Neurology Recall

Cohort 3 Activity and Outcomes Report

June 2022

HSC Health and Social Care

Contents

Introduction

The recall of people comprising Cohort 3 of the Neurology Recall was announced by Health Minister Robin Swann on 20 April 2021. This announcement followed the findings of earlier phases of recall for two other cohorts of people - Cohort 1 which commenced in May 2018 and Cohort 2 which commenced in October 2018. Subsequent reports relating to the findings of these cohorts - the Activity and Interim Outcomes Report for the Active Caseload (Cohort 1)[1] - was published by the Department of Health on 19 December 2019 and the Activity and Outcomes Report for the Active Caseload (Cohort 2)[2] – was published by the Department of Health on 19 April 2021.

This report will summarise the findings of this final phase of the neurology recall and is best considered in the context of the two preceding reports. This group of people, as described below, is referred to as Cohort 3 throughout this report.

The outpatient and clinical investigation activity associated with the review of people who, between June 1996 and March 2012[3], had been discharged from the care of an individual consultant neurologist (Dr A), who was appointed to the post of consultant neurologist within the Belfast Health and Social Care Trust (BHSCT) in June 1996, worked in BHSCT, the Ulster Independent Clinic (UIC) and Hillsborough Private Clinic (HPC) before being restricted from clinical practice in July 2017 is detailed within this report.

Those for whom a recall appointment was required were reviewed during the review period. For the purpose of the report, the review period is defined as 20 April 2021 until 31 August 2021.

People included within Cohort 3 comprised:

- Those who had been under the care of Dr A between June 1996 and March 2012 inclusive, who had been subsequently returned to the care of their General Practitioner (GP) and who were alive at 1 August 2020.
- Had not been subsequently under the care of another consultant neurologist.
- Had been prescribed one or more specific medications during the period 1 February 2020-31 July 2020. This list of medications can be found in Appendix 4.

1 Neurology Recall - Activity and Interim Outcomes Report for the Active Caseload (Cohort 1) | Department of Health (health-ni.gov.uk)

2 http://www.health-ni.gov.uk/publications/neurology-recall-activity-and-outcomes-report-active-caseload-cohort-2

3 The recall period for the Independent Sector Providers differs due to the availability of patient records. Given the lapse in time, some patient records were destroyed in line with Data Protection and Retention guidelines. Patient records for UIC were available from 1 May 2005. Patient records for HPC were available from 1 January 2008.

In addition, on reviewing the outcomes for those people reviewed as part of Cohort 2 of the recall, the Neurology Regional Co-ordination Group (RCG), in consultation with relevant Trust clinicians, took the decision to extend the age range of those reviewed within Cohort 2 in line with relevant NICE guidance relating to 'young strokes'. Therefore, the people who met all of the following criteria were also included in Cohort 3:

- Those between the ages of 45 and 65 years
- Those previously reviewed at a stroke clinic by Dr A
- Those referred back to the care of their GP between April 2012 and March 2018
- Those prescribed anti-platelet and/or anti-coagulant medications in the period of 1 February 2020 to 31 July 2020
- Those not offered a review appointment during the Cohort 2 recall
- Those not subsequently reviewed by an appropriate stroke physician

This report was produced by the RCG at the request of, and in collaboration with, the Permanent Secretary Neurology Regional Assurance Group (PSNRAG). The data were provided by BHSCT, UIC and HPC, who are responsible for the quality of the data submitted. The report summarises those data. It does not make any judgement about the care people received; nor does it provide an assessment of any harm.

Methodology

As in Cohorts 1 and 2 a rigorous validation approach was taken to ensure that those people who needed to be seen and reviewed by a hospital consultant were offered the opportunity of an appointment. There were, however, a number of factors applicable to Cohort 3 that needed a different approach to that adopted for Cohorts 1 and 2.

Specifically the following factors were taken into account when determining the approach for the Cohort 3 recall:

a) The timescale applicable to this recall - people who had been seen by Dr A between June 1996 and March 2012.
b) As a consequence of the above, it was recognised that some clinical notes may no longer be accessible due to data retention guidelines within the Records Retention and Disposal Schedule.
c) A proportion of people identified in Cohort 3 were receiving medicines, such as anti-platelets and/or anti-coagulants, which could have been prescribed within many specialty areas of practice, i.e. prescribing was not limited to the neurology specialty. Therefore, it was important to determine the origin of the prescriber.
d) It was considered appropriate by the Regional Co-ordination Group to involve Primary Care in reviewing the clinical notes of people identified in c) above. Primary Care had not previously been involved in the recall process for Cohort 1 or Cohort 2.

During the validation process, individuals were categorised as part of a stringent stratification process. Based on information taken from available patient records, measures were put in place to identify which people as described above would require a recall consultation with an appropriate consultant.

Category Definitions

It had been anticipated during the initial stratification process that each individual would be clearly identified within the categories detailed in the section below. However, as work on the recall progressed; it became clear that individuals were grouped into one of three categories – category 1a, category 1b and category 4. For completeness, we have provided the initial definitions of the categories which were as follows:

Category 1a

People included within this category were prescribed medication by Dr A from the list attached at Appendix 4 and the individual had not since been seen by another consultant – *for those identified within category 1a,* ***a recall appointment was required.***

Category 1b

For people included within this category there was no evidence that Dr A had prescribed medication from the list attached at Appendix 4 – *for those identified within category 1b* ***a recall appointment was not required***.

Category 2

For people within this category it was verified that patient records were available, however the prescribing information contained within the record was not conclusive. It was initially considered that telephone triage for these people may be required to determine if a recall appointment was needed. As methodology progressed, it became evident that telephone triage to confirm prescribing would not be clinically appropriate. *Therefore, people for whom prescribing was inconclusive were instead included in category 4, to have their records reviewed by their GP.*

Category 3

This category included those for whom clinical records were not available i.e. patient records had been destroyed, within data protection and General Data Protection Regulation guidelines. As the stratification process progressed, it became evident that telephone triage to confirm prescribing would not be clinically appropriate. *Therefore, people for whom prescribing was inconclusive were instead included in category 4, to have their records reviewed by their GP.*

Category 4

People included within this category were those who had been identified as being prescribed the following anti-platelet medication: Aspirin; Clopidogrel or Dipyridamole. The clinical records for these people were reviewed by their GP to ascertain if the current prescribing of these medications was appropriate for their current clinical indication.

Also included within this category were those for whom it had been ascertained that they had been seen by Dr A for stroke care between 1996 and 2018, were aged between 45 and 65 years old at the time of their last clinical review by Dr A in regard to stroke, were currently being prescribed anti-platelet and/or anti-coagulant medications and had not been offered a review appointment during Cohort 1 or Cohort 2 of the recall. *For those identified within category 4, a recall appointment* ***is to be determined through GP engagement as follows:***

- Where the relevant medication was identified as currently appropriate by the GP – ***A recall appointment was not required***. *People in this group do not have their findings included within this report.*

- Where the relevant medication was identified as not currently appropriate by the GP or the GP is uncertain about the relevance of the medication – ***A recall appointment was required***.
- Where nil response was received from the GP – the Regional Co-ordination Group in conjunction with Clinicians agreed that it would be appropriate to ensure that those people for whom a response was not received by the GP were reviewed during the recall. Therefore, ***a recall appointment was required***.

Outcome of Stratification

As previously described, while the initial stratification process assumed that each individual would be placed into the categories described above, it became evident as the stratification process progressed that there were two categories that were no longer required, i.e. categories 2 and 3.

