

Disbursement funding with no accruing interest for clinical negligence cases

Find out more

0%
Interest rate

Welcome to the latest edition of our 'Clinical Thinking'. We start with a very hot topic - the government's just published response to the clinical negligence fixed recoverable costs consultation - we explain it and share our views. In addition, we take a close look at the new intermediate track for these cases. Next we hear a view that clinical negligence claims are 'here to stay' and then have a case study on a brutal assault in a hotel - one that Temple lost but we stood by our underwriting decisions. Just click on the image or gold colour heading below and you'll go straight to that article. Enjoy reading our views; if you'd like to share yours, please get in touch with our team - contact details are on page 12.



FIXED RECOVERABLE COSTS IN LOWER VALUE CLINICAL NEGLIGENCE CLAIMS

The government response to the consultation - We explain it and share our views on it - [Page 2](#)



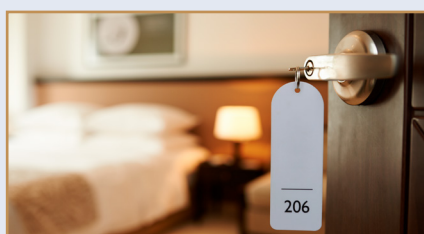
FIXED RECOVERABLE COSTS EXTENSION:

We take a closer at the introduction of an intermediate track for fixed recoverable costs
[Page 3](#)



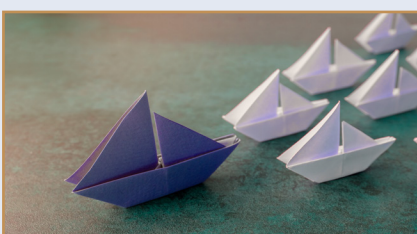
CLINICAL NEGLIGENCE CLAIMS: THEY'RE HERE TO STAY

So says a leading firm of liability adjusters and claims managers.
See if you agree - [Page 4](#)



PERSONAL INJURY CASE STUDY

A brutal assault led to a high profile claim, one that Temple lost - but we stand by our underwriting decisions - and our customers
- [Page 7](#)



WHY TEMPLE? FIRST AMONGST EQUALS?

A short question but one often asked. Are we quicker to respond, more flexible and usually first with the big calls? - [Page 8](#)



CHARITIES UPDATE 2023:

The Cauda Equina Champions Charity is dedicated to helping those affected by this rare condition. Find out why Temple cares - [Page 9](#)



The Government's response to consultation on fixed recoverable costs in lower value clinical negligence claims

By Matthew Best, Director - ATE Partnerships, Head of Personal Injury & Clinical Negligence

On 15 September 2023, the Department of Health and Social Care issued the Government's response to consultation on fixed recoverable costs [FRC] in lower value clinical negligence claims.

Government proposals in the response:

- Introduction of a 'Pre-Action Protocol for the Resolution of (low value) Clinical Disputes' referred to as the 'LVCD protocol'.
- Introduction of a Lower Damages Clinical Negligence Claim FRC scheme referred to as the 'LDFRC scheme'. This covers clinical negligence claims with a value at settlement or judgment from £1,501 to £25,000.
- The LDFRC scheme includes two 'tracks' for eligible clinical negligence claims.
- The LDFRC scheme relates to the pre-issue part of the process only, and parties are not restricted from proceeding to litigation if the claim is not settled once the pre-issue process is completed.
- A small number of litigated clinical negligence claims will be allocated to a case management track, where they may interact with the Ministry of Justice's FRC reforms due to come into force in October 2023. Where breach and causation have been admitted and subject to the allocation criteria, they will be allocated to the intermediate track.
- Where clinical negligence claims are not eligible for allocation to the intermediate track they will be allocated to the multi-track.

The aim of the LVCD protocol is to facilitate resolution, by requiring parties to exchange expert evidence in the pre-action phase and to participate in resolution stages. The LVCD protocol will describe the behaviour the court expects of the parties prior to the start of proceedings.

The intention is that the new rules will come into force on the common commencement date for secondary legislation in April 2024.

The DHSC is also launching a further consultation focusing on the specific issue of disbursements under the proposed LDFRC scheme, inviting views on a proposed way forward on disbursements in the scheme.

It was inevitable that this day would come. It has been looming on the horizon for quite a while now. The government stresses that - whilst it understands the concerns about predicting the ultimate settlement value of a claim - claimants will need, early on, to obtain relevant information and evidence, assess the risks around valuation of a particular claim, and value the claim accordingly.

