

Written evidence submitted by Pagination Accredited Group of Experts (NLR0050)

Dear Sirs,

Please accept this submission and evidence for your inquiry to examine the case for the reform of NHS litigation against a background of a significant increase in costs.

This submission consists of the following:

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- Section 2 – Who We Are
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1. Executive Summary

- 1.1. This submission aims to provide an insight into the costs incurred in the early stages of preparing for legal proceedings, specifically the work of medicolegal paginators/analysts in the gathering of medical records from various care providers (e.g. hospital trusts and GP surgeries) and organising them into a bundle of records that can be used by legal teams and medical experts and the courts.
- 1.2. Medicolegal collation is a complex process that should be undertaken by experienced analysts/paginators working to a professional high standard of service. There are currently more than 150 established firms within the UK competing to provide this essential service to law firms by offering choice, value and innovation that law firms themselves would find difficult to achieve on their own.
- 1.3. The process of preparing the initial medical records bundle involves collation, indexing, scanning, pagination and missing records identification; each element of this process varies greatly on a case-by-case basis and depends on the number of the records, records type, relevant pre-existing medical history, duration since injury, number of treatment providers, type of injury, breach of duty and causation issues, and case complexity. Due to

the individual nature of every claim, the secondary stage of reviewing and analysing those records to produce a relevant chronology of events is even more difficult to speculate on. It is, therefore, our submission that it is unworkable to apply a fixed fee tariff or capped rate to these processes.

- 1.4. In the event the Committee decides to impose fixed fees on low value Clinical Negligence Claims, we would suggest in the first instance that these fixed fees are not imposed on the medicolegal collation or analysis component of that work. In addition we suggest that it is not appropriate to cap the time taken to carry out the aforementioned work.
- 1.5. If, however, fee restrictions are imposed we ask that:
 - A separate tariff that is outside of and in addition to the overall lawyer stage fees is set to cover the cost of medical record collation.
 - A separate consultation is held with PAGE (Pagination Accredited Group of Experts) to identify what those fixed fees may entail, for what services they would cover (e.g. collation only work) and at what level they should be set.
 - All collation work is undertaken by PAGE-accredited pagination services and teams.
- 1.6. Integral to achieving lower costs is the need to address the areas where expense can be better controlled. This submission addresses the importance of our work to legal teams and medical experts, noting that the absence of such services is likely to produce far higher costs in the proceedings. Please see 'Appendix 1 – Testimonials to our services' which we have obtained from lawyers, medicolegal experts and counsel in support of the work being done by professional pagination firms as opposed to in-house.
- 1.7. We then turn to areas involved in the process that engender unnecessary costs and inefficiencies. Our proposals for eliminating (or at least minimising) these problems centre on best practice within pagination firms, medical records departments and law firms. If these areas are not addressed, the extension of a fixed recoverable costs regime is likely to have no benefit to cost control.

2. Who We Are

- 2.1. The Pagination Accredited Group of Experts (PAGE) was founded by industry-leading firms within the pagination sector to promote professional standards and best practice in the preparation of medical records for use in litigation. PAGE accreditation is open to all UK pagination companies subject to predefined criteria which is independently assessed. PAGE members currently comprise of five industry-leading pagination firms. This response is submitted on behalf of PAGE and those five firms Medical Records UK, Medical Clerical Bureau, Medical Records Collation, Silva Legal Services and DMR Collation Ltd.
- 2.2. We are 'paginatorators', 'medicolegal analysts' or 'collation service providers'. These are simplistic terms in that they understate both the scope and the significance of our services, however they are apt in that they describe our basic end product; a logically ordered, professionally presented bundle of medical records to be used in legal claims (personal injury, clinical negligence, industrial disease, historic abuse, product liability, etc).

- 2.3. Our businesses employ highly educated staff with backgrounds in disciplines such as medicine, nursing, midwifery, sciences and the law.
- 2.4. We act as independent, unbiased medical records experts. We may be instructed by an injured person's legal team or the defendant (primarily the NHS). Some of the businesses contributing to this paper have been in existence for over 30 years, and the number of competitors entering the industry has increased over recent years due to the ever-growing demand for our services, reflecting the fact that legal firms all over the UK recognise our expertise, along with the cost savings and added value they gain by instructing us.
- 2.5. We have prepared this submission as members of PAGE (Pagination Accredited Group of Experts) whose aims are to raise the standards of the pagination industry by promoting best practice amongst analysts whilst providing guidance to law firms and contributing to conversations that affect access to justice. One of our primary objectives in these respects is to help keep costs down. To read more about each contributor, please see 'Appendix 2 – Contributors to this paper'.

3. What We Do

- 3.1. Our teams gather and collate the medical records of the injured person. These records are often provided in messy, disorganised bundles and require careful checking to ensure good quality copies and the removal of any duplicate or blank pages. They are then sorted into specific sections per source of disclosure, each page numbered, digitally scanned and a comprehensive index prepared. The result of this process are files of ordered and relevant medical records that can be quickly and easily navigated around. We are also relied upon to point out the salient facts of a claim and equally importantly, to highlight any missing records and ensure that no significant records have been omitted from a care provider's disclosure.
- 3.2. In most cases, our legal clients require additional services such as preparing a tailored summary of a patient's medical history, a focused chronology or a report on particular aspects of the claim.
- 3.3. These services require specialist skills and multidisciplinary knowledge which is often not available within a law firm. Moreover, our specialist services continue to develop and improve in response to our client's needs, to changes in NHS policy and documentation, and to healthcare in general.
- 3.4. Examples of innovations by pagination firms include the development of technologies that automate previously manual/time-consuming tasks as well as providing systems that allow simultaneous access and collaboration by all parties (experts, defendants, counsel, injured parties), thereby rendering the bundles more versatile and eliminating unnecessary courier costs and copying expenses.

4. Our Objectives

- 4.1. Like most other stakeholders contemplating this question, we consider our most important objective to be aiding the resolution of conflict between an injured person and the defendant in an expedient and cost-effective manner. Our services help to accomplish this.