Specifically for category 2, where the prescribing of medication was inconclusive, it was subsequently agreed by the Regional Co-ordination Group that it would not be appropriate to depend on a telephone triage with each individual to ascertain if they had been prescribed a specific medication. It was therefore agreed that those people identified within category 2 as having been prescribed a medicine for a neurological condition between 1 February and 31 July 2020, where the information on the prescriber was not conclusive, should be offered a recall appointment. All those identified within category 2 who met these criteria were therefore moved to category 1 and followed that pathway.

It was further agreed that those people who were identified within category 3 should either be reviewed as part of the recall or have their records reviewed by their GP to determine the requirement for a recall appointment, dependent on the type of medications they were prescribed. As none of the people included in category 3 were prescribed anything other than anti-platelet medication, the Regional Co-ordination Group agreed that these individuals should be re-categorised into category 4 and follow the pathway for GP review.

As a result of the above measures, there were no people remaining within categories 2 or 3 at the completion of the stratification process. This stratification process therefore left categories 1 and 4 to be further analysed as part of the recall process and there is therefore no further reference within this report to categories 2 or 3.

The RCG, with input from clinical colleagues, agreed to proceed to recall those people identified as requiring a recall appointment in two separate stages:

The initial phase comprised those people identified within category 1. This aspect of the recall commenced whilst the work on the primary care validation process was undertaken. Thereafter, those people who were identified as requiring a recall appointment as part of category 4 were invited to attend a recall consultation once the need for an appointment was confirmed.

Categories 1 and 4 are dealt with separately in this report with regards to both activity and outcomes data.

Those people identified in categories 1 and 4 as **requiring a recall** were invited to attend an initial telephone consultation with a consultant neurologist or a consultant stroke physician. A clinical decision was made at that stage to do one of the following:

- Arrange for a face to face consultation if clinically indicated; or
- Discharge the individual with advice to their GP; or
- Advise the individual that no further action was required.

The purpose of these consultations was to ensure that those who were identified as part of Cohort 3 had a secure diagnosis or diagnoses (as some had more than one neurological diagnosis); that a proper management plan was in place and that prescribing was currently appropriate at the time the individual was reviewed.

Each individual was informed, by the clinician who reviewed their care, about any changes to their diagnoses, management plan or treatment during their clinical review process. These consultations were not designed as an assessment or audit of the consultant's practice.

Part 1: Cohort 3 – Category 1

Description of Category 1

Category 1 included those people for whom the requirement for recall was confirmed by Belfast Trust or the Independent Sector (the Providers).

Belfast Health and Social Care Trust & Independent Providers

During the review period, there were 273 people identified as eligible for recall in category 1 of Cohort 3, who were under the care of the Dr A between June 1996 and March 2012 and were subsequently referred back to the care of their GP were offered a recall consultation.

The mean age of the individuals at the time of the recall was 63 years (standard deviation 15.1 years) (Figure 1).

52.4% were female and 47.6% were male. The largest percentage of people was from the Belfast Local Commissioning Group (LCG) Area (Table 1).

Figure 1 Histogram of age distribution for people in Category 1 (all providers)

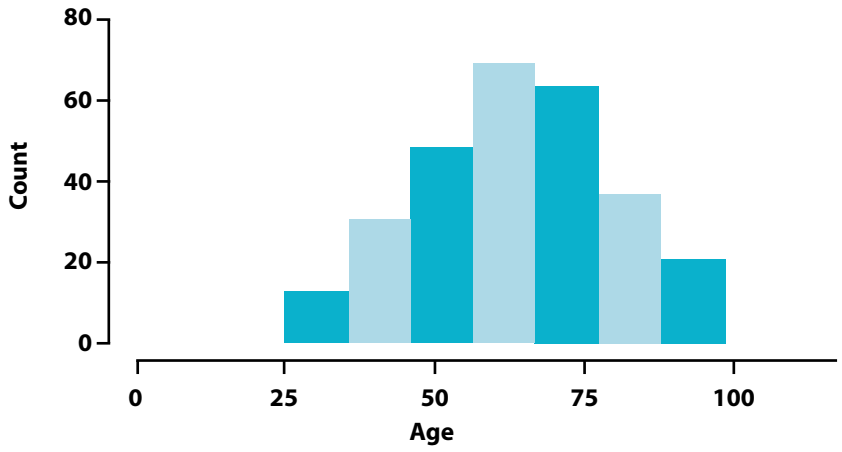

Table 1 Category 1 by Local Commissioning Group area of residence

LCG	Number
Belfast	95
Northern	69
South Eastern	67
Southern	26
Western	16

Category 1 Activity

Belfast Health and Social Care Trust and Independent Providers

Of the 273 people who were identified as eligible for recall in category 1 of Cohort 3, 233 were reviewed during the review period, up to and including 31 August 2021.

There was a variety of reasons why some people had not been reviewed by this date. Some people did not attend on two occasions and were discharged back to the care of their GP with the option to re-refer. Some people declined an appointment and others had alternative arrangements made for review or had previously been seen privately by another consultant neurologist.

Of those who were reviewed, 68.2% were discharged, 21.9% remained under the care of the consultant who completed their initial recall assessment, 6.0% were transferred to the care of another neurology consultant and 3.9% required a review appointment pending the outcome of diagnostic investigations.

Those who were reviewed attended 283 appointments during the review period, up to and including 31 August 2021.

Diagnostic investigations were requested in relation to a number of people. 114 of these investigations were completed during the review period. Nine investigations were booked to take place outwith the review period and 9 investigations were not completed as individuals did not attend their appointment by the time of reporting.

Information on the requested investigations for the 10 people who did not attend is not included in the analysis. Furthermore, it should be noted that there was no impact on the consultation outcomes reported for those individuals who had investigations completed outwith the review period.

Table 2 Diagnostic Investigations Category 1

Test type	Requested (excluding declined or DNA)	Completed number
Neurological	113	107
Cardiac, Vascular and other investigations	10	7

Outcomes for Category 1

This section provides an analysis of the outcomes for people in Category 1 of Cohort 3. The purpose of the recall was to see and assess individuals to ensure they were receiving the care and treatment they required. The recall was not designed or intended to be an audit of Dr A's practice.

During or after review clinic appointments, a paper form (Appendix 1) was completed by a consultant neurologist answering questions about each person's care, and these data were added to a database.

The form completed by the consultant neurologist asked the following questions:

1. Having reviewed this patient do you consider their existing working diagnosis to be secure?
2. Has the patient had an appropriate plan in place for their neurological condition?
3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

The possible responses were "Yes", "No" or "Uncertain". The "Uncertain" response was used in instances where the individual was currently not prescribed any medication or there was not enough information included or provided within an individual's clinical record for the reviewing clinician to establish a '"Yes" or "No" response.

The questions were based on the recommendations of a report by the Royal College of Physicians.

There are a number of limitations in the analysis and caution should be exercised when drawing up any potential conclusions. These data limitations were set out in the Cohort 1 report published in December 2019, and also the Cohort 2 report published in April 2021. These are reproduced in Appendix 2.

For those who were seen in category 1, the results of the questionnaires completed by reviewing consultants are shown in Tables 3, 4 and 5 in this section of the report.

Belfast Health and Social Care Trust and Independent Sector Providers

All questions were answered for those people who were reviewed by an appropriate consultant as part of the recall. In response to question one, 178 people were considered by the reviewing consultant to have a secure diagnosis. For 11 people, the reviewing consultant was uncertain if the diagnosis was secure and for 44 people the diagnosis was considered not to be secure (Table 3).

Table 3 Category 1. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	178
Uncertain	11
No	44

In response to question two, 175 people were considered by the reviewing consultant to have a proper management plan in place. For 12 people, the reviewing consultant was uncertain that a proper management plan was in place and for 46 people a proper management plan was not considered to be in place (Table 4).