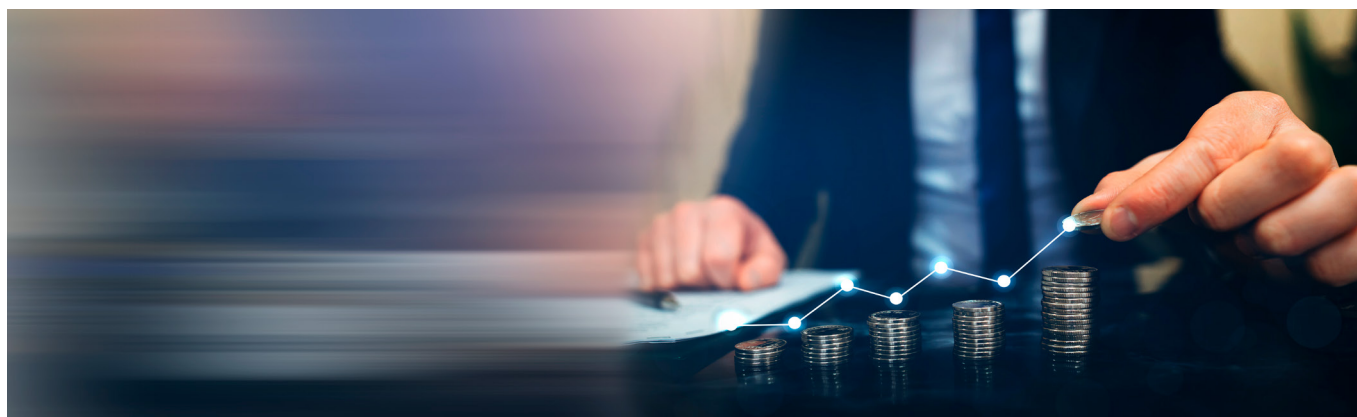
In other words, solicitors will need to spend thousands on medical evidence and work-in-progress, before realising if a claim is worth running or not. This is going to make the cost of running of clinical negligence cases even more front-heavy than it already is. We all know that the biggest problems are the NHS' approach to defending litigation and learning lessons, which are unlikely to change.

Having said the above, the further consultation into the specific issue of disbursements under the proposed LDFRC scheme could be welcomed. There are positives and negatives to this though; if expert fees are fixed at certain hourly rates for example, we will certainly see experts leaving the field - making access to justice even more difficult to achieve.

A word on ATE premiums; the government consultation on disbursements admits that insurance premiums relating to the cost of expert reports are currently a key mechanism to manage the cost risks of medical expert evidence. They consider it imperative that these elements of cost are separately recoverable across all claims in the LDFRC scheme.

We do of course welcome this position at this current time. It simply means that as of right now, premiums do not need to drastically change, whether because the claimant has to pick up more of the cost, or indeed if they need to increase at all. As Temple showed back in April when the CPR changed around QOCS, if there is currently no evidence to show that premiums must increase in line with the higher risk insured, then we simply will not take a knee-jerk reaction to do so.

As the road ahead is certainly becoming more rocky, I would ask all of our business partners to please register your interest in our FRC webinar with Fraser. You can contact Fraser via email at fraser.barnstaple@temple-legal.co.uk



The new intermediate track - a whistle-stop tour

By Fraser Barnstaple, Underwriter

By now you will most likely be somewhat familiar with fixed recoverable costs and the new regime to be introduced on 1st October 2023. One important change is the introduction of an intermediate track to which fixed recoverable costs will apply from that date. Below is a closer look at how this will work.

What is the intermediate track?

The intermediate track for fixed recoverable costs (FRCs) will be allocated cases worth no more than £100,000 but more than £25,000. There are some case types which must be allocated to multi-track and will thus be excluded from the new FRCs. These are:

- Mesothelioma or asbestos claims
- Clinical negligence claims, unless both breach of duty and causation have been admitted
- Harm, abuse or neglect claims
- Various claims against the police

How will it work?

The intermediate track is split into 4 complexity bands. These are important, because the complexity band to which the claim is assigned impacts how fixed recoverable costs are calculated. The higher the complexity band, the higher the amount of recoverable costs.

Complexity band 1 will apply to personal injury claims where only quantum is in dispute.

Complexity band 2 will apply to personal injury claims where liability and quantum are in dispute.

Complexity band 3 will apply to more complex claims where more than one issue is in dispute, noise-induced hearing loss and employer's liability disease claims.