- 4.2. The five companies who have collaborated to prepare this submission offer variations of the above services and are, in effect, in competition with one another. Nevertheless, we all wish to ensure that the costs in clinical negligence cases with the potential of going to court can be more certain, transparent and proportionate for litigants. With this in mind, we write to share our common experiences and proposals which might go some way to understanding how to better achieve those goals.
- 4.3. Improving the quality of both the instructions provided to 'collation service providers' and of the end result paginated/indexed bundle of medical records and any associated reports produced, improves case efficiency and drives down overall costs by reducing consideration time.

5. Why What We Do Is Important

- 5.1. The average medical records bundle comprises 1,800 pages of records. The largest that our firms have ever collated comprised 33,000 pages with 24 discs of radiology.
- 5.2. It is far more efficient for both legal teams and medical experts to navigate through a chronologically sorted, paginated and indexed set of records than to search through reams of loose, disorganised records. Rather than having to sift through hundreds (and often thousands) of pages of records, the teams and experts can home in on only the relevant records, thereby reducing the time taken by (costlier) experts to prepare their reports resulting in reduced expert fees.
- 5.3. All facts in the medical records are tied together and noted in layman's terms so that non-medical legal teams can evaluate and quantify the injury and prognosis.
- 5.4. The orderly bundle, which is clearly indexed and professionally presented, may eventually be used in Court. We are all aware of cases that have been thrown out of Court due to poor presentation and inadequate preparation.
- 5.5. Once our work is received by the legal teams, they can decide on the best course of action. In some cases, they may decide not to forward the relevant records to a medical expert for an opinion if our work highlights areas that indicate alternative methods of resolution.
- 5.6. We understand that in some cases the pagination costs may exceed those of a medical expert. However, it should be noted that without the records being paginated, the fees of the expert would in fact be significantly higher. An expert's hourly rate is likely to be 4 to 5 times more per hour than that of paginators. Accordingly, if they have to spend time sorting the records of an un-paginated bundle then their costs escalate quickly. It should also be remembered that experts much prefer working from a paginated bundle and will start a case with sorted records earlier than where notes are unsorted.
- 5.7. It has also been suggested that clinical negligence solicitors should sort the records themselves as opposed to outsourcing this process. Once again this is a false economy and actually adds to the overall costs to the investigations. Lawyers are not trained in the same way as a professional medical records analyst. The lawyer will take significantly longer to carry out the work and it will not be carried out to the same exacting standards, often leaving the salient facts of the case undiscovered which will have a detrimental impact on the case. This will add to the profit costs which are charged at a much higher rate than our

own. In addition, a large proportion of lawyers will not want to carry out this task as they do not have the skill set or an appropriate amount of time to complete the work. This will then cause delays in the investigation of the claim.

6. Proposals – Best Practice for Collation Service Providers

- 6.1. The expertise of our businesses comes from years of experience and collaboration between experts, solicitors and healthcare providers but because there is no ‘standard’ or ‘kite-mark’ in medical record collation, there is great variation in the quality of the services provided. To some extent, this can be a positive development, as solicitors are able to choose a service that best suits their needs, and competition remains healthy. Unfortunately, this has also led to poor quality services being offered to solicitors who are desperate to cut costs by using ‘cheaper’ methods or inexperienced providers. Whilst this can result in failed cases (and therefore injustice for the injured party), more often the collation service provider’s errors will be recognised by the expert or legal teams as the claim progresses, and the bundle will need to be sent off to be reworked and corrected. This is an all-too-familiar scenario and is costly for all involved.
- 6.2. The introduction of “Best Practice” protocols and quality control would remedy this problem, e.g. ensure that the index is a correct and accurate reflection of the contents of the bundle; that an early identification of key missing records is completed; the reports prepared from a bundle are a correct and accurate reflection of the documents referenced; references and dates are correct and accurate. This all sounds obvious, but knowledge and experience are required to correctly identify different types of records and to ascertain which entries are relevant. Attention to detail is required for correct and accurate referencing.

7. Proposals – Best Practice for Medical Records Departments

- 7.1. There is much guidance and training offered to professionals in healthcare to ensure good record keeping. This is essential not only for patient care but extends to medical research and legal matters. Despite the fact that medical records are nearly always central to clinical negligence cases, obtaining these records from the defendant (and non-defendant third parties) is often problematic. Specifically, disclosure is often not complete or is disclosed in a costly manner or poor-quality state. Whilst there are several common reasons for this, often the problems stem from the medical records departments themselves. It is estimated that poor/incomplete preparation of records can add an additional 15% to 60% in costs, which are incurred by having to identify specifically which records are missing/illegible, seeking to obtain them, sorting through any new disclosures which are received and then reworking the records to incorporate the new disclosure. This also causes a substantial delay in services, as the standard response time for disclosure from a healthcare provider is roughly 40 days from the date of each received request. In brief, based on our collective experience, the following proposals should be considered.
 - 7.1.1. *A clear map of hospital/trust record-keeping:* The structure and organisation of the NHS has (quite necessarily) changed over time in order to improve services and make better use of resources. Hospitals and trusts merge, services move from one governing body to another, and some organisations are abolished all together. The result is that identifying the current storage location of medical records can be difficult. Some trusts centralise all records, whilst others maintain separate records departments in each hospital. Providing a clear map and history of health authorities is essential for tracking medical records.