Table 4 Category 1. Q2. Has the patient had an appropriate plan in place for their neurological condition?

Response	Number
Yes	175
Uncertain	12
No	46

In response to question three, 167 people were considered by the reviewing consultant to have appropriate prescribing. For 40 people, the reviewing consultant considered that prescribing was not appropriate. For the remaining 26 people the reviewing neurologist was uncertain that prescribing was appropriate (Table 5).

Table 5 Category 1. Q3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

Response	Number
Yes	167
Uncertain	26
No	40

Change in Diagnoses

The reviewing consultants recorded, for each individual, if any neurological diagnosis had changed following the review appointment or subsequent diagnostic tests. The responses to any change in diagnosis were recorded as: change in diagnosis; uncertain if change in diagnosis and no change in diagnosis and is shown in Table 6 in this section of the report.

Belfast Health and Social Care Trust and Independent Sector Providers

Of the 178 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 44 people whose diagnosis was considered not secure, all had a change in diagnosis.

Of the 11 people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after the review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care.

Table 6 Category 1. Was there a change in diagnosis?

Response	Number
Yes	44
Uncertain	11
No	178

Part 2: Cohort 3 – Category 4

Description of Category 4

Category 4 included those people for whom the requirement for recall was ascertained by the response received from their GP. This category also included people who fulfilled all of the following criteria:

- Those between the ages of 45 and 65 years
- Those previously reviewed at a stroke clinic by Dr A
- Those referred back to the care of their GP between April 2012 and March 2018
- Those prescribed anti-platelet and/or anti-coagulant medications in the period February 2020-July2020
- Those not offered a review appointment during the Cohort 2 recall
- Those not subsequently reviewed by an appropriate stroke physician

Belfast Health and Social Care Trust and Independent Sector Providers

During the review period, there were 495 people identified as potentially eligible for recall in category 4 of Cohort 3, previously under the care of Dr A.

The Providers contacted the registered GP for each individual identified in category 4 seeking information about the person's prescribing so that those whose medication was commenced by Dr A could be recalled. This correspondence can be found in Appendix 5.

In the correspondence issued, GPs were asked for a response to the following question:

Is there presently an appropriate clinical indication for your patient to be prescribed Aspirin / Clopidogrel / Dipyridamole, based on their history of prior cardiovascular events, co-morbid conditions / pre-determined risk of future cardiovascular events or other medical indications?

There were three possible responses to this question:

- There is an appropriate clinical indication for the patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient does not require a review appointment.***
- There is not an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.
- I am unable to establish if there is an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.

Of the responses that were received, 53.8% of people were considered by their GP to require a recall appointment. GPs also indicated that an appointment would not be required for 46.2% of people.

In the instances where no response was received by the GP, the Regional Co-ordination Group, whilst considering advice from clinical colleagues, agreed that it would be necessary to offer these people a recall appointment. Appointments were therefore also offered to those people for whom no response was received from the GP.

Following the completion of the GP stratification process, the number of people who were confirmed as being eligible for recall and who were offered an appointment as part of Cohort 3 category 4 was 329.

The mean age at the time of the recall was 69.1 years (standard deviation 11.4) (Figure 2).

58.4% were female and 41.6% were male. The largest percentage of people was from the Belfast Local Commissioning Group (LCG) Area (Table 7).

Figure 2 Histogram of age distribution for people in Category 4 (All Providers)

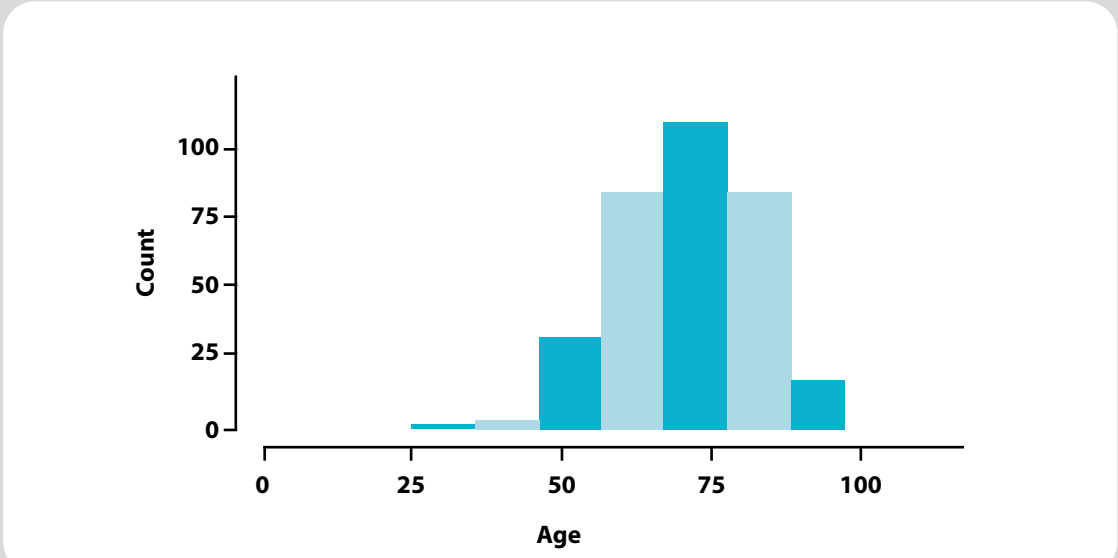

Table 7 Category 4 by Local Commissioning Group area of residence

LCG	Number
Belfast	141
Northern	102
South Eastern	51
Southern	31
Western	5 or fewer

Category 4 Activity

Belfast Health and Social Care Trust and Independent Sector Providers

Of the 329 people who were identified as eligible for recall by the Providers in category 4 of Cohort 3, 262 were reviewed during the review period.

There was a variety of reasons why some people had not been reviewed by this date. Some people declined an appointment. The remaining people either died before they could attend an appointment, did not attend on two occasions and were discharged back to the care of their GP with the option to re-refer or it was subsequently verified that the individual had been reviewed by a stroke physician other than Dr A.

Of the people who were reviewed, 96.2% were discharged and the remaining 3.8% of people remained under the care of the consultant who completed their initial recall assessment, transferred to the care of another neurology consultant or required a review appointment pending the outcome of a diagnostic investigation.

Those who were reviewed attended 280 appointments during the review period, up to and including 31 August 2021.

There were diagnostic investigations requested in relation to a number of people. 38 of these investigations were completed during the review period. The remaining investigations were not completed as individuals either did not attend their appointment or the investigation was booked to take place outwith the review period.

Information on the requested investigations for the people who did not attend is not included in the analysis. Furthermore, it should be noted that there was no impact on the consultation outcomes reported for those individuals who had investigations completed outwith the review period.

Table 8 Diagnostic Investigations Category 4

Test type	Requested (excluding declined or DNA)	Completed number
Neurological	25	23
Cardiac, Vascular and other investigations	18	15

Outcomes for Category 4

This section provides an analysis of the outcomes for people in Cohort 3 category 4. This analysis is limited to those people identified within category 4 who needed to attend a recall appointment. It should be emphasised that 166 people were considered to be receiving medication appropriate for their condition and these people were not offered a recall appointment.

The purpose of the recall was to see and assess individuals to ensure they were receiving the care and treatment they required. The recall was not designed or intended to be an audit of Dr A's practice.

During or after review clinic appointments, a paper form (Appendix 1) was completed by an appropriate consultant answering questions about each person's care, and these data were added to a database. The form completed by the consultant neurologist asked the following questions:

1. Having reviewed this patient do you consider their existing working diagnosis to be secure?
2. Has the patient had an appropriate plan in place for their neurological condition?
3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

The possible responses were "Yes", "No" or "Uncertain". The "Uncertain" response was used in instances where there the individual was currently not prescribed any medication or there was not enough information included or provided within an individuals clinical record for the reviewing clinician to establish a '"Yes" or "No" response.

