

A Guide to Mental Health Peer Review Webinar- FAQs

15 September 2020

Recorded Webinar and Slides

The recording of the webinar and the slides can be viewed on our website which can be accessed using the following link:

<https://dglegal.co.uk/training/2020-free-webinars/#2020AGuideToMentalHealthPeerReview>

FAQs

Q When documenting advice given during an attendance do you need to reflect how this may have been simplified to enable the client to understand it?

TG: Not necessarily; a note to explain that simple terms used and why this was done, accompanied by a copy letter sent, which would itself be in simple terms, may provide sufficient evidence. If you used diagrams, Makaton, other means to communicate, then a brief summary / copy retained on file could assist.

MD: I assume the question is about how to record the simplified advice given during an attendance, rather than whether there is a need to reflect upon how the advice could have been simplified further. If so, an attendance note recording instructions and advice in straightforward English, followed up by a tailored, simplified, letter would most likely be the appropriate way forward.

Please bear in mind that not all clients can retain written advice that well. If the client does better with oral information, you may want to double-check that the client has understood your advice so far at the beginning of your next meeting.

Why does peer review not look at actual performance in, for example, Tribunals? Not in terms of results but in terms of your examination skills, covering the points, adapting to new information on the hoof and such. Especially at the moment, it would be easy to have a silent observer with video hearings.

It is almost impossible in a hearing to make notes while you are conducting cross examination without slowing the hearing down too much.

TG: It is very difficult to do this, would need permission from HMCTS and all parties; difficulty with taking notes of proceedings that are conducted in private; i.e. this is not practicable in real terms.

TLS MH Panel re-accreditation seeks to assess Advocacy skills in the re-accreditation process. In essence, the practical considerations preclude this form of review.

However, PR's do look at everything on the file, including handwritten notes, and can glean a lot of information from looking at those notes; PR are practitioners themselves, and are familiar with the pressures of note taking in advocacy situations.

Q Is there a reason why an additional element of interview with fee earners is not included as part of the peer review process? Whilst it is important to have everything recorded, it is also important to understand what else may have been taking place to give context to the file. Perhaps an interview element would add to the holistic understanding of the case and service provided to the client.

Avrom provided a detailed answer to this question in the Q & A at the end of the webinar.

TG: To my mind, the primary factors could well be financial and time cost related. Further, I wonder if providers would truly welcome (yet another) form of audit, and the time it would take up.

Q Details in letters of clients instructions, I am always concerned that a large amount of clients claim that staff read letters etc and am therefore worried about putting too much information in letters regarding what client has said.

TG: Finding the balance between “too much” and “not enough” – if client is concerned post is being read, then there is a separate issue that must be pursued on the file – that of legal confidentiality for the communications, or asking your client to perhaps not hand their post to the staff upon receipt. Has (e.g.) hand-delivery of the letter to client (outside of Covid-19 restrictions) been considered? Does the letter to client state “because you are concerned about your letters being read by staff, I will briefly summarise your instructions herein, etc”. Evidence and fully explain why you are doing what you are doing / not doing what you should be doing.

MD: If this is happening with a large number of clients in the same hospital(s) then it is likely to be a real issue which needs to be addressed and whoever asked this should perhaps consider assisting their clients with making a complaint. Identifying and acting on issues which may be linked (albeit not directly) to your client’s case is likely to be noted by the PR as something this firm does well.

Aside from everything Tam has said, I would also observe that if sufficient advice is not given or recorded, PR aside, then the firm is leaving themselves wide open to a negligence claim.

Perhaps an alternative way to address the problem would be to either send letter by email or to a trusted family member/acquaintance, who can then take the letter to the hospital on one of their visits? Finding a creative solution to difficulties posed in communicating with clients is also something which is likely to be noted and considered favourably.

Q Do you have statistics on how many MH peer reviews there have been say in the last full year and the ratings given, first time and for second reviews?

Q I would like to know how many mh peer reviews there have been in the last full year and how many of each category were given and how many second reviews were there.

Q I would be interested to know the % of firms awarded levels 1, 2 and 3 respectively.

A We would suggest contacting your Contract Manager to obtain statistics regarding Peer Reviews.

Q When the new PR Process document will be released.

The LAA are still in the process of updating the process document and have no firm timescale at the moment but it's a priority for the team.

How DG Legal can help

To discover more about how we can help you with an upcoming or future Peer Review, please call 01509 214 999 or send us an [email](#).