- 7.1.2. *Transparency and documentation of departmental record-keeping policy:* Different documentation is used by different trusts and even within an individual hospital or clinic, and these policies also change over time. Examples of this include:
- Records are often not kept in one area; HDU spreadsheets, physiotherapy records, blood gases and film recordings of operations are examples of types of records that could be essential in clinical negligence cases, yet they are often not a part of a hospital's disclosure as they may be kept separately from the bulk of the records. Often such records need to be requested directly.
 - It is common practice that Orthopaedics keep their outpatient clinical records in the form of correspondence, and therefore requesting disclosure of their handwritten notes (although possibly important) may be futile.
 - Private hospitals often keep minimal records, compared to the NHS, and may not hold copies of the clinicians' records who practice there. It is therefore necessary to request records from both the private hospital and the clinician.
- 7.1.3. *Further training of medical records staff:* Staff within the medical records department are often unfamiliar with medical records themselves and may be unable to differentiate between, for instance, ongoing nursing evaluations and admission records.
- 7.1.4. *Method of disclosure and distribution:* The method of distributing copy records for the purposes of legal claims should not be overlooked when evaluating unnecessary costs. Simple steps should be introduced into records departments, including the use of more appropriate technology, better liaising with legal firms to ascertain the best method for disclosure as well as some form of training in how to correctly disclose records in response to Subject Access Requests. Particular focus needs to be made on how electronic records are disclosed. They should be disclosed in a format suitable for easy consideration, preferably in document type and chronological order. Currently the procedure is for a records department to disclose medical records electronically or on paper. The department carries the full cost of preparing these copy records, and therefore it is understandable that they will carry out this obligation in a manner that they feel is most cost-effective. Often, however, their cost-saving measures will be negated, and possibly provoke a further escalation in cost because the disclosure isn't in the form that can be used by the legal teams, experts or collation service providers. A huge amount of time and expense is then incurred re-providing records to the required standard. Examples of such disclosure include:
- Poorly prepared disclosure (copied too light, scanned at low resolution, incompletely copied e.g. only one side of a two-sided document, cut off information).
 - Double-sided or mixed departmental format; collation service providers, legal teams and experts need to work with single-sided sheets of paper that can be sorted logically and chronologically.
 - Shrinking and squeezing up to four pages onto each side of A4 rendering the text illegible.
 - Computer printouts which are 'dumped' in any order, with multiple clinics on the same page as investigation results for unrelated maladies. Such records are difficult to sort and navigate by both the legal team and the expert, and may

need extra work carried out by the collation service provider in order to identify and organise them.

- Computerised record-keeping can be helpful: Computerised records can be thoughtfully prepared. For example, the EMIS system is one type of computerised systems used by GP surgeries throughout the UK. One of the most useful features of this system is the journal that is printed: This lists all activity recorded against a patient, from consultations carried out in-house, to referrals made to specialists. Were all trusts and hospitals able to generate a journal of healthcare input that a patient had received, the task of tracking records would begin much sooner.

7.1.5. *Standardised distribution methods for radiology:* The provision of radiological investigations on CD-ROMs, DVDs or data portals is a regular occurrence. To view the images or reports on discs, passwords need to be distributed and software installed. Technical problems due to outdated or incompatible software, as well as errors in passwording, mean that handling the discs is often time-consuming and costly for everyone. Today, reasonable and cost-effective alternatives exist that allow images to be securely shared in a centralised fashion, thereby reducing the need for specialist teams to handle the radiology. The introduction of a single program and/or the use of standard software for disclosing radiology would eliminate these problems.

8. Proposals – Best Practice for Instructing Solicitors

8.1. Reducing costs in the preparation of medical records is largely the responsibility of the instructing solicitor. Unfortunately, not all firms understand the importance of their instruction to the collation service provider, and the imposition of a fixed fee that encompasses the cost of collation could dissuade more solicitors from taking the time to send quality instructions. ‘Appendix 3 – Example cover instruction sheet for solicitors’ shows an example cover instruction sheet that one PAGE member will suggest their clients use in order to provide effective instructions which will, in turn, save time and money, whilst ‘Appendix 4 – Commonly seen ‘poor’ instructions’ provides examples of ways instructing solicitors may inadvertently add to the time and cost of preparing the bundle:

8.1.1. *Efficient provision and clear labelling of sources of disclosure:* Often vaguely named multiple PDF files or a box of muddled and unidentified records is received by the collation service providers. It is extremely time-consuming and occasionally impossible to correctly identify from where different tranches of raw records have been received. It is vitally important to the accuracy of the case for these separate sources of records to be clearly identified. The instructing solicitor should provide list the different sources of the records and they must correctly and carefully identify which records have come from each of these sources.

8.1.2. *Details of the claim:* The instructing solicitor should provide the details of the potential claim including the precise allegations being made; most useful is a copy of the letter of claim, Particular of Claim or the Claimant’s Statement. The instructing solicitor should also make it clear what stage the claim is at (liability/causation/quantum). Without these details, the collation service provider spends more time feeling their way through the records and may not home in on the areas vital to the claim. Again this incurs additional cost. Often there will have

been an internal investigation of an incident, and therefore it is also useful to ensure that the root cause analysis, claim investigations/internal enquiries are received.

- 8.1.3. *Avoid cost-shifting/smarter funding for claims:* Recent reforms on funding and fees mean that solicitor firms are looking elsewhere to ensure cash flow. “Deferred payment” is now a common solution that law firms are using; they ask the collation service provider to extend their credit period up to two years or even the ‘life’ of the claim. In return, the paginator is invited to charge an inflated hourly rate, which is usually anywhere from 50% to 80% more than would be charged if standard, reasonable credit terms e.g. 30 days. Unfortunately, not all experienced pagination firms can accommodate such funding arrangements, and this has resulted in many experienced, well established businesses being pushed out of the marketplace. To retain a high standard of pagination work, it is crucial that law firms aren’t pushed into requiring deferred payment terms from their service providers as this will ultimately result in lower quality pagination work and higher overall pagination costs.
- 8.1.4. *One shared bundle for the claimant and defendant:* Currently both the claimant and the defendant will prepare their own bundle of medical records, the same exercise being paid for twice. We have all seen at least one instance when the defendants and the claimants work together to gather their medical records evidence with complete transparency. The trust will disclose the records which are immediately available to all, and the paginator creates one set of organised records for both parties, thus saving on costs.
- 8.1.5. *Establish and work towards budgets:* An astute person in business will always have an idea of what costs they should expect to incur during the life of a project:
- Often solicitors request that a full and thorough service (e.g. sort, summarise and scan) be carried out even before anyone has reviewed the disclosure, i.e. before the merits of the case have been investigated. In doing so, they will often request a precise quotation for this complete service, but this is only possible if the records have been reviewed to understand the true complexity of the case and the nature of the records. Requesting anything more at the beginning of the case constitutes an added layer of costs.
 - Collation service providers attempt to make generalisations about how long it will take to put together a bundle using a formula based largely on the volume of records, the number of care providers who will be disclosing records and any details about the claim that may be made available. Most paginators will then endeavour to work within this given budget, and will liaise closely with the solicitor to ensure that costs don’t spiral out of control..
 - It is the job of Costs Lawyers to ensure disproportionate fees are not claimed; collation service providers and legal teams will work with Costs Lawyers to ensure that their costs are reasonable and justified.
- 8.1.6. *Choosing the right collation service provider:* Some ATE insurers have made their own costing guidelines which they use to advise solicitors on pagination costs. Their calculations are based solely on the volume of pages in a bundle, with costs increasing in direct proportionality with the number of pages in a bundle. In fact,