The questions were based on the recommendation of a report by the Royal College of Physicians.

There are a number of limitations in the analysis and caution should be exercised when drawing up any potential conclusions. These data limitations were set out in the Cohort 1 report published in December 2019 and also the Cohort 2 report published in April 2021. These are reproduced in Appendix 2.

The outcomes of the questionnaires completed for people in Category 4 (HSC, UIC and HPC) are shown in Tables 9, 10 and 11 in this section of the report.

Belfast Health and Social Care Trust and Independent Sector Providers

All questions were answered for those people who were reviewed by an appropriate consultant as part of the recall. In response to question one, 202 people were considered by the reviewing consultant to have a secure diagnosis. For 17 people the reviewing consultant was uncertain if the diagnosis was secure and for 43 people the diagnosis was considered not to be secure (Table 9).

Table 9 Category 4. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	202
Uncertain	17
No	43

In response to question two, 174 people were considered by the reviewing consultant to have a proper management plan in place. For 27 people the reviewing consultant was uncertain that a proper management plan was in place and for 61 people a proper management plan was not considered to be in place (Table 10).

Table 10 Category 4. Q2. Has the patient had an appropriate plan in place for their condition?

Response	Number
Yes	174
Uncertain	27
No	61

In response to question three, 210 people were considered by the reviewing consultant to have appropriate prescribing. For 22 people, the reviewing consultant was uncertain that prescribing was appropriate and for 24 people the reviewing neurologist considered that prescribing was not appropriate (Table 11).

Table 11 Category 4. Q3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?[4]

Response	Number
Yes	210
Uncertain	22
No	24

4 This question was not applicable for 6 people who were not being prescribed the relevant medication at the time of their review.

Change in Diagnoses

The reviewing consultants recorded, for each individual, if any neurological diagnosis had changed following the review appointment or subsequent diagnostic tests. The responses to any change in diagnosis were recorded as: change in diagnosis; uncertain if change in diagnosis and no change in diagnosis and is shown in Table 12 in this section of the report.

Belfast Health and Social Care Trust and Independent Sector Providers

Of the 202 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 43 people whose diagnosis was considered not secure, all had a change in diagnosis.

For all of the 17 people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after their review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care.

Table 12 Category 4. Was there a change in diagnosis?

Response	Number
Yes	43
Uncertain	17
No	202

Conclusion

This report reflects the final cohort of the neurology recall process involving people previously seen by Dr A.

Belfast Health and Social Care Trust, Ulster Independent Clinic and Hillsborough Private Clinic have now completed the required recalls for all cohorts of people that were under the care of Dr A.

Appendix 1: Consultation Outcome Pro-forma

Belfast Health and Social Care Trust
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CONSULTATION OUTCOME PROFORMA

Dear Colleague

Please complete the following proforma for each individual patient:

Patient Addressograph Label

Date: _____

Diagnosis: _____

Current medication: _____

1 Having reviewed this patient on (date _____) do you consider their existing working diagnosis to be secure?

Yes ☐ No ☐ Uncertain ☐

Comments: _____

2 Has the patient had an appropriate management plan in place for their neurological condition?

Yes ☐ No ☐ Uncertain ☐

Comments: _____

3 After reviewing the patient and their management plan, has the prescribing of all medications been appropriate for their neurological condition?

Yes ☐ No ☐ Uncertain ☐

Recommendations for further investigations to include prioritisation: _____

_____

Consultation outcome:

Current working diagnosis after consultation: _____

Discharge: Yes / No _____

Requires further investigation (include tests) : Yes / No _____

Requires review (incl suggested timeframe): Yes / No _____

Onward referral (incl. subspecialist or general clinic): _____

Signature _____ PRINT NAME: _____ Date _____

Appendix 2: Limitations of the Analysis and Results

There are a number of limitations in the analysis and caution should be exercised when drawing up any potential conclusions. Some limitations include:

- The Royal College of Physicians (RCP) did not propose definitions for the responses to the three questions about whether the diagnosis was secure, whether there was a proper management plan and whether prescribing was appropriate. The consultant neurologists, who carried out the review, completed the questions on the basis of their clinical judgement, and not on formally agreed definitions for what constituted a secure diagnosis, an appropriate management plan or appropriate prescribing.
- The reviewing consultant neurologists recorded their responses to the three RCP questions as they related to the clinical presentation, investigations, management plan and prescribing at the time of the recall review, not at the time that they were previously seen at a clinic by Dr A. They considered a diagnosis to be secure if, at the time of review, he or she agreed with the diagnosis applicable when the person was last seen by Dr A.
- The questions posed by the RCP were asked for each individual, not for each person's individual diagnoses, symptoms or treatments if these were multiple.
- If an individual had more than one neurological diagnosis then 'diagnosis secure' meant that all neurological diagnoses were agreed and remained unchanged.
- If an individual with more than one diagnosis was recorded as 'diagnosis not secure' or 'diagnosis security uncertain' this meant that at least one diagnosis was not secure or the security of at least one diagnosis was uncertain.
- Information about responses to the RCP questions or diagnostic change is presented only for people who attended for review. Information about people who were not reviewed (because they died, declined an appointment, did not attend or made alternative arrangements) is not included.
- BHSCT, UIC and HPC validated its own information for this report. Analysis of the HSC data was undertaken by PHA staff using an anonymised dataset.

Appendix 3: Activity and Outcomes – Breakdown by Provider Type

Cohort 3 – Category 1

Description of Category 1

Category 1 included those people for whom the requirement for recall was confirmed by Belfast Trust or the Independent Sector (the Providers).

Belfast Health and Social Care Trust

During the review period, those people who were identified as eligible for recall in category 1 of Cohort 3, who were under the care of the Dr A between 1996 and 2012 and were subsequently referred back to the care of their GP were offered a recall consultation.

The mean age of the individuals at the time of the recall was 62.9 years (standard deviation 15.2 years) (Figure 3).

51.2% were female and 48.8% were male. The largest percentage of people was from the Belfast Local Commissioning Group (LCG) Area (Table 13).

Figure 3 Histogram of age distribution for people in Category 1 (BHSCT)

