



Resolution

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January 2019
FOI_3563

The following information was requested on 13 December 2018:

Please provide details of:

- (1) How many times NHSLA/NHSR has operated its discretion in respect of claims in line with its Membership Rules since the launch of the scheme in total, and in the last five years*
- (2) The rationale/reason for using its discretion in respect of said claims*
- (3) Whether the state backed indemnity scheme for GPs will also be discretionary*
- (4) How the NHSLA/R's discretion will operate if there is a requirement for healthcare professionals to have an insurance-backed indemnity (as per current consultation).*

Our Response

1. *How many times NHSLA/NHSR has operated its discretion in respect of claims in line with its Membership Rules since the launch of the scheme in total, and in the last five years*

We are responding to this request with reference to the Clinical Negligence Scheme for Trusts (CNST). Save for a few occasions in the early years of the CNST where discretion was exercised due to the late reporting of claims, NHS Resolution has not exercised its discretion in respect of refusing to provide indemnity cover for a claim that was a qualifying liability under the scheme rules.

2. *The rationale/reason for using its discretion in respect of said claims*

Please see above.

3. *Whether the state backed indemnity scheme for GPs will also be discretionary*

The Department for Health and Social Care is responsible for deciding on future arrangements for GP indemnity. Please therefore direct this query to the Department of Health and Social Care.

4. *How the NHSLA/R's discretion will operate if there is a requirement for healthcare professionals to have an insurance-backed indemnity (as per current consultation).*

We do not fully understand this question. However, as stated above, the Department for Health and Social Care is responsible for deciding on future arrangements for GP indemnity. Please therefore direct this query to the Department of Health and Social Care.

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to [Tinku Mitra](#), Head of Corporate and Information Governance for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House
Water Lane
Wilmslow
Cheshire
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