

DR PHILLIP JACOBS

Curriculum Vitae

Clinical negligence experience: 9 years' experience, approximately 270 expert opinions provided, covering all aspects of Acute and General Medicine. Specialist areas of interest are Ambulatory Emergency Care, Sepsis, Cellulitis, Acute Kidney Injury and DVT/Pulmonary Embolism.

Preliminary/Full Causation & Liability Reports
Condition & Prognosis Reports
Life Expectancy Reports
Coroners' Reports
Joint Expert Statements
Attendance at Conferences with Counsel
Evidence given in Coroner's Court

Split 50:50 Defendant:Claimant

June 2018 - RSM/BPP "Expert witness skills masterclass - how to avoid the pitfalls" two-day course. Topics covered included:

- Understanding civil procedure rules governing expert witnesses
- Understanding the case-law governing expert witness liability for negligence
- Understanding data protection and confidentiality as related to expert witnesses
- How to structure an expert report
- How the contents of the report should assist the court
- Understanding court room procedure
- How to prepare for a court room appearance
- How to spot and cope with common cross-examination pitfalls

June 2020- AVMA 32nd Annual Clinical Negligence Conference

- Legal and Clinical updates, 3 hours CPD

Jan 2022 – Acting as a Witness online learning, MDDUS

- Principles and preparation for giving evidence as a doctor across the legal systems in the UK, 45 minutes CPD

June 2022- Appointed as a Medical Examiner, Royal Free London NHS Foundation Trust.

- This role involves the independent scrutiny of medical records to establish causes of death, liaising with the clinical team involved with the care of the deceased, and the deceased's family. Coroner referrals are made when necessary and clinical governance/organisational learning issues are also flagged up as and when appropriate.

Nov 2023 – Medicolegal Considerations in End-of-Life Care, MDDUS

- How to mitigate pitfalls in areas such as withdrawal of care, resuscitation decisions and advance care planning, 1 hour CPD

May 2024 – Inspire MediLaw, one day course

- How to start, build and run a successful medico-legal practice

PERSONAL DETAILS

NAME Dr Phillip Jacobs

POST Consultant Physician, Acute & General Medicine
Barnet Hospital, Royal Free London NHS Trust

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DATE OF BIRTH 23rd October 1974

GMC Number 4516727 (Full registration)

CCT General Internal Medicine (Acute Medicine) 1st Jan 2011

QUALIFICATIONS

POSTGRADUATE QUALIFICATIONS PG Cert “Doctors as Managers.”
Leeds University Business School, 2010

MRCP
Royal College of Physicians, London, 2003

UNIVERSITY EDUCATION MB ChB
University of Liverpool, 1998

AWARDS

Clinical Excellence Award Level 2, 2017

1st overall prize out of 100 entries, and “best poster” prize -
“Audit/Research” category, poster presentations, Society for
Acute Medicine, International Conference, 2009

APPOINTMENTS

From	To	Job Title, Specialty	Hospital
Feb 11	current	Consultant Physician, Acute & General Medicine	Barnet Hospital, Royal Free London NHS Trust
Dec 10	Jan 11	SpR, Critical Care	Whittington Hospital, London
Aug 10	Nov 10	SpR, Respiratory Medicine	Whittington Hospital, London
Jun 10	July 10	SpR, Critical Care	Hammersmith Hospital, London
June 09	May 10	Darzi Fellow, Health Care Management	Royal Free Hospital, London
April 09	May 09	SpR, Critical Care	Whittington Hospital, London
April 08	March 09	SpR, Acute Medicine	Royal Free Hospital, London
April 07	March 08	SpR, Acute Medicine	Barnet Hospital, Hertfordshire
Aug 06	April 07	SpR, Renal and General Medicine	Queen's Hospital, Romford, Essex
Aug 99	Aug 06	Junior Medical Doctor	Auckland, New Zealand, London, Manchester Liverpool

CURRENT APPOINTMENT

I have many years of experience in managing the acute medical take, leading a team of junior doctors. I lead intra- and post-take ward rounds and take part in the general medical on-call rota. I see ambulatory patients who do not require hospital admission with a variety of medical problems in the ambulatory emergency clinic. I lead multi-disciplinary meetings to plan patient discharges.

MANAGEMENT EXPERIENCE

I was a case reviewer for the NCEPOD national sepsis study, "Just Say Sepsis!" I peer reviewed clinical notes, discussed cases with other experts from various hospital specialties, and commented on draft versions of the report. I attended the sepsis study launch and I disseminated the findings to my colleagues locally. Recommendations from the report were incorporated into local guidelines and practice. I was also a case reviewer for the NCEPOD Acute Non-Invasive Ventilation study. Following on from this, I represented the Society for Acute Medicine on the British Thoracic Society working group for acute NIV which has published national quality standards.

I was also a case reviewer for the NCEPOD acute heart failure and pulmonary embolism studies. I was appointed to the British Thoracic Society working group for ambulatory pulmonary embolism which has also published national quality standards.