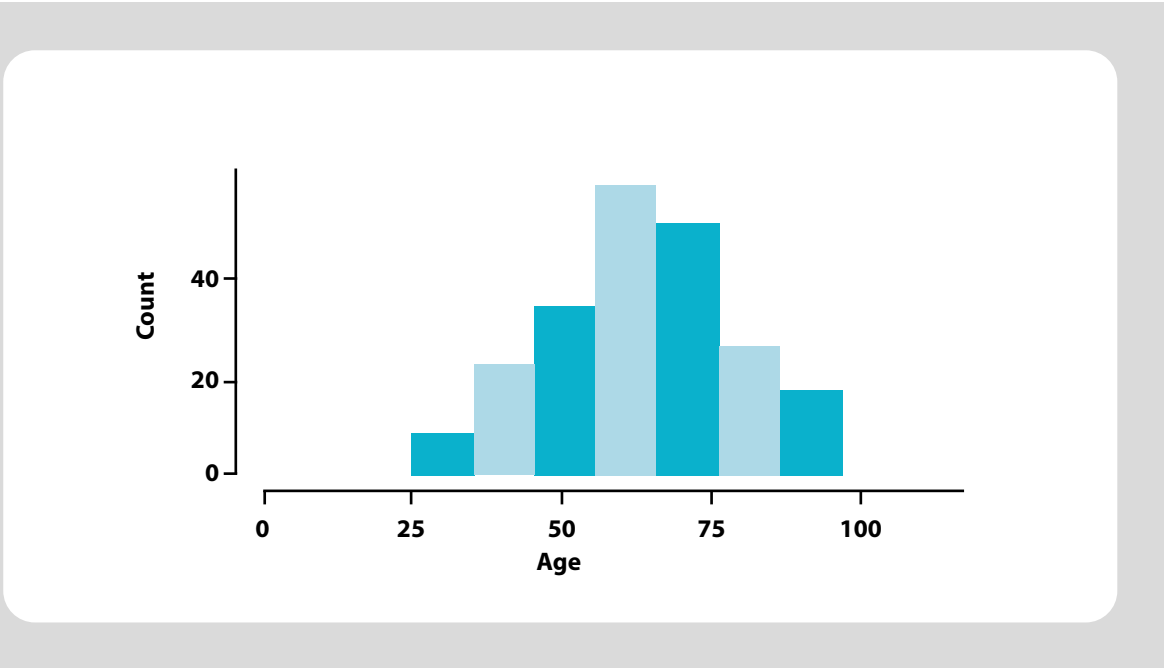

Table 13 Category 1 by Local Commissioning Group area of residence

LCG	Number
Belfast	83
Northern	57
South Eastern	44
Southern	18
Western	7

Independent Sector Providers – Hillsborough Private Clinic and Ulster Independent Clinic

During the review period, those people who were identified as eligible for recall in category 1 of Cohort 3, who were under the care of the Dr A between 1996 and 2012 and were subsequently referred back to the care of their GP were offered a recall appointment.

The mean age of the 64 individuals at the time of the recall was 63.3 years (standard deviation 14.9 years) (Figure 4).

56.2% were female and 43.8% were male. The largest percentage of people was from the South Eastern Local Commissioning Group (LCG) Area (Table 14).

Figure 4 Histogram of age distribution for people in Category 1 (IS providers)

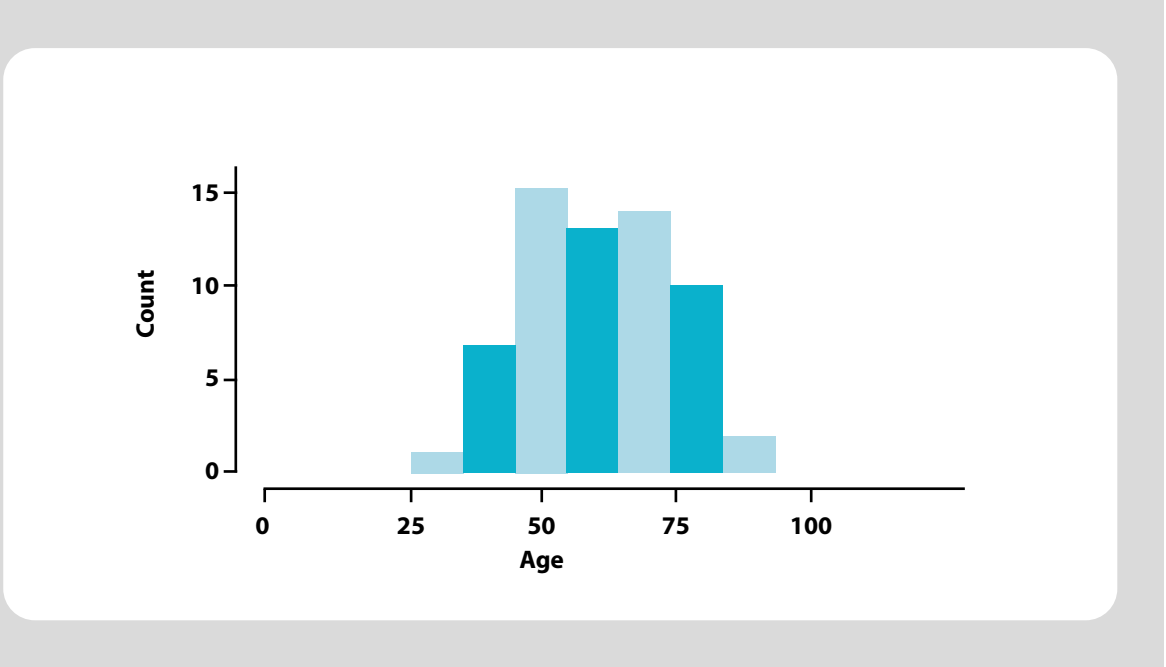

Table 14 Category 1 by Local Commissioning Group area of residence

LCG	Number
Belfast	12
Northern	12
South Eastern	23
Southern	8
Western	9

Category 1 Activity

Belfast Health and Social Care Trust

Of the people who were identified as eligible for recall by BHSCT in category 1 of Cohort 3, the majority were reviewed during the review period, up to and including 31 August 2021.

There was a variety of reasons why some people had not been reviewed by this date. Some people did not attend on two occasions and were discharged back to the care of their GP with the option to re-refer. Some people declined an appointment and others had alternative arrangements made for review or had previously been seen privately by another consultant neurologist.

Of those who were reviewed, 65.8% were discharged, 23.7% remained under the care of the consultant who completed their initial recall assessment, 7.4% were transferred to the care of another neurology consultant and 3.1% people required a review appointment pending the outcome of diagnostic investigations.

Those who were reviewed attended 238 appointments during the review period up to and including 31 August 2021.

Diagnostic investigations were requested in relation to a number of people. 112 of these investigations were completed during the review period. 5 or fewer investigations were booked to take place outwith the review period and 10 investigations were not completed as individuals did not attend their appointment by the time of reporting.

Information on the requested investigations for the 10 people who did not attend is not included in the analysis. Furthermore, it should be noted that there was no impact on the consultation outcomes reported for those individuals who had investigations completed outwith the review period.

Table 15 Diagnostic Investigations Category 1 (BHSCT)

Test type	Requested (excluding declined or DNA)	Completed number
Neurological	110	105
Cardiac, Vascular and other investigations	7	7

Independent Sector Providers

Of the people who were identified as eligible for recall by the Independent Sector Providers in category 1 of Cohort 3, the majority were reviewed during the review period, up to and including 31 August 2021.

There was a variety of reasons why some people had not been reviewed by this date. Some people declined an appointment and others had alternative arrangements made for review or had previously been seen privately by another consultant neurologist.

Of those who were reviewed, 79% were discharged, 14% remained under the care of the consultant who completed their initial recall assessment and 7% required a review appointment pending the outcome of diagnostic investigations.

Those who were reviewed attended 45 appointments during the review period, up to and including 31 August 2021.

Diagnostic investigations were requested in relation to a number of people. Five or fewer of these investigations were completed by the time of reporting.

Table 16 Diagnostic Investigations Category 1 (IS Providers)

Testtype	Requested (excluding declined or DNA)	Completed number
Neurological	5 or fewer	5 or fewer
Cardiac, Vascular and other investigations	5 or fewer	5 or fewer

Outcomes for Category 1

This section provides an analysis of the outcomes for people in Category 1 of Cohort 3. The purpose of the recall was to see and assess individuals to ensure they were receiving the care and treatment they required. The recall was not designed or intended to be an audit of Dr A's practice.

During or after review clinic appointments, a paper form (Appendix 1) was completed by a consultant answering questions about each person's care, and these data were added to a database.

The form completed by the consultant neurologists asked the following questions:

1. Having reviewed this patient do you consider their existing working diagnosis to be secure?
2. Has the patient had an appropriate plan in place for their neurological condition?
3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

The possible responses were "Yes", "No" or "Uncertain". The "Uncertain" response was used in instances where the individual was currently not prescribed any medication or there was not enough information included or provided within an individual's clinical record for the reviewing clinician to establish a '"Yes" or "No" response.