Complexity band 4 will apply to any claim which would normally be allocated to the intermediate track but is unsuitable for bands 1-3 due to its complexity. This includes any personal injury claim where there are serious issues of fact or law.

It is important to note that the level of FRCs in the intermediate track are not only determined by the

complexity band the case falls in, but also the stage at which the claim settles.

What should practitioners bear in mind with the intermediate track?

Parties are encouraged to agree to the complexity band and set this out in the parties' directions questionnaire. Should the parties disagree, they must explain their reasons in the directions questionnaire and provide relevant information in support of their decision. Overall discretion rests with the court to assign a different band, even if the band is agreed between the parties.

Once the court determines a complexity band, a Notice of Determination will be served at the same time as it serves Notice of Allocation to the track. Practitioners should also bear in mind that the complexity band can be changed if appropriate.

Finally, judges will have discretion to allow any disbursements which have been reasonably incurred in intermediate track cases. Comparatively, in fast track cases there will be rules on the recoverability of disbursements.

How we can help

At Temple, we are always happy to use our extensive experience to help our coverholders and partners with difficult costs queries, including those to do with FRCs. Furthermore, we are hosting a webinar for our coverholders and partners to give a final run-through of the impending FRC regime changes. A video recording of it will be released publicly during October 2023.

Please contact Fraser Barnstaple via email at fraser.barnstaple@temple-legal.co.uk with your observations on this topic or to discuss your ATE insurance requirements.



Clinical negligence claims: they're here to stay

By Paul Finn - The Quest Partnership (leading liability adjusters and claims managers)

Clinical negligence claims have, if anything, increased since the Covid pandemic and placed some unique and continuing demands upon the National Health Service. Whilst solicitors and insurers alike await the outcomes of the (forever) ongoing legal costs reforms, the basis of clinical negligence remains the same. Below is some expert insight on what this actually is.

As solicitors are acutely aware, claimants must firstly establish a breach of duty of care, then causation and loss. Clinical negligence claims, therefore, largely rely upon the provision of expert evidence from appropriate doctors and surgeons. In all cases an admission of liability will only come following submission of an appropriate causation report from a suitably qualified medical expert.

Prior to this, solicitors will, of course, embark upon a very detailed and professional scrutiny of all the available medical notes and records which serve to provide a history of recorded clinical events and chronology for the case.

This is a time-consuming, painstaking and laborious process particularly in cases where there has been a lengthy and complicated medical history, one often involving pre-existing conditions. These circumstances also apply in cases where negligence, or at least suspected negligence, has resulted in an exacerbation of the patient's condition and/or worsened the prognosis.

Currently we are experiencing increasing difficulties (given the strains upon the NHS) with both injuries and diseases remaining untreated or treatment delayed and causing such exacerbation.

Whether or not this is negligence is subject to debate and the outcome will be dependent upon interpretation of the chronology of events and supporting expert medicolegal evidence.

It is thus unarguable that, whilst solicitors will orchestrate the claim and manage the case, to win at trial is dependent upon evidence; primarily specialist medicolegal evidence provided by an appropriately qualified consultant surgeon identified and instructed by the solicitor.

Nevertheless, in a busy practice it can be routinely difficult to find the hours to correlate all the surrounding evidential issues which can (not necessarily in respect of liability but more in relation to quantum) make a significant difference in terms of recovery of damages.

As all solicitors are aware, damages are split into categories. These include pain and suffering and loss of amenity, non-pecuniary loss and pecuniary loss.

General damages for pain and suffering and loss of amenity will be calculated based upon the medicolegal evidence and specifically the opinion on diagnosis and future prognosis; plus taking into account a multitude of factors including pre-existing conditions, pre-morbidities, age, sex and geographical location. Also by reference to the Judicial Studies Board guidelines for the assessment of general damages in personal injury cases and specific case law from publications such as Kemp and Kemp: Quantum of Damages.

In this regard, it is the solicitor with their experience in the field and the assistance of medicolegal experts (and no doubt in many cases, that of specialist counsel) who will provide advice in preparing necessary schedules of loss.

The remaining element of damages is special damages for financial losses and other non-pecuniary losses such as loss of opportunity. All solicitors are aware of the drafting of a strong schedule of special damages is a skill developed over time and with experience. Often this is a task submitted to specialist counsel.

However, the schedule in itself is only powerful with supporting evidence and documentation.