this does not reflect reality or the experience of any collation service provider here. The volume of records is no indication of the complexity of a case or the wealth of relevant information that may or may not be found within the pages. The allowable costs for smaller bundles often do not cover the true costs of a collation service provider, whilst the allowable charges for larger bundles make for an unreasonably healthy profit margin. Moreover, the costings of the ATE insurers do not take into account the quality or specific services involved. They may, for example, advise a solicitor to use a 'cheap' collation service provider to sort and collate their bundle of records, however all PAGE members have the experience of having to re-collate such bundles as soon as it is recognised by the solicitors that the 'cheap' service did not provide the services required. Additionally, had the solicitor paid a bit more, they may have benefited from a skilled analysis or summary of the case as well, with all discrepancies and missing records pointed out, thereby saving time and money.

- 8.1.7. *Better vetting of cases by solicitors:* There is a noticeably growing trend for solicitors' firms to 'buy in' cases from 'claim farms'. Often these claims and the medical histories are not adequately checked. That is, people seeking access to justice may not always have accurate recollections of their treatment history or may not have understood the exact nature of the input they had received. Law firms rely on different methods of deciding which claims to accept, from a casual raise of the hands after a summary of the claim has been read out, to a thorough review of basic client communications, e.g. discharge summaries and referral summaries. The result of improper vetting means time and resources are wasted on cases that shouldn't have been pursued, e.g. perhaps the medical history was too complicated to be able to establish causation, or perhaps the claim is based on inaccurate facts. Establishing a more accessible and transparent system to vet claims will help to control costs.

9. Fixed Fees

- 9.1. We have discussed this at length and as yet have not been able to establish a formula that would enable pagination costs to be fixed or structured. The problems are similar to the errors and shortfalls made by ATE insurers in establishing their costing guidelines (discussed in paragraph 8.1.6 above). Neither the volume of a bundle nor the value of a claim has any bearing on the costs of preparing the medical records bundle and the associated documentation. See 'Appendix 5 – Bundle sizes received' for a chart of the various sized bundles received by one of the contributing firms, and 'Appendix 6 – Collation time' for a sample of time required in preparing cases based on page number alone.
- 9.2. A bundle may be voluminous but may contain records from several different sources, or a similarly voluminous bundle may contain records from only one source. The former may be sorted relatively quickly but the latter may be extremely time consuming to sort. The length of time to sort will depend on a multitude of factors which cannot be predetermined, each of which are subject to a range of variables, e.g. whether there are lots of duplicate records or missing records (which makes the picture harder to piece together), the extent to which the raw bundle is disorganised, or the complexity of the case.
- 9.3. The value of a claim also has no bearing on either the volume of records or the time taken to prepare the medical records bundle and any associated documentation. For example, in a case of care home negligence, the value of such a claim may be relatively low but the cost of pagination may be high because records may contain hundreds of pages of

handwritten notes that are not easily legible, exacerbating the time taken to both sort the bundle into chronological order and to decipher the entries in order to assess their relevance for inclusion in reports.

10. Conclusion

- 10.1. We are a niche and integral part of a legal firm's clinical negligence process. Companies such as ours have come into being at the request of legal firms, experts and trusts in order to resolve patient claims. As such, we have developed from the ground up, serving all corners of the UK. Today we face not only competition from each other, but from the ever-pressing challenges of reducing costs in the pursuit of justice for injured people. We are driven to operate our businesses at the lowest profit margin possible, serving a customer base that expects quick turnarounds, lengthy credit terms and the ability to challenge our costs even years after the work is completed. This poses risks that few other SMEs face on a daily basis, and more and more collation service providers go out of business for these reasons. It is therefore difficult to see how or where we could directly reduce our costs, but there are a variety of collation service providers available who offer different levels of service for different prices (see Section 6, Proposals – Best Practice for Paginators/Collation Service Providers). Having said this, cost savings can be made; our unique experience gives us insight into the inefficiencies of medical records departments and legal teams, and it is in addressing these areas that we believe the greatest cost-savings can be made and where uncertainties in costing can be minimised (Sections 7 and 8 – Best Practice for Medical Records Departments and Best Practice for Instruction Solicitors).
- 10.2. It is agreed that the costs of any litigation need to be clearer at an early stage and a greater degree of transparency is required generally, but it has not been possible to identify any suitable regime for costs to be fixed in any way. Instead, we have made proposals for how costs can be controlled and potentially reduced.

Yours sincerely,

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On behalf of Medical Clerical Bureau

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Adele Coates-Lyon
On behalf of Medical Records UK

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Sally Gordon
On behalf of Medical Record Collation

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Geoff Silva
On behalf of Silva Legal Services

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Caroline Packer
On behalf of DMR Collation Ltd

Appendix 1 – Testimonials to our services

Barratts Solicitors – Julie Hardy (Partner)

“As you know we have been using MRC’s services for many years now and we find the work that you do invaluable for our clinical negligence claims.