I have participated in local cardiac arrest notes audits, to identify and explore avoidable and remediable factors in the processes of care prior to cardiac arrest. I have undertaken Root Cause Analysis training and have been a lead investigator for Serious Untoward Incidents. I have been the consultant representative on the Trust wide serious incident review panel.

I contributed to the Trust's first "Patient Safety Week" by lecturing on the principles and practicalities of root cause analysis for serious incident investigations to senior managers. I participated in the Acute Kidney Injury (AKI), Sepsis and "Deteriorating Patient" work streams of the Trust wide patient safety programme. I am the directorate lead for AKI. The Trust has pioneered a novel approach to the early detection of AKI using an app that sends real time alerts to clinicians who then respond and intervene at the bedside to prevent deterioration.

I was the departmental lead for a pathology order sets quality improvement project which rationalised blood test ordering, improved patient experience and saved thousands of pounds. I have also process mapped the Trust's pathway for the management of pulmonary embolism and been involved in an evidence-based redesign of the pathway to standardise care, reduce unwarranted variation and improve outcomes and patient experience.

I was an investigator for the Trust's "Clinical Harm Review" which involved categorising the harm that may have occurred to patients as a result of breaches of the 18 week "referral to treat" pathway. I reviewed hundreds of cases and performed a detailed timeline for several cases where significant harm occurred.

I maintain an active involvement in departmental "Morbidity & Mortality" meetings. I was a member of a working group responsible for introducing a novel anticoagulant for the treatment of DVT and a member of the Trust venous thromboembolism committee. I have managed the work and leave rotas for the department.

I was the medical representative for a Trust project that facilitated earlier discharges during the working day and at the weekend to relieve pressure on the emergency admissions pathway. I also worked on the emergency readmission clinical review panel that decided what the threshold of payment for readmissions ought to be, alongside representatives from a local clinical commissioning group.

I completed a prestigious "Darzi Fellowship" leadership programme during my training. I was able to observe organisational culture and dynamics, gain knowledge in new environments, enhance my understanding of the NHS and establish a reflective style of learning. In the leadership development programme, I was mentored by a divisional director, attended a variety of hospital board meetings, and met leaders of NHS London.

My postgraduate studies and project work equipped me with skills to shape and develop change efforts and to negotiate organisational politics. I conducted a project examining the interface between radiologists and clinicians. This demonstrated that the radiology department was losing potential general practice referrals to an alternate provider who offered greater access, shorter waiting times and quicker turnarounds. New initiatives were set up to counter the issues identified.

EDUCATION

I have examined for postgraduate and medical school finals examinations. I am a panel member for the Acute Medicine Specialty Certificate Exam Standard Setting group. I was the simulation lead for acute medicine, and I ran training days for junior doctors, nurses and therapists, using a range of acute medical scenarios that assess non-technical skills such as leadership, teamwork and communication. Some of these sessions were delivered within the ward setting to complete actions from Serious Untoward Incidents.

I have completed the professional development framework for supervisors, and I am the educational supervisor to three junior doctors. I participated in a programme of peer observation of my teaching skills and received feedback on how to maximise learning for trainees. I participate in formal education programmes at directorate, departmental, trainee and medical student levels. I have provided teaching to trainees and students for exam preparation, I have written questions for medical school finals exams and I have been a concordance panel member for the Foundation Programme Situational Judgement Test.

I have been a panel member for London Deanery ST3 (Acute Medicine) and ACCS/CMT training programme interviews. I have worked with the Social Mobility Foundation and the Debrett's Foundation to mentor bright A-Level students from under privileged backgrounds, to support them in their applications for medical school.

AUDIT/Quality Improvement

Society for Acute Medicine Benchmarking Audit – 2019-24, 2017 and 2014

Our unit regularly participates in this national audit which compares performance against quality indicators and various other national standards.

Pneumonia Audit – Sept 2017

This was a baseline audit of processes of care in preparation for a redesign of the Trust's pathway for pneumonia to standardise care and reduce unwarranted variation.

Safety = Design – Sept 2015

This was a multi-centre collaboration with the Royal College of Art to improve processes in the care of patients with Sepsis and those at risk of Acute Kidney Injury.

Ambulatory Jaundice pathway – May 2015

Patients who are not acutely unwell enough to require admission get referred to ambulatory care for follow up after identification of abnormal liver function. This approach has reduced length of stay, avoided admission and rationalised the use of high-cost pathology testing.

Post Take Ward Round documentation quality - April 2015

An audit demonstrated some deficiencies so a highly visible proforma was developed which functioned as an aide memoire to encourage improved record keeping. The document has now been incorporated into the emergency admissions booklet.

Early Warning Score Audit – May 2014

An early warning score is used to identify patients at risk of deterioration who need prompt assessment and intervention. A red warning triangle was introduced to flag up at risk patients on the ward list.

Acute Gastrointestinal Bleeding Audit – May 2014

This audit looked at the time taken for endoscopy in acutely admitted patients, and the utilisation of the GI bleeding rota at Barnet Hospital.