Continued on page 4 >>

<< Continued from page 3

Evidentially, witness statements will be required from the claimant themselves in relation to the impact that the negligence has had on their lives. Not only in terms of their health and well-being but also with regard to their relationships with others including family and friends. Most specifically their relationships and ability to work.

Many clinical negligence cases impact a person's ability to work or maintain a career path previously expected and taken for granted is no longer possible. Evidence in relation to this from family, friends and work colleagues is essential in building a case; in addition providing the type of supporting evidence required to support schedules of special damages.

Similarly, evidence of this nature is required in relation to loss for pain and suffering and loss of amenity (general damages). Clearly, witness statement will be required from the claimant themselves. In addition, and more often than not, supporting evidence from a spouse/partner, family members and work colleagues can be essential; potentially making the difference, in terms of both general and special damages.

Supporting witness statements can provide the court with a much more detailed and persuasive picture in terms of the impact that negligence has had upon an individual's life up to this point and in the future.

Solicitors have significant caseloads and are experiencing an increase in instances of suspected clinical negligence. Most of which is undertaken on a conditional fee basis. Accordingly, the accumulation of evidence through proper and diligent investigation is essential to maximise the prospects of success.

In practical terms, for many firms (and particularly those with fewer resources) using agencies with specific knowledge and experience of this area of litigation can make a real difference; providing a bespoke service tailored to the needs of each individual firm and the cases that challenge them.

The Quest Partnership has operated throughout the UK for over 30 years and has handled over 70,000 cases in that time. Find out more at <https://www.thequestpartnership.co.uk/>



Which types of clinical negligence do Temple Legal Protection cover?

We can provide ATE cover for all types of clinical negligence claims, including surgical negligence, pregnancy and birth injury claims, prescription and medication errors, cosmetic surgery negligence, dental negligence and opticians' negligence.

Click on the links below for in-depth ATE insurance information for clinical negligence litigators.

- Pregnancy and birth injury cases. [Read more](#)
- Cauda Equina Syndrome (CES) cases. [Read more](#)
- Delayed diagnosis /misdiagnosis cases. [Read more](#)
- Surgical negligence cases. [Read more](#)
- Prescription and medication. [Read more](#)
- Optician's negligence claims. [Read more](#)
- Dental negligence cases. [Read more](#)
- Cosmetic surgery claims. [Read more](#)
- Nursing care and care home claims. [Read more](#)
- Wrongful birth cases. [Read more](#)

Watch our latest video



Click on the video above to discover the key benefits of Temple's clinical negligence ATE Insurance and the areas we cover



Interest rate

Disbursement funding without an accruing interest rate for clinical negligence cases

Clear and transparent disbursement funding at 0% with just a fixed facility fee only payable upon the successful conclusion of your client's legal action.

Affordable, easy to use and fully integrated with our clinical negligence cover.

Use the link below to find out more.

www.bit.ly/0percentinterest

To discuss your ATE and funding requirements please call John Durbin on 07917 146290 or email john.durbin@temple-legal.co.uk

temple
legal protection

Your trusted
insurance partner

Contact us now on
01483 577877

www.temple-legal.co.uk

Scan the below QR
code to find out
more about our
disbursement funding





ATE insurance in action: A personal injury case study - a brutal assault by a hotel intruder

By David Stoker, Senior Underwriter

Our partner law firms know that they can rely on Temple for support, especially when a case loses. An example of this is one many practitioners will be familiar with, namely 'The Cumberland Hotel (London) Ltd'. Whilst heard a few years ago now, it demonstrates our commitment to our customers and clients alike.

Our customer, Hodge Jones and Allen, represented nine claimants - three of whom were brutally assaulted by an intruder who entered the hotel. An ATE insurance policy was obtained from Temple to progress the case.

The cost of disbursements soon became significant. These included the cost of reports from security experts who supported the argument that the security arrangements were inadequate. The case then progressed to a 10-day trial.

A High Court judge ruled that "There was no liability on the part of the Cumberland Hotel to the claimants for the attack carried out by Mr Spence".

Mr Justice Dingemans, who heard the case in May 2019, said it raised issues about whether a hotel proprietor "owes a duty to guests to take reasonable care to protect against injury caused by the criminal actions of third parties, and if so whether the duty was breached in this case".

He concluded there was such a duty of care, but based on the facts of the case, there was no breach of that duty. The judge said the hotel "acted with reasonable care to protect guests at the hotel against injury caused by the criminal acts of third parties".

The trial loss was devastating for the claimants who strongly believe that the security arrangements in this high-end hotel were lacking and the attack was avoidable. Even in budget hotels a key card is usually needed to access areas beyond reception.