The questions were based on the recommendations of a report by the Royal College of Physicians.

There are a number of limitations in the analysis and caution should be exercised when drawing up any potential conclusions. These data limitations were set out in the Cohort 1 report published in December 2019, and also the Cohort 2 report published in April 2021. These are reproduced in Appendix 2.

For those who were seen in Category 1, the results of the questionnaires completed by reviewing consultants are shown in Tables 17 to 22 in this section of the report.

Belfast Health and Social Care Trust

All questions were answered for all those people who were reviewed by an appropriate consultant as part of the recall. In response to question one, 146 people were considered by the reviewing consultant to have a secure diagnosis. For 5 or fewer people the reviewing consultant was uncertain if the diagnosis was secure and for 43 people the diagnosis was considered not to be secure (Table 17).

Table 17 Category 1. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	146
Uncertain	5 or fewer
No	43

In response to question two, 142 were considered by the reviewing consultant to have a proper management plan in place. For 5 or fewer people the reviewing consultant was uncertain that a proper management plan was in place and for 44 people a proper management plan was not considered to be in place (Table 18).

Table 18 Category 1. Q2. Has the patient had an appropriate plan in place for their neurological condition?

Response	Number
Yes	142
Uncertain	5 or fewer
No	44

In response to question three, 133 people were considered by the reviewing consultant to have appropriate prescribing. For 40 people the reviewing consultant considered that prescribing was not appropriate. For the remaining 15 people the reviewing consultant was uncertain that prescribing was appropriate and (Table 19).

Table 19 Category 1. Q3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

Response	Number
Yes	133
Uncertain	15
No	40

Independent Sector Providers

All questions were answered for those who were reviewed by a consultant as part of the recall. In response to question one, 32 people were considered by the reviewing consultant to have a secure diagnosis. For 10 people the reviewing consultant was uncertain if the diagnosis was secure and for 5 or fewer people the diagnosis was considered not to be secure (Table 20).

Table 20 Category 1. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	32
Uncertain	10
No	5 or fewer

In response to question two, 33 of people were considered by the reviewing consultant to have a proper management plan in place. For 8 people the reviewing consultant was uncertain that a proper management plan was in place and for 5 or fewer people a proper management plan was not considered to be in place (Table 21).

Table 21 Category 1. Q2. Has the patient had an appropriate plan in place for their neurological condition?

Response	Number
Yes	33
Uncertain	8
No	5 or fewer

In response to question three, 34 people were considered by the reviewing consultant to have appropriate prescribing. For 5 or fewer people the reviewing consultant considered that prescribing was not appropriate. For the remaining 8 people the reviewing consultant was uncertain that prescribing was appropriate (Table 22).

Table 22 Category 1. Q3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

Response	Number
Yes	34
Uncertain	8
No	5 or fewer

Change in Diagnoses

The reviewing consultants recorded, for each individual, if any neurological diagnosis had changed following the review appointment or subsequent diagnostic tests. The responses to any change in diagnosis were recorded as: change in diagnosis; uncertain if change in diagnosis and no change in diagnosis and is shown in Tables 23 and 24 in this section of the report.

Belfast Health and Social Care Trust

Of the 146 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 43 people whose diagnosis was considered not secure, all had a change in diagnosis.

Of the 5 or fewer people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after the review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care.

Table 23 Category 1. Was there a change in diagnosis?

Response	Number
Yes	43
Uncertain	5 or fewer
No	146

Independent Sector Providers

Of the 32 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 5 or fewer people whose diagnosis was considered not secure, all had a change in diagnosis.

Of the 10 people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after the review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care.

Table 24 Category 1. Was there a change in diagnosis?

Response	Number
Yes	5 or fewer
Uncertain	10
No	32

Cohort 3 – Category 4

Description of Category 4

Category 4 included those people for whom the requirement for recall was ascertained by the response received from their GP. This category also included people who fulfilled all of the following criteria:

- Those between the ages of 45 and 65 years
- Those previously reviewed at a stroke clinic by Dr A
- Those referred back to the care of their GP between April 2012 and March 2018
- Those prescribed anti-platelet and/or anti-coagulant medications in the period February 2020-July 2020
- Those not offered a review appointment during the Cohort 2 recall
- Those not subsequently reviewed by an appropriate stroke physician

Belfast Health and Social Care Trust

The Trust contacted the registered GP for each individual identified in category 4 seeking information about the person's prescribing so that those whose medication was commenced by Dr A could be recalled. This correspondence can be found in Appendix 5.

In the correspondence issued, GPs were asked for a response to the following question:

Is there presently an appropriate clinical indication for your patient to be prescribed Aspirin / Clopidogrel / Dipyridamole, based on their history of prior cardiovascular events, co-morbid conditions / pre-determined risk of future cardiovascular events or other medical indications?

There were three possible responses to this question:

- There is an appropriate clinical indication for the patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient does not require a review appointment.***
- There is not an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.
- I am unable to establish if there is an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.

Of the responses that were received, 56.3% of people were judged by their GP to require a recall appointment. GPs also indicated that an appointment would not be required for 3.5% people.

In the instances were no response was received from the GP, the Regional Co-ordination Group, whilst considering advice from clinical colleagues, agreed that it would be necessary to offer those people a recall appointment. Appointments were therefore also offered to those people for whom no response was received from the GP.

The mean age at the time of the recall was 69.3 years (standard deviation 11.5 years) (Figure 5).

59% were female and 41% were male. The largest percentage of people was from the Belfast Local Commissioning Group (LCG) Area (Table 25).

Figure 5 Histogram of age distribution for people in Category 4 (BHSCT)

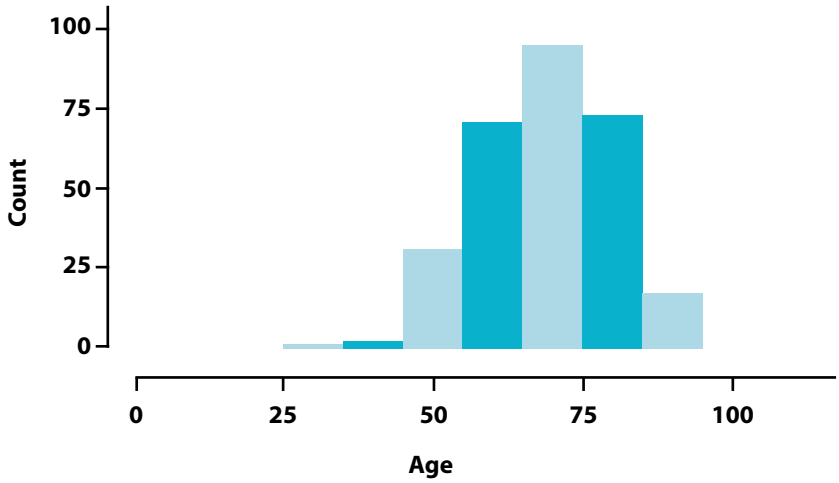

Table 25 Category 4 by Local Commissioning Group area of residence

LCG	Number
Belfast	136
Northern	91
South Eastern	45
Southern	25
Western	5 or fewer

Category 4 Activity

Belfast Health and Social Care Trust

Of those who were identified as eligible for recall by BHSCT in category 4 of Cohort 3, the majority were reviewed during the review period.

There was a variety of reasons why some people had not been reviewed by this date. Some people declined an appointment. The remaining people either died before they could attend an appointment, did not attend on two occasions and were discharged back to the care of their GP with the option to re-refer or it was subsequently verified that the individual had been reviewed by a stroke physician other than Dr A.