OPAT cellulitis– March 2014

This audit demonstrated significant reductions in lengths of stay and bed days saved for patients who would previously have required admission for this condition.

Cognition in elderly – Feb 2014

We looked at compliance with abbreviated mental test performance, screening tests for confusion and comprehensive assessment of cognition. A “lock-out” from the electronic record improved certain aspects of the assessment.

“HypoBox” hypoglycaemia kit audit – Dec 2013

This was performed on medical wards to check accessibility and content of the emergency kits that assist staff in managing cases of hypoglycaemia.

NHS Kidney Care Acute Kidney Injury (AKI) National Audit - Sept 2012 –Jan 2013

The purpose of this audit was to raise awareness to facilitate early recognition and effective treatment. The Trust was benchmarked against other organisations. Results demonstrated a lack of consistency with measurement of early warning scores and poor compliance with requesting bedside urinalysis. As directorate lead for AKI I am delivering an ongoing training program to junior doctors and medical students. The audit is being repeated on an annual basis.

PAR (early warning) score– May 2012

This audit reviewed whether scores were being accurately recorded and whether at risk patients were being reviewed appropriately and in a timely manner. Results showed that scoring was being recorded but that medical reviews were not always occurring. A new graded response chart has been introduced since the audit with an ongoing educational program.

Critical Medications– March 2012

This was in response to an NPSA alert about omission or delay of vital prescriptions. None were omitted although it was difficult to determine the exact time of prescribing and administration in many cases.

Ultrasound training for clinicians - March 2010

I performed an audit of the provision of ultrasound training for acute medicine trainees. It identified the difficulties that junior doctors face in attaining competency and recommended that training is cascaded down from consultant physicians. This was presented as a poster at a national meeting.

Haemolysed blood tests - March 2009

I compared the rate of haemolysis of routine admission blood samples with that of specimens collected in the outpatient department. This showed a significant difference in haemolysis rates. It highlighted cost as well as clinical implications and identified re-training needs for venepuncture. The cost savings that were generated led to the appointment of an additional phlebotomist. I was awarded first prize at an international meeting for this work.

PUBLICATIONS

British Thoracic Society Quality Standards for outpatient management of pulmonary embolism

Condliffe R, Albert A,Jacobs P et al.
BMJ Open Respiratory Research 2020

Brachial Neuritis in a patient with Epstein Barr Virus

Jacobs P et al.
Acute Medicine 2019

British Thoracic Society Quality Standards for acute non-invasive ventilation in adults

Davies M, Allen M, ...Jacobs P et al.
BMJ Open Respiratory Research 2018

Third cranial nerve palsy: an usual manifestation of mycoplasma pneumonia

Jacobs P et al.
Acute Medicine 2017

Overheard in public...

Jacobs P
"Blog" for a medical indemnity organisation about unintentional disclosures of confidential patient information, 2014 (published anonymously).

Is there a doctor on board? – Haematemesis

Jacobs P
Contribution to feature on in-flight medical emergencies.
Commentary, Royal College of Physicians, 2013

Outpatient parental antibiotic therapy for cellulitis.

Jacobs P et al.
Acute Medicine 2011

Cost of haemolysis.

Jacobs P et al.
Annals of Clinical Biochemistry 2011

Haemolysis Analysis: An audit of haemolysed medical admission blood results.

Jacobs P et al.
Acute Medicine 2010

"CURB" your enthusiasm and consider HIV.

Jacobs P et al.
Acute Medicine 2009.

"I was stabbed in the head 11 days ago"

Chalkley D, Huseyin T, Jacobs P.
Emergency Medicine Journal; 2008

PRESENTATIONS

INTERNATIONAL:

Superficial thrombophlebitis –think deep!

Steroids in hypercalcaemia: the ACE up your sleeve.

Poster presentations.

Society for Acute Medicine, International Meeting, Oct 2014

Haemolysis Analysis: An audit of haemolysed medical admission blood results.

First prize winning poster presentation.

Society for Acute Medicine, International Meeting, Oct 2009.

NATIONAL:

AKI detection at Barnet And Chase Farm Hospitals NHS Trust. Poster presentation.

Acute Kidney Injury Scientific Day, NHS England, June 2014

Take AIM & Scan. Poster presentation.

Society for Acute Medicine, Spring Meeting, May 2010.

REGIONAL:

Clinical Incident Investigation. Regional Acute Medicine Registrar Training

Barnet Hospital, Oct 2014.

Acute Kidney Injury. General Internal Medicine Training Day.

Barnet Hospital, March 2014.

HOBBIES AND INTERESTS

I have travelled extensively including a round the world trip, during which I volunteered at a medical clinic for Masai Tribespeople in Tanzania. I speak basic French and Spanish.

I enjoy most sports, from a spectator's perspective these days, although family ski trips have become a regular fixture. I am a long-suffering Leeds United supporter.

REFEREES

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