Temple agreed to support the case to an appeal. This was

heard in December 2020 as *Al-Najar and others v The Cumberland Hotel (London) Ltd* [2020] EWCA Civ 1716.

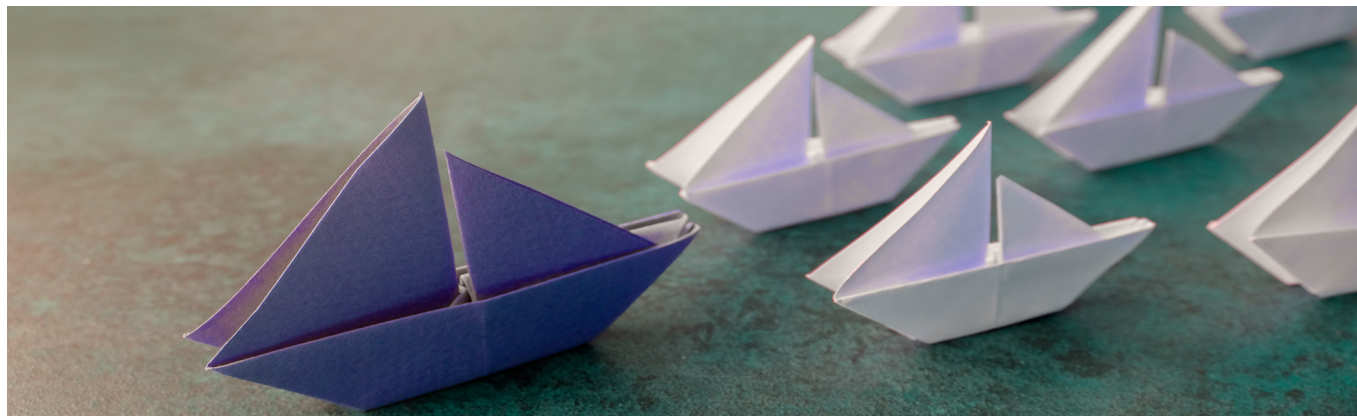
The appeal was on limited grounds, namely that the judge had incorrectly assessed the standard of care of the hotel's lobby officer. The Court of Appeal gave this argument short shrift, stating that the judge had been entitled to assess the actions of the lobby officer and make the findings on breach that he did. The judge's decision that there was no breach of duty could not be faulted.

This resulted in a significant claim on the Temple ATE insurance policy.

Another example of a losing case also resulting in a significant claim on a Temple ATE policy was a recent clinical negligence case taken on by Addies Solicitors. In this matter it was alleged the defendant hospital failed to recognise the symptoms of a stroke and administer blood thinning medication.

This seemed a fairly straightforward case on causation which should have won but the case was unsuccessful at trial and resulted in a claim for over £65,000.

Commenting on this case, Diane Rostron of Addies said 'Running complex claims brings many challenges; having the support of Temple makes a difficult job just that little bit easier.'



Why Temple? First amongst equals?

By John Durbin, Senior Business Development Manager

Whenever I meet with new business partners, I am often asked the question “Why Temple?” This is of course a perfectly valid question to ask when considering what ATE insurance product to recommend to clients and a decision you want to get right.

Having been in the ATE insurance sector for 18 years and worked at two leading ATE providers, I’m possibly well placed to answer this question. Here goes...

On the face of it, most ATE products are very similar. They provide cover for own disbursements and any adverse costs risk. However, unlike many of our major competitors, ATE is, and always has been, the primary focus of Temple’s business.

This may only seem a subtle difference - however, it is one that allows us to be more agile and respond rapidly to any legislative or other change in the market, and therefore to continue to lead the market with our product innovation. Of course, it is in our interest to get this right; if our products did not work, we would not have a business.

Temple’s ATE and disbursement funding products are designed from the start to be the most flexible in the market. We are able to provide a suite of products and discuss which of those best suits both the law firms and their client’s needs. If a Temple ATE insurance product requires

amendment or an element needs a bespoke element adding, this consideration is, more often than not, met in a timely and thoughtful manner.

With regard to market demands and legislative or regulatory change; Temple are proactive rather than reactive. It is no coincidence that with the Nokes case, Temple were the first ATE insurer to successfully defend the recoverable premium post LASPO. Temple were the also first ATE insurer to offer a disbursement funding solution alongside an ATE policy and more recently, were the first insurer to communicate to the market their position on the CPR rule change around P36 offers.