Of those who were reviewed, 96.4% were discharged and the remaining 3.6% remained under the care of the consultant who completed their initial recall assessment, were transferred to the care of another neurology consultant or required a review appointment pending the outcome of a diagnostic investigation.

Those who were reviewed attended 262 appointments during the review period, up to and including 31 August 2021.

Diagnostic investigations were requested in relation to a number of people. 35 of these investigations were completed during the review period. 5 or fewer investigations were not completed as individuals did not attend their appointment by the time of reporting, information on these investigations is not included in the analysis (table 26).

Table 26 Diagnostic Investigations Category 4 (BHSCT)

Testtype	Requested (excluding declined or DNA)	Completed number
Neurological	23	21
Cardiac, Vascular and other investigations	15	14

Description of Category 4

Category 4 included those people for whom the requirement for recall was ascertained by the response received from their GP. This category also included people who fulfilled all of the following criteria:

- Those between the ages of 45 and 65 years
- Those previously reviewed at a stroke clinic by Dr A
- Those referred back to the care of their GP between April 2012 and March 2018
- Those prescribed anti-platelet and/or anti-coagulant medications in the period February 2020-July 2020
- Those not offered a review appointment during the Cohort 2 recall
- Those not subsequently reviewed by an appropriate stroke physician

Independent Sector Providers

The Independent Sector providers contacted the registered GP for each individual identified in category 4 seeking information about the person's prescribing so that those whose medication was commenced by Dr A could be recalled. This correspondence can be found in Appendix 5.

In the correspondence issued, GPs were asked for a response to the following question:

Is there presently an appropriate clinical indication for your patient to be prescribed Aspirin / Clopidogrel / Dipyridamole, based on their history of prior cardiovascular events, co-morbid conditions / pre-determined risk of future cardiovascular events or other medical indications?

There were three possible responses to this question:

- There is an appropriate clinical indication for the patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient does not require a review appointment.***
- There is not an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.
- I am unable to establish if there is an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. ***This patient requires a review appointment***.

Of the responses that were received, 37.5% of people were considered by their GP to require a recall appointment. GPs also indicated that an appointment would not be required for 50.8% of people.

In the instances were no response was received from the GP, the Regional Co-ordination Group, whilst considering advice from clinical colleagues, agreed that it would be necessary to offer those people a recall appointment. Appointments were therefore also offered to those people for whom no response was received from the GP.

The mean age at the time of the recall was 66.9 years (standard deviation 11.2 years) (Figure 6).

51.7% were female and 48.3% were males. The largest percentage of people was from the Northern Local Commissioning Group (LCG) Area (Table 27).

Figure 6 Histogram of age distribution for people in Category 4 (IS providers)

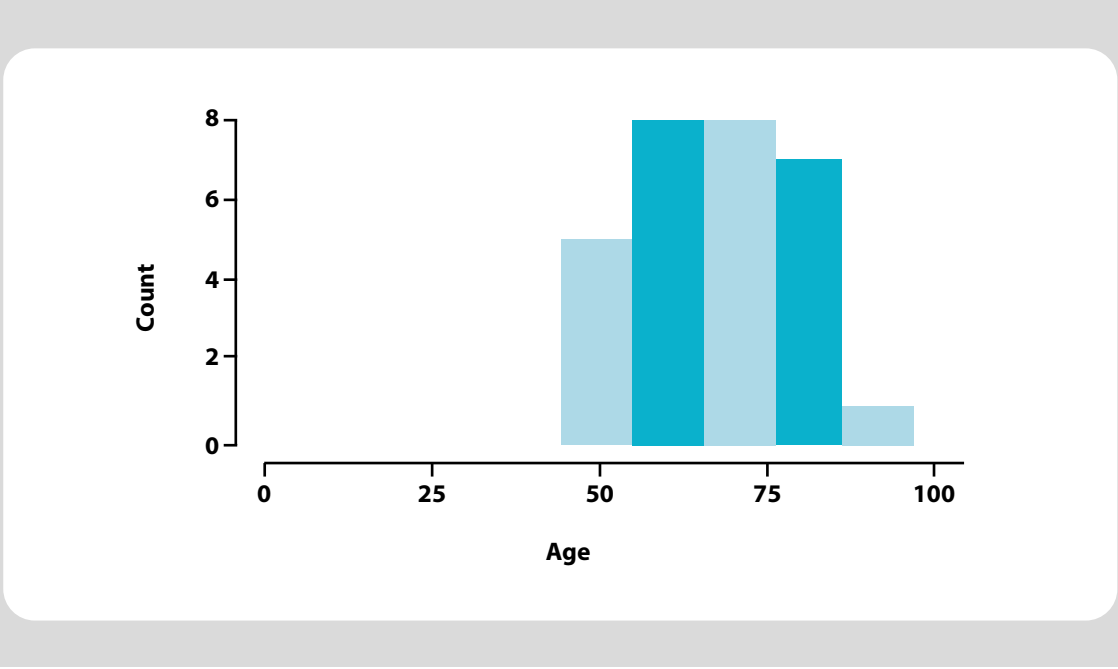

Table 27 Category 4 by Local Commissioning Group area of residence

LCG	Number
Belfast	5 or fewer
Northern	11
South Eastern	6
Southern	6
Western	5 or fewer

Category 4 Activity

Independent Providers

Of those who were identified as eligible for recall by the Independent Sector Providers in category 4 of Cohort 3, the majority were reviewed during the review period. The remaining people declined an appointment.

Of the people who were reviewed, 94.4% were discharged and the remainder remained under the care of the consultant who completed their initial recall assessment.

Those who were reviewed attended 18 appointments during the review period, up to and including 31 August 2021.

Diagnostic investigations were requested in relation to a number of people. 5 or fewer of these investigations were completed during the review period (Table 28).

Table 28 Diagnostic Investigations Category 4 (IS Providers)

Test type	Requested (excluding declined or DNA)
Neurological	5 or fewer
Cardiac, Vascular and other investigations	5 or fewer

Outcomes for Category 4

This section provides an analysis of the outcomes for people in Category 4 of Cohort 3. This analysis is limited to those people identified within category 4 who needed to attend a recall appointment. It should be emphasised that there were some people who were considered to be receiving medication appropriate for their condition and these people were not offered a recall appointment.

The purpose of the recall was to see and assess individuals to ensure they were receiving the care and treatment they required. The recall was not designed or intended to be an audit of Dr A's practice.

During or after review clinic appointments, a paper form (Appendix 1) was completed by an appropriate consultant answering questions about each person's care, and these data were added to a database. The form completed by the appropriate consultant asked the following questions:

1. Having reviewed this patient do you consider their existing working diagnosis to be secure?
2. Has the patient had an appropriate plan in place for their neurological condition?
3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

The possible responses were "Yes", "No" or "Uncertain". The "Uncertain" response was used in instances where the individual was currently not prescribed any medication or there was not enough information included or provided within an individual's clinical record for the reviewing clinician to establish a ""Yes" or "No" response.

The questions were based on the recommendations of a report by the Royal College of Physicians.

There are a number of limitations in the analysis and caution should be exercised when drawing any conclusions. These data limitations were set out in the Cohort 1 report published in December 2019, and also the Cohort 2 report published in April 2021. These are reproduced in Appendix 2.

For those who were seen in Category 4, the results of the questionnaires completed by reviewing consultants are shown in Tables 29 to 34 in this section of the report.

Belfast Health and Social Care Trust

All questions were answered for all those people who were reviewed by an appropriate consultant as part of the recall. In response to question one, 189 people were considered by the reviewing consultant to have a secure diagnosis. For 13 people the reviewing consultant was uncertain if the diagnosis was secure and for 42 people the diagnosis was considered not to be secure (Table 29).

