is provided by a specialist multidisciplinary team in Ninewells Hospital. The objective of the service is to provide a comprehensive service for severe and chronic treatment-refractory depression (TRD) and obsessive-compulsive disorder (OCD) to residents of Scotland. The national service provides two specific treatments and follow up care for Ablative neurosurgery (most commonly, anterior cingulotomy).

3.7 Individual Outcome

Following consideration of the documentation provided by NHS Tayside, the Review team concluded that there was a cause for concern with professors Eljamel's clinical practice.

Six suspected cases of incorrect spinal surgery level were identified at the time of the review, and following further case note review 5 cases have been confirmed.

There were other clinical complications deemed preventable identified in the case note review undertaken by the Review Team, as well as other aspects of Professor Eljamel's practice. This included concerns in relation to standards, clinical practice, methods, and exercise of degree of skill, care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and experienced Consultant that led to a College recommendation for a referral to the GMC on Fitness to Practice grounds.

Professor Eljamel has been suspended as a precautionary measure until the GMC investigation, which has been actioned, is complete. Prior to this action, full consideration was given to whether suitable restrictions to practice could be undertaken, however no appropriate role could be identified that would facilitate continuation at work without clinical or patient contact.

3.8 Actions and Progress

- Service contingency plans actioned.
- Unable to secure locum.
- Taking cognisance of the current clinical safety and governance issues within the service, approval in principle has been given to appoint a Consultant Neurosurgeon on a substantiate basis, rather than rely on locum appointments. Clinical advice reflects that this is a safer and more sustainable model both in the short and medium term. This is supported via the Neurosurgical Managed Service network.
- Arrangements to undertake cingulotomy for the AIS Service agreed