Not a bad record and just one reason why leading law firms choose Temple.

If you would like to know more about why you should choose Temple or discuss any aspect of ATE or disbursement funding, please contact me on: john.durbin@temple-legal.co.uk or 07917 146290.

‘Optimum’

Our new, truly bespoke
clinical negligence
ATE insurance

Find out more





Charities update 2023: The Cauda Equina Champions Charity

By Lisa Fricker, Head of Solicitor Services & Quality Assurance

Cauda Equina Champions Charity is the only charity in the UK solely dedicated to helping those affected by a rare condition called Cauda Equina Syndrome. It is run and staffed by people whose lives have been touched by this condition.

Cauda Equina Syndrome is a debilitating condition which affects the bundle of nerves at the base of your spine, the Cauda Equina (Horse's Tail). People with this condition face many difficult challenges including bladder and bowel dysfunction, sexual dysfunction, severe pain and mobility issues.

The condition can affect people's lives to the point that they struggle to cope mentally and come to terms with how drastically affected their lives have been.

The Cauda Equina Champions Charity focus on raising awareness of this condition, referring sufferers for therapy and building a support network for sufferers. They regularly hold both virtual and face-to-face support group meetings with patients all over the UK.

The charity's Facebook group has over 4,500 patients from across the globe and is a safe place for members to get advice and support. Education, support and communication are all vital to self-advocacy and speaking to others living with the condition is an important part of adapting to an altered way of life.

The charity works closely with NHS professionals and has recently been added to the new NHS pathway as an important part of patient aftercare. Patients are now required to be signposted to the charity to ensure they receive the best possible aftercare and rehabilitation services.

Empowering individuals to take an active role in their own care and adapt to their new way of life is essential for maintaining overall well-being, and why the work done by Cauda Equina Champions is so important.

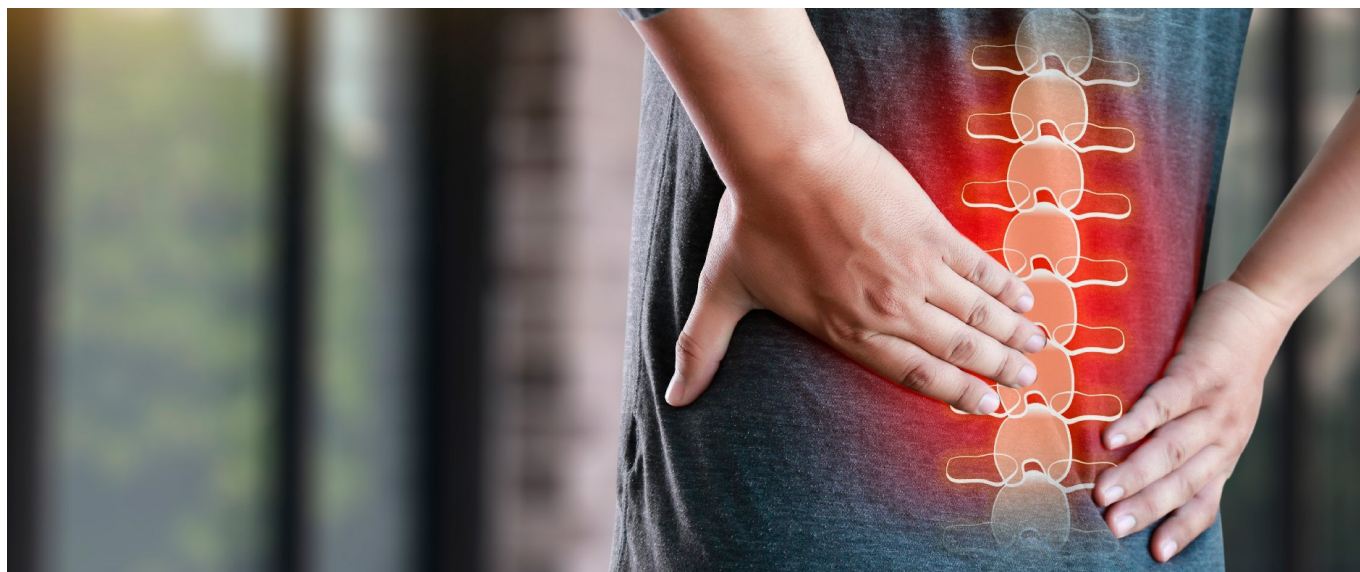
[Click here](#) to find out more about the Cauda Equina Champions Charity

- If you would like to know more on the charitable work Temple undertakes or get involved in fundraising with us please contact Lisa on 01483 514872 or email lisa.fricker@temple-legal.co.uk.
- [Click here](#) to read more about Temple's experience of Cauda equina syndrome cases.