In my view it is essential to have a properly paginated and indexed bundle of medical records at the outset, with a chronology. It is fundamental to all further steps in the case that this is carried out to a high standard. The benefits as I see them for the work that you carry out for us is as follows:

1. Your sorters are able to identify any missing records so that we can request these. It would be very difficult to properly assess the claim without a complete set of records.
2. The work in sorting, paginating and indexing the bundle can be carried out to a higher standard and more cost-effectively by your qualified sorters than it could if we used paralegals.
3. The chronology of records allows us to cross-reference what is recorded in the records with our clients’ factual evidence to ensure that we have full and complete witness evidence.
4. The chronology and pointers from your sorters helps to ensure that we raise all relevant issues with our experts.
5. A properly sorted and indexed bundle is essential for our experts and subsequently Counsel and saves time and costs further down the line. This is particularly the case now we are increasingly sending electronic bundles to our experts and Counsel.
6. If the case proceeds we share the indexed and paginated bundle with the Defendants, again saving them time and ensuring that all parties are working from the same bundle of documents.

Prior to working at Barratts I worked at a firm where we had someone in-house dealing with records for us and the work was not carried out to the same high standard, and costs were significantly higher.”

Burnetts – Michelle Armstrong

“DMR are our first choice for medical records collation as the responsiveness, price and quality of the product, in particular the Digital Booklet, are second to none. Our expectation of DMR is high as we know to expect a good service and have never been disappointed.”

Clinical Negligence Solicitor – Client of MCB

“I just wanted to let you know that in addition to MCB’s sorting and paginating services, the team here also utilise the services of similar organisations. I say “similar” but you need to know that none of them measure up to the quality and care taken in the pagination and sorting. We were attracted by another organisation, and we’ve been really disappointed in terms of how the records are managed, arranged and the style of client management.

MCB’s lead in time for completion of work is often beaten by other providers but there is a reason for that – there is clearly a great deal of care taken in training and maintaining quality control. There are a number of pinch points in any clinical negligence claim and disclosure is one of those. Instructing MCB always gives me a huge amount of confidence in the quality of the job done.

Thank you for doing such a consistently good job.”

Clinical Negligence Solicitor – Instruction to MRC

“I got the opportunity this morning of reviewing what you have sent back to me.

My goodness! You have done an extraordinary job!

Sending the records to you is one of the best things I have ever done.

Instead of having about two thousand sheets in no particular sequence, order or category, I have them all now neatly ordered, categorised and indexed so that instead of trying to find a needle in a haystack I can instantly locate any particular record.

Even better, you have prepared a chronology and have made initial observations which are absolutely invaluable.

Now, instead of having to send a mass of documentation to Counsel to trawl through and advise on for the purpose of selecting the relevant medical experts, with all the difficulty, delay and expense that would have entailed, I can just send the pages containing the contents and index, the chronology, the schedule of radiology and your observations and if counsel then wishes to see any particular records they can be instantly accessed and forwarded.

You have done all this quickly and for a very reasonable fee.”

Counsel (Outer Temple Chambers)

“I have worked with many of MCB’s bundles as Clinical Negligence Counsel. They are consistently accurate and clear, and always helpful as a quick reference to the medical records and on cross check that I have not missed anything on my own review. I highly commend them.”

Expert – Instructed by client of MRC

“I have deliberately not repeated the chronology in detail as this has been done very comprehensively in the chronology you have provided and I didn’t feel it would add to my report....

My final comment relates to the 7 files of paginated notes that accompanied this case. In over 10 years of medicolegal practice I have never seen such a well organised set of notes!

Whether this was your firm or Huddersfield I don’t know but whoever did it deserves hearty congratulations. It certainly saved me hours.”

Family Law Solicitor – Instruction to MRC

“I would like to say how impressed we are with your service.

This is the first time myself (and a lot of parties in the case) have used a collation service and it has made the case a lot easier to run and ensured all parties and experts are in the right place when it comes to the records!

Thank you also for always responding to me and the other parties so quickly and efficiently.”

Howard & Over Solicitors – Tim Quinn (Solicitor)

“The work was done promptly, the editing was efficient and will no doubt have saved us and the experts hours sorting out what was a shambles. I am happy to recommend DMR Collation Ltd’s service and to use them again”

Howells LLP – Rubina Khanom

“I have been using DMR Collation for several months and I can truly say that their service is second to none. The medical records are always thoroughly reviewed, collated and paginated. The chronology is always very detailed and relevant information is extracted. The suggestions and possible questions to put to relevant experts is an additional benefit that I have not seen offered from other collation services. In short, DMR Collation are a very professional and excellent collation service and I would recommend them without hesitation.”

Irwin Mitchell Solicitors – Angela Kirtley (Partner)

“DMR Collation's flagship Digital Booklet service has transformed the way we work and allowed us to solve a number of problems in our office. We were able to free up a significant amount of space by storing hundreds of volumes of paper medical records off site and still have instant access to the documents. We have also received very positive feedback from our experts one of who commented that “I was able to find individual parts of the records easily. This is so much better than paper as most of us writing reports have delivery and storage problems also” (DrGF). Paperless working is the future and DMR Collation is ahead of the game!”

Morrish Solicitors LLP – Anni Sari (Partner)

“Morrish Solicitors LLP have instructed Medical Records Collation (MRC) for several years to assist with pagination of medical records in Clinical Negligence matters. The service is a vital step in ensuring that our cases proceed in a timely and proportionate manner.

MRC employs a team of specialists with experience in medical practice who are able to consider and order medical records quickly and coherently. They are also able to identify relevant records that are missing. This avoids problems as the case progresses as we can be certain that our experts have seen all key documents when forming their opinion.

It is vital for the medical records in a Clinical Negligence case to be professionally sorted and paginated as it assists both legal representatives and medical experts in locating pertinent documents quickly and easily. In our experience all experts expect to receive an ordered and paginated bundle of records which is beneficial in reducing the length of time it takes an expert to prepare their report. Additionally, it assists both parties of the claim to be able to refer to the same bundle and avoids any duplication of work if all parties can utilise the same consistent bundle.