Table 29 Category 4. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	189
Uncertain	13
No	42

In response to question two, 160 people were considered by the reviewing consultant to have a proper management plan in place. For 23 people the reviewing consultant was uncertain that a proper management plan was in place and for 61 people a proper management plan was not considered to be in place (Table 30).

Table 30 Category 4. Q2. Has the patient had an appropriate plan in place for their neurological condition?

Response	Number
Yes	160
Uncertain	23
No	61

In response to question three, 200 people were considered by the reviewing consultant to have appropriate prescribing. For 21 people the reviewing consultant considered that prescribing was not appropriate. For the remaining 17 people, the individual was either currently not being prescribed any medication or the reviewing consultant was uncertain that prescribing was appropriate and (Table 31).

Table 31 Category 4. Q3. After reviewing the patient and the management plan, has the prescribing of all medications been appropriate for their neurological condition?

Response	Number
Yes	200
Uncertain	17
No	21

Independent Sector Providers

All questions were answered for all people who were reviewed by an appropriate consultant as part of the recall. In response to question one, 13 people were considered by the reviewing consultant to have a secure diagnosis. In 5 or fewer people the reviewing consultant was uncertain if the diagnosis was secure and in 5 or fewer people the diagnosis was considered not to be secure (Table 32).

Table 32 Category 4. Q1. Having reviewed this patient do you consider their existing working diagnosis to be secure?

Response	Number
Yes	13
Uncertain	5 or fewer
No	5 or fewer

In response to questions two and three, the reviewing consultants did not have enough information to form a clear view of the appropriateness of the individuals management plan or prescribing.

Change in Diagnoses

The reviewing consultants recorded, for each person, if any neurological diagnosis had changed following the review appointment or subsequent diagnostic tests. The responses to any change in diagnosis were recorded as: change in diagnosis; uncertain if change in diagnosis and no change in diagnosis and is shown in Tables 33 and 34 in this section of the report.

Belfast Health and Social Care Trust

Of the 189 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 42 people whose diagnosis was considered not secure, all had a change in diagnosis.

Of the 13 people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after the review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care (Table 33).

Table 33 Category 4. Was there a change in diagnosis?

Response	Number
Yes	42
Uncertain	13
No	189

Independent Sector Providers

Of the 13 people whose diagnosis was considered secure, none had a change in diagnosis.

Of the 5 or fewer people whose diagnosis was considered not secure, all had a change in diagnosis.

Of the 5 or fewer people for whom the security of diagnosis was considered to be uncertain at the time of their review (recall) appointment, the diagnosis after the review remained uncertain. These people continued to have uncertainty regarding the security of their diagnosis and many were still receiving investigations or care (Table 34).

Table 34 Category 4. Was there a change in diagnosis?

Response	Number
Yes	5 or fewer
Uncertain	5 or fewer
No	13

Appendix 4 – List of Medications Used in Validation Process

Acetazolamide (new)	Aspirin
Brivaracetam	Clopidogrel
Carbamazepine	Dipyrimadole
Eslicarbazepine acetate	Apixaban
Ethosusuximide	Dabigatran (new)
Gabapentin	Edoxaban
Lacosamide	Rivaroxaban
Lamotrigine	Warfarin (new)
Levetiracetam	Prednisolone
Oxcarbazepine	Perampanel
Pregabalin	Phenytoin
Rufinamide	Phenobarbital
Tiagabine	Clobazam
Topiramate	Clonazepam
Valproate (all types - Sodium valproate, semisodium valproate + valproic acid)	Primidone
Vigabatrin	Lorazepam
Zonisamide	Retigabine (new)

Appendix 5 – Category 4 GP Correspondence

Neurosciences Department
Royal Victoria Hospital
Grosvenor Road
Belfast
BT12 6BA

DATE AS POSTMARK
GP Name
GP Address
GP Address

Dear Dr

Re: 'Patient details'

You may recall that the Belfast Trust wrote to your Practice in April 2018 to advise you of the Neurology Recall. The purpose of Cohort 1 of the Neurology Recall was a recommendation that came from the Royal College of Physicians (RCP) following their review of the medical records of some former patients of Dr Michael Watt, Consultant Neurologist.

The Neurology Outcomes Report was published in June 2019. Upon further advice, the Belfast Trust, recalled another cohort of patients in October 2018. Cohort 2 of the Neurology Recall, was those patients who had been discharged from Dr Watt's care from April 2012 to June 2017. The Trust were able to establish that some of these patients were taking medications which were deemed to be of a higher risk. These patients were invited to attend a review appointment to establish if the medication they were taking was clinically indicated for a neurological condition. The DOH are making plans to publish the Outcomes Report for Cohort 2.

Based on the findings from Cohort 1 and Cohort 2, we are recalling some patients for review, going back to 1996. As part of the review process, we have identified a number of patients for whom a clinical review of their diagnosis and current treatment may be indicated. Identification of patients has been based on their current prescription of a number of medications, used among other indications for the treatment of neurological conditions and stroke.

We have identified that your patient is presently taking one or more of the following medications: Aspirin / Clopidogrel / Dipyridamole.

What is being asked from your practice?
We would be very grateful if you would consider the following question for your patient identified above.

Question: Is there presently an appropriate clinical indication for your patient to be prescribed Aspirin / Clopidogrel / Dipyridamole, based on their history of prior cardiovascular events, co-morbid conditions / pre-determined risk of future cardiovascular events or other medical indications?

For those, for whom there is a clear indication we would not plan to offer a review.

However, for those patients where there is not a clear indication or for those, which it is unclear to you whether or not the patient does require this medication, the intention is to offer the patient a review appointment at the Belfast Trust.

The request from the Trust is that you indicate those patients who do require a review by completing the attached pro-forma and returning it to the following email address by 18 May 2021:

neurologyadvice@belfasttrust.hscni.net

A letter, will then be sent, to each patient to offer an appointment. I would be grateful if you would please use the following email address **above** for all correspondence relating to your patient.

I would like to reassure you that the Belfast Trust has done all it can to identify those patients who do not need a clinical review so as to minimise the impact that this request has for your assistance.

I would like to take this opportunity to thank you in advance for your assistance in this matter. I realise that in the current climate you are faced with many challenges which include having to manage your clinical practice in a different way. I recognise this is compounded with the ongoing vaccination programmes and apologise sincerely for this added request for assistance.

If you have any additional questions you may also write to the neurology advice email address and the team will endeavour to respond to your request with 48 hours. I would like to advise you that this is a confidential process and we would appreciate your confidence in this matter in order to avoid any unnecessary anxiety for patients both within your Practice and others.

Yours sincerely
Dr Mark Cross
Chair of Division of Imaging, Neuroscience, Medical Physics & Allied Health Professionals

Please return this completed Pro-forma via email to:

Name of patient	H&C

What is being asked from your practice?
We would be very grateful if you would consider the following question for the patient identified above.

Question: Is there presently an appropriate clinical indication for your patient to be prescribed Aspirin / Clopidogrel / Dipyridamole, based on their history of prior cardiovascular events, co-morbid conditions / pre-determined risk of future cardiovascular events or other medical indications?

Statement	Please tick one box that applies
There is an appropriate clinical indication for the patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. This patient **does not** require a review appointment.	
There is not an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. This patient requires a review appointment.	
I am unable to establish if there is an appropriate clinical indication for this patient to be prescribed Aspirin / Clopidogrel / Dipyridamole. This patient requires a review appointment.	

Any other comments: _____

_____

SIGNATURE _____

PRINT NAME _____

DATE _____