Cauda Equina Syndrome cases; we know them well. Does your firm?

CES cases are, as we know, extremely tricky - sometimes you win and sometimes you lose. Read more in the articles below:

- [Cauda Equina Syndrome cases; we know them well. Does your firm?](#)
- [Double success for Cauda Equina Syndrome cases](#)
- [Cauda Equina Syndrome trial loss](#)



Cauda Equina Syndrome update

Cauda Equina Syndrome is a rare and severe type of spinal stenosis where all of the nerves in the lower back become severely compressed. Typically, but not exclusively, it results from a prolapsed disc bulge and the condition requires urgent hospital admission and timely surgery (usually decompression of the disc). The longer it goes untreated, the greater the chance it will result in permanent paralysis and incontinence.

The most common causes of Cauda Equina Syndrome are -

- Traumatic injury
- Disc herniation
- Spinal Stenosis
- Spinal tumours
- Inflammatory conditions
- Infectious conditions
- Clinical negligence

Recently, NHS Resolution carried out a study and found that from January 2008 to December 2018, NHS Resolution received 827 claims for incidents of cauda equina syndrome. Out of these 827 claims, 340 were settled with damages, 212 were without merit and a further 275 remain open. This has cost the NHS £186,134,049 so far which includes payments for claimant legal costs, NHS legal costs and damages.

Cauda equina syndrome are highly challenging cases to pursue on both breach and causation, and careful analysis is required by the medical practitioner, solicitor and medical expert when assessing the merits of a case. Careful attention is also required in relation to the timelines involved and litigators should test, test, test their expert evidence.

The above information was edited from the slides provided at an MBL seminar entitled 'Cauda Equina Syndrome - Red Flags, Expert Evidence & Complexities' hosted by Sandra De Souza from Irwin Mitchell.

CES - Recent developments and expert opinion

Two articles published in recent months on CES that we think particularly informative are:

- 17 Nov 22 - [Presentation, management, and outcomes of cauda equina syndrome](#)
- 29 June 23 - [Cauda Equina Syndrome - Clear national guidance at last](#)



Really quite interesting? What's caught our eye

By Matthew Best, Director - ATE Partnerships, Head of Personal Injury & Clinical Negligence

COSTS

<https://www.solicitorsjournal.com/sjarticle/fixed-recoverable-costs-judicial-review>

- I quite agree with APIL's fears that the Government has underestimated the impact of the new rules on vulnerable people and that the provisions will interfere with their access to the courts. This article sets out those fears on the horizon.
- I do ask myself whether the 'part' change in the costs regime involving clinical negligence so far are worth it; or indeed if a complete overhaul is actually needed? In 2022/23, NHS payments for settling negligence claims totalled £2.7 billion, with £1 billion relating to maternity.
- During the same period, maternity claims accounted for 65% of the clinical negligence provision at a cost of £45 million. Apart from these figures presenting a stark reminder of the impact that negligence can have on patients and their wider family; it looks to me that 'getting it right' earlier in maternity claims will save the most spend.

<https://www.lawgazette.co.uk/news/relief-for-claimant-firms-as-appeal-judges-block-costs-challenge/5116935.article>

- Relief for claimant firms as appeal judges block costs challenge. Some hardly consider this a particularly earth-shattering development; as the Court of Appeal invariably leaves it to the Supreme Court to decide if it wishes to hear the case. However, that might be standard practice but it's still a very welcome decision from the Court of Appeal.

CLINICAL NEGLIGENCE

<https://www.legalfutures.co.uk/latest-news/eight-out-of-10-nhs-claims-now-settle-pre-issue>

- 'Eight out of ten clinical negligence claims settle pre issue' is an interesting statistic and it is one that can

start to be seen from our own data; but of course the NHSR say that the costs have increased once again.

- They say that overall, the amount spent on claims rose from £2.5bn to £2.64bn in the year to 31 March 2023, and the total number of claims resolved from 16,484 to 17,116. It must be said though that the collaborative approach is being noticed by the NHSR - see [this article](#).

PERSONAL INJURY

<https://www.lawgazette.co.uk/news/firms-told-to-stop-issuing-all-pi-claims-in-london/5116914.article>

- This is more to highlight an issue than anything. Law firms have been told to stop issuing claims in London where there is a suitable alternative.