Instructing an accredited pagination company, such as MRC means that this task does not need to be undertaken in house. This saves substantial legal costs and means that the records are being ordered by those experienced in medical practice who are best placed to understand where in a bundle of records a certain document should be placed. They also have the requisite knowledge to identify the pertinent medical entries relevant to the issues in the case. This saves both time and costs meaning matters can be progressed expeditiously benefiting all parties.

Any proposed reforms should include a separate fixed fee for this type of work which should:

1. Avoid additional costs for the legal representatives in undertaking pagination in house.
2. Avoid unnecessary time negotiating fees with various medical agencies.
3. Ensure a consistent standard across the sector as lower prices may mean a compromise on standards.”

Nelsons Solicitors Ltd – Dianne Collins

“I cannot recommend DMR Collation highly enough. I was provided with an overwhelming number of social services and medical records on an historical abuse case. DMR collated and paginated all of the records and provided me with a Digital Booklet which made cross referencing so easy. Their secure portal makes it so easy to upload the records securely and grant experts access to the same portal. 10/10 on all fronts. I will definitely use them again.”

Osbornes Law - Jodi Newton (Associate)

“The task of preparing a collated workable bundle of records and the time involved cannot be underestimated. Clinical negligence cases, particularly maternity cases, have many thousands of pages of records. They are often received in a chaotic format and missing vital information. Picking through

the records is laborious and to then organise them into date order is a messy, difficult and painstaking job. This is often beyond the expertise of more junior staff as without the benefit of years of experience and/or medical training, they would not be able to decipher a set of records and understand how to organise and recognise the difference between charts/prescriptions/consultants records/nursing records/consent forms. Thereafter paginating the records is a further job our records agency take on and saves hours of expert and solicitor time in identifying a certain part of the records which we may need but cannot always find easily.

With the benefit of a professionally prepared bundle, experts can prepare reports and review the records without the burden of working with records that are poorly ordered and compromise the quality of their reports.

Silva Legal Services are meticulous in their collation of records. They provide me with electronic bookmarked bundles which are exactly what most experts and courts prefer when working on a case. They have a strong eye for detail and are invaluable in supporting me with identifying missing records. They turn around the records efficiently and their communications are faultless.”

[Penningtons Manches LLP – Warren Collins \(Partner\)](#)

“Silva Legal Services is now very much part of the legal team in complex clinical negligence and catastrophic personal injury cases. Their medical record sorting and pagination service is provided in an impressively fast and efficient manner but it is their ability to identify missing records and identify the key medical issues in a cogent and short written summary that sets them streets apart from their competitors. I have no hesitation in recommending them.”

[PI Solicitor – Client of MCB](#)

“I have used MCB for many years. They provide an invaluable medical record sorting service in the more complex personal injury claims I handle. They consistently deliver an efficient and cost-effective service with the presentation of their bundles complimented by our medical experts and Counsel.”

[PI Solicitor – Client of MRC](#)

“I have been involved in personal injury work for at least 20 years and have to say that the service you have provided to me in gathering, collating, organising, paginating, and distributing the near 8000 pages of notes and records in my brain injury case has been phenomenal.

You [MRC] have performed this work exceptionally thoroughly and professionally.

It has achieved a permanent resource to enable the matter to now proceed to the instruction of all relevant experts with ease and confidence.”

[Simon Willans & Co](#)

“I have recently instructed DMR Collation to collate, paginate and numerous medical records from a number of different hospitals and GP surgeries covering a long period which were relevant to a personal injury claim. This process was carried out extremely efficiently and professionally and has been well worth the charge made for the work. I would have been simply unable to carry out this work economically or with such a professional outcome.

In my opinion pagination/chronology work should be undertaken by an accredited pagination company as opposed to in-house and I believe that a separate fixed fee should be apportioned for

this work to avoid law firms having no option but either to undertake the work in-house themselves or abandon any formal collation of the records.

Further, it would avoid law firms having to negotiate collation fees on a case by case basis with pagination firms resulting in industry wide discrepancies in fee calculation and a price war on pagination fees being created with law firms accepting the lowest quote which will almost certainly encourage lower standards of work.”

Sintons Law – John Davis (Partner)

“DMR provide a first rate service. The quality of their work is excellent as is their response time, customer service and pricing”

Wolferstans Solicitors – Liz Smith (Head of Clinical Negligence Team)

“Recently we were persuaded to trial the services of another pagination service. Having trialled them on one case, it merely emphasised the huge gap between the service they provided and the service that MCB provide. Having trialled this company, it merely reinforced the need to use a reputable, well established firm for these services.”

Appendix 2 – Contributors to this paper

Adèle Coates-Lyon, Medical Records UK

Having graduated with a B.Sc (Hons) Human Biology, Adèle worked in Respiratory Physiology with heart/lung transplant patients. She went on to work with Dr Wakefield on his investigations between bowel disease and the MMR vaccine and has subsequently gained 20 years' experience in the preparation of medical records for clinical negligence and personal injury claims. Adèle can uniquely claim to have been responsible for the medical records bundles of the eight lead claimants in the MMR litigation and the entire cohort of claimants in the Atomic Veterans Litigation. She has subsequently uniquely acquired 15 years' experience assisting with Military claims and Royal British Legion Compensation Claims.

Sally Gordon, Medical Record Collation Ltd.

Sally is the owner and MD of MRC; she established the company in 2008 after spending over 10 years learning the skills required to skilfully collate and analyse medical records. Sally has developed a highly specialist team including nurses, midwives, and dentists who draw on their many years' clinical experience to assist solicitors nationwide. MRC has witnessed many changes in the clinical negligence and personal injury worlds since its inception and have developed a reputation for providing a first-class, efficient and value for money service.

Prior to founding MRC, Sally worked as an RGN for nearly 25 years in the NHS.

Cheryl Luscombe, Medical Clerical Bureau Ltd.

Cheryl is the Managing Director of MCB, which first opened its doors in 1992 as one of only a handful of pagination firms at that time. MCB employs 25 staff comprising nurses, midwives and other specialists who provide quality services to hundreds of solicitors throughout the UK as well as to care providers in the NHS. MCB continually strives to improve efficiency by investing significantly in technologies such as online radiology portals and paperless sorting, all of which is available to its industry partners.