<https://www.legalfutures.co.uk/latest-news/report-fees-to-rise-as-government-consults-on-medico-legal-reforms>

- This article reports on an increase in fees for medical reports and a ban on lawyers instructing medical experts before the defendant's liability decision are among reforms that were put out for consultation in mid-July.
- It's amazing to think that solicitors doing this, and indeed any PI work captured by fixed recoverable costs, effectively took a pay cut 10 years ago - and have been told that there's no need to increase fixed recoverable costs in line with inflation over the last 10 years. I would say "unbelievable", but sadly it is very believable!

<https://www.legalfutures.co.uk/latest-news/ca-interpreters-fees-are-recoverable-in-fixed-cost-pi-cases>

- In case you missed it, the CoA in June ruled that interpreters' fees are recoverable in fixed-cost PI cases. The ruling effectively says that a claimant needing an interpreter to take part in a trial met the test of vulnerability now in the CPR.

CLINICAL THINKING

Solicitor updates and insights on clinical negligence and personal injury topics

temple
legal protection

See you there?

APIL 2023 Annual Clinical Negligence Conference



We are currently preparing to exhibit at the APIL Clinical Negligence Conference, which takes place in Brighton, on 27-29 September.

We are looking forward to showing our new exhibition stand, where you will find our Business Development Manager, John Durbin and Underwriter, Morag Lewis on hand to answer and ATE or disbursement funding questions you may have.

As always there will be an opportunity to win a luxury hamper, as well as the usual Temple giveaways. We look forward to seeing you across the 3 days.

What our clients say:



"We have used Temple since 2013 for our ATE policies and more recently for Disbursement Funding. Both schemes are excellent in terms of cover and useability. I always judge an insurer on how they deal with claims. For those cases we just can't take any further usually because of unfavourable medical evidence, and so have to claim to recover the disbursements, Temple deal with them speedily and, most important, fairly."

Hilton Armstrong,
Armstrong Foulkes LLP

Contacts:

Matthew Best | Director of ATE Partnerships

Matt joined Temple in July 2011 and was swiftly promoted to Senior Underwriting Manager, taking on overall responsibility for Temple's personal injury and clinical negligence underwriting department. Over the years Matt has become well known in the industry, cultivated fantastic relationships with our business partners and, in 2022, he joined Temple's board of directors as Director of ATE Partnerships.

01483 514804 | matthew.best@temple-legal.co.uk



John Durbin | Senior Business Development Manager

John joined Temple in June 2022 and brought with him over 19 years' experience in the legal expenses industry, with 17 of these specifically relating to ATE insurance. His primary focus is developing Temple's clinical negligence and personal injury ATE offerings and disbursement funding. John is well known in the industry for making business partners feel at ease when they meet.

07917146290 | john.durbin@temple-legal.co.uk



Lisa Fricker | Head of Solicitor Services & Quality Assurance

Lisa has over 15 years' experience in the legal insurance industry, and is used to working closely with solicitors to develop and maintain good working relationships. In her role Lisa manages our internal and external review process and is focused on ensuring that the quality of service provided by Temple remains at the highest standard.

01483 514872 | lisa.fricker@temple-legal.co.uk



David Stoker | Senior Underwriter

David's experience allows him to undertake a key role within Temple's ATE insurance personal injury and clinical negligence teams. He also participates in the assessments of delegated schemes that Temple provide to help our customers make the most of the products and services we offer.

01483 514808 | david.stoker@temple-legal.co.uk



Fraser Barnstaple | Underwriter

Fraser joined Temple in May 2022 following the completion of his LLM Laws degree at University College London. The study of litigation funding and dispute resolution during his masters led to his working for Temple while now continuing his studies part-time. He strives to provide the best customer support with a speedy, efficient and accurate underwriting service.

01483 514414 | fraser.barnstaple@temple-legal.co.uk



Morag Lewis | Underwriter

Morag's experience allows her to undertake an important role in Temple's ATE insurance personal injury and clinical negligence teams. She has started studying for the CILEX qualification and will then move on to take her insurance exams to develop herself further into the company, in order to provide Temple's customers with the excellent service they expect.

01483 514881 | morag.lewis@temple-legal.co.uk



Temple Legal Protection

One Bell Court, Leapale Lane, Guildford, Surrey GU1 4LY
Tel. 01483 577877 | www.temple-legal.co.uk

In partnership with