Caroline Packer, DMR Collations Ltd.

Caroline studied Law at Staffordshire University and after completing her degree in 1999 commenced her training as a Chartered Legal Executive in Civil Litigation whilst working as a paralegal for Bevan Ashford's Defendant NHS Litigation Team in Bristol. In 2002, after qualifying as a Chartered Legal Executive, she practiced Claimant Personal Injury law with Thompsons Solicitors in their Bristol and Plymouth Offices holding positions such as Team Supervisor, Team Leader and Specialism Supervisor. DMR Collation was established by Caroline in 2011 and comprises an experienced team of administrators, nurses and lawyers who work collaboratively on the collation and analysis of medical records. DMR Collation are regular finalists at the Personal Injury Law Awards and have been Highly Commended at the Modern Law Awards for supporting the industry.

Geoff Silva LLB (Hons), Silva Legal Services

Geoff completed his Law Finals in 1993 and commenced his Training Contract with niche clinical negligence firm Evill and Coleman in February 1994. Post qualification he was assistant to the Head of Clinical negligence, Terry Lee, and then ran his own caseload. He became Salaried Partner at Evill and Coleman before leaving to head up Clinical negligence at Colemans CTTS. After a short period he left to set up a Clinical negligence department at a PI firm, Howe and Co. Whilst there he settled a birth injury claim for just under £4 million. He ran a wide variety of claims at this time.

In June 2006 Geoff left practice to set up his first medical records collation business. He has a team of Doctors, midwives, nurses and dentists in addition to Solicitors who have worked as Claimant and Defendants.



COVER INSTRUCTION SHEET

Instruction Type: (tick if required)

Collation & Indexing

Chronology & Memo

Digital Booklet

Schedule of Radiology

Radiology Disc Passwords provided below

or
see separate letter provided

Additional Instructions: (tick if required)

Legal Aid Case

Dispose of original unpaginated records?

Store digital records until claim concluded?

Dispose of blank/duplicate/photocopied records?

Urgent turnaround needed? *If yes, specify required return date here:*

Summary Chronology Only?

If the following information is not provided in an accompanying instruction letter, please specify:

Your Firm Name:		
Firm's Address:		
Fee Earner's Name:		
File Reference:		
Contact Email:		
Contact Telephone:		
Claimant's Name:		
Defendant's Name:		
Injury Date:		
Case Type:		
Record Providers:	1.	
	2.	
	3.	
	4.	
	5.	

Signed: _____

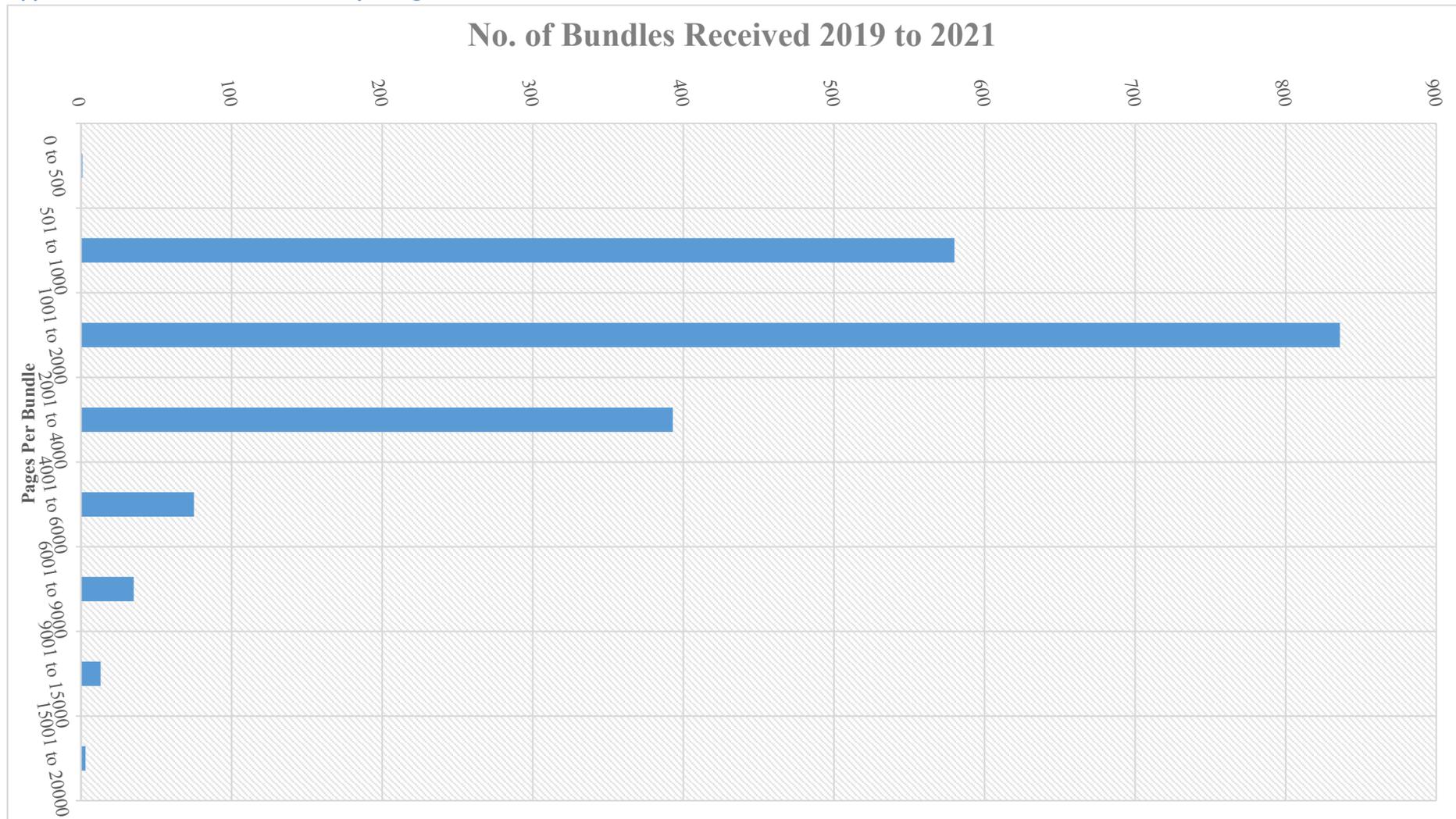
Print Name: _____

Date: _____

Appendix 4 – Commonly seen ‘poor’ instructions

1. No claim details to indicate the particular area of focus; conversely too much detail is often not useful for a collation-only instruction.
2. No clarification in advance regarding the parameters of their instruction, e.g.
 - a. Is the focus on causation/quantum, etc?
 - b. What is the focus for a core bundle of medical records (which records need not be included)?
 - c. Are there specific parameters for the summary?
 - d. Do they require an estimate or are they working to a particular budget?
3. Omitting key facts in their case summary/statement, e.g. not telling us the client is deceased.
4. Not sharing medical history that they already know, e.g. they may know the client had input prior to the index event but they have chosen not to obtain those records.
5. Not obtaining and/or not sending all relevant records.
6. Requesting sorting styles that make it more difficult to remove duplication or cross-reference histories, e.g. sorting by date that the records were received (there are other ways to record this).
7. Poor scanning/copying of disclosure rendering the records difficult to read and occasionally completely illegible.
8. Duplicate (or near duplicate) disclosure, requiring a review of the same information to remove duplication.
9. Paginating without waiting for essential missing records (costs more to update later).
10. Cases can go on for years and records need updating; Solicitors may tamper with the original bundle without recording their changes, thereby making the update more costly.

Appendix 5 – Bundle sizes received by 1 Pagination Firm



Appendix 6 – Collation times

Up to X Pages	Sort Only		Full Summary/Chronology		Brief Summary/Chronology		Supplement (Update)	
	Standard	Complex	Sort + Full Summary	Complex	Sort + Brief Summary	Complex	Standard	Complex
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
100	1 to 2	1 to 2.5	3 to 4	3 to 5	2 to 4	2 to 5	1 to 3	1 to 3
200	2 to 3	2 to 3.5	4 to 6	5 to 7	3 to 6	3 to 7	2 to 4	2 to 5
300	2 to 4.5	2 to 5	5 to 8.5	6 to 10	4 to 7	5 to 8	2 to 6	2 to 7
400	2 to 5.5	2 to 6	5 to 11	6 to 13	4 to 9	5 to 10	2 to 7	2 to 8
500	3 to 7	3 to 8	6 to 12	7 to 14	5 to 11	6 to 13	4 to 9	5 to 10
600	4 to 8	5 to 9	7 to 14	8 to 16	6 to 12	7 to 14	5 to 10	6 to 12
700	5 to 9	6 to 10	8 to 16	9 to 18	7 to 14	8 to 16	6 to 11	7 to 13
800	6 to 10	7 to 12	9 to 18	10 to 21	8 to 16	9 to 18	7 to 12	8 to 14
900	7 to 10.5	8 to 12	10 to 20	12 to 23	7 to 17	8 to 20	8 to 13	9 to 15
1000	8 to 11	9 to 13	11 to 22	13 to 25	9 to 19	10 to 22	10 to 14	12 to 16
1200	9 to 13	10 to 15	12 to 24	14 to 28	10 to 21	12 to 24	11 to 16	13 to 18
1400	10 to 15	12 to 17	13 to 26	15 to 30	11 to 23	13 to 26	13 to 19	15 to 22
1600	11 to 17	13 to 20	14 to 28	16 to 32	12 to 24	14 to 28	14 to 21	16 to 24
1800	11.5 to 19	13 to 22	15 to 30	17 to 35	13 to 26	15 to 30	15 to 23	17 to 26
2000	12 to 21	14 to 24	16 to 32	18 to 37	14 to 28	16 to 32	16 to 26	18 to 30
2200	12.5 to 23	14 to 26	17 to 34	20 to 39	15 to 29	16 to 33	17 to 28	20 to 32
2400	13 to 25	15 to 29	18 to 36	21 to 41	16 to 31	18 to 36	18 to 31	21 to 36
2600	14 to 27	16 to 31	19 to 38	22 to 44	17 to 33	20 to 38	19 to 33	22 to 38
2800	15 to 29	17 to 33	20 to 40	23 to 46	18 to 34	21 to 39	21 to 36	24 to 41
3000	16 to 31	18 to 36	21 to 42	24 to 48	19 to 36	22 to 41	22 to 38	25 to 44
3200	16.5 to 33	19 to 38	22 to 44	25 to 51	20 to 38	23 to 44	23 to 41	26 to 47
3400	17 to 35	20 to 40	23 to 46	26 to 53	21 to 40	24 to 46	24 to 43	28 to 49
3600	17.5 to 37	20 to 43	24 to 48	28 to 55	22 to 41	25 to 47	25 to 45	29 to 52
3800	18 to 39	21 to 45	25 to 50	29 to 58	23 to 43	26 to 49	26 to 48	30 to 55
4000	18.5 to 41	21 to 47	26 to 52	30 to 60	24 to 45	28 to 52	27 to 50	31 to 58
4200	19 to 43	22 to 49	27 to 54	31 to 62	25 to 46	29 to 53	28 to 53	32 to 61

This chart shows a range of ‘nursing/analyst’ hours which are generally required on bundles of a particular size (according to one of our pagination firms) for the services of:

- Sort/collation/index
- Summary/chronology (full)
- Brief/abridged version of summary/chronology
- Updating medical records.

‘Standard’ bundles may be those involving one patient with a clearly definable index event.

‘Complex’ bundles may be those involving two patients’ records requiring specialist knowledge (e.g. birth injury matters); however, there are many reasons why a bundle might be complex.

Often these hours do not include all times/costs involved with the preparation of the records such as printing of records, radiology, liaising with clients/organisations on missing records, scanning or collection/delivery charges.

Oct 2021