

The Minutes of the Derby Medical Society 8th February 2017 Derby Medical School Lecture Theatre

Speaker

Mr Mark Sibbering
Consultant Breast Surgeon, Royal Derby Hospital

Feedback from the Open Meeting 11th January 2017

The Society wished to pass on their thanks to the wives of Society members who provided the food for the Open Meeting on 11th January.

The donations given for the food raised £314 for the Royal Medical Benevolent Fund

Announcements

The DMS Annual Dinner will be held on Saturday 11th March 2017, St George's Park, Tatenhill, 1930, dinner for 8pm. Coaches at midnight.

Entertainment by some local singers

Room booked for 80 people

Forthcoming Meetings

No meeting on 22nd February 2017

Dr Monish Suri will be the guest speaker on Wednesday 8th March

Stephen Dorrell will be the guest speaker at an extra meeting on Wednesday 15th March to start at 8pm.

Professor Ian Hutchinson will be guest speaker on Wednesday 22nd March

The Kennedy Breast Care Review

The Kennedy Breast Care Review is one investigation but it has lessons for the whole of the NHS.

It was set up to review Solihull Hospital Breast Care and specifically an investigation into Mr Ian Paterson and his use of cleavage sparing mastectomy (CSM)

Mr Paterson operated at Solihull from 1998 - 2011 until suspension by the Trust

Mr Paterson is due to stand trial in Nottingham Crown Court later in February, to defend criminal charges after Police investigation.

When Mr Paterson was appointed by Solihull in 1998, the Trust was made aware concerns raised by a Senior Manager at a previous Trust.

An investigation into his laparoscopic cholecystectomy practice in 1996 - resulted in a requirement to have supervised practice.

Mr Paterson was charismatic, well liked and hard working but not a team player so previous concerns were overlooked.

Early concerns were raised in 2002 by 2 oncology MDT colleagues who commented that patients were not having the expected standard mastectomy and amount of residual breast tissue being left behind.

These concerns were addressed by a single oncologist carrying out an audit on 100 consecutive cases referred by breast surgeons.

41 of these mastectomies were performed by Mr Paterson and 34% had positive margins.

He had an unprecedented rate of re-operation and shave excision after mastectomy..

These findings were discussed on multiple occasions at MDT and management level but they were assured by Mr Paterson that only fatty tissue and skin left behind.

Trust Lead Cancer clinician investigation recommendations were not carried out.

No recommendations made regarding leaving breast tissue after a mastectomy
No importance was placed on the fact that patients had not given informed consent as they did not receive a complete mastectomy.

But Trust focused on MDT working and Mr Paterson was allowed to continue with breast surgery.

The Oncologists were in an ethical dilemma so they exhibited compensatory practice:
referrals back for more surgery
radiotherapy for positive margins

The NHS Breast Screening and QA visit in 2004 raised concerns around:
MDT meetings
Surgical practice
Audit of orientation of specimens
Policy on status of margins and audit of compliance

The QA review team were aware of the concerns raised by the Oncologists but oncology were not involved in the review visit.

The QA team in 2004 could only make recommendations to a Trust and these recommendations were not carried out.

The QA Director raised the issue of re-operation after mastectomy with the PCT, Public Health and the CEO of the Trust

A subsequent National Cancer Peer review said that team working worked well.

The QA visit in 2007 concentrated on technical issues.

In 2007 a longstanding colleague left, a new colleague left and behaviour of Mr Paterson put other candidates off accepting posts.

Ian Paterson was excluded from recruitment process in 2007.

Concerns were raised by the new colleague who cross covered.

The subsequent investigation was focused on the clinician - not patient safety.

Recommendations were made to stop CSM and shaves after mastectomy in 2007 which Mr Paterson accepted.

NCAS recommended that Mr Paterson's surgery should be observed - but the expert surgeon was not told about the concerns leading to the need for supervision because of confidentiality.

The expert surgeon commented that he was rushing surgery (allegedly mastectomy performed in 15 minutes)

The Trust recalled a number of patients they thought would be at risk of harm of recurrence.

The minimum requirement should be the recall of all those who had had CSM but the notes just said "mastectomy".

First recall was 12 patients in 2009.

There were delays at first but then previous patients of Mr Paterson, started presenting at Breast Clinic with local recurrence.

A decision to recall all patients in Spring 2011 was made after a new Chief Executive of the Trust was appointed.

Mr Paterson suspended by the GMC in 2012

Lessons to be learned

The Trust board need to be engaged, informed and use that information. The Executive need to be held to account.

Time and resource needs to be given to routine and regular audits.

Appoint external experts to carry out investigations into safety and quality of care.

Concerns over clinical quality of care should not be carried out through disciplinary procedures.
See photo for standards for investigation
Reports should be shared widely and not piecemeal.
Create an environment so staff are aware of how to and be able to raise concerns. They know what to do if they are not being listened to.

When a concern is raised about a clinician it can be perceived as criticism of the clinician and not about protecting the patient.

When concerns reach a threshold of importance STOP and LOOK

Recommendations

QA visits:

Consider strengthening the relationship with QA and regulatory bodies such as MONITOR.

QA reports should be able to make recommendations that are adhered to.

Clinicians recognising poor care should not compensate for this.

It is a professional duty to raise concerns.

Data in the private sector:

There is currently no obligation to collect and submit data

Mr IP practised privately and Spire Healthcare investigated concerns in 2012 and the investigation revealed the following practice:

- Operating unnecessarily when no evidence of malignancy

- Giving misleading pathology reports to patients and the GP

- Using cancer codes for non-cancer treatment

Ian Paterson was not a member of the Association of Breast Surgeons

ABS standards insist that Private practice carried out is the same as NHS practice, private practice is included in annual appraisal. All patients who undergo a needle biopsy or have a diagnosis of breast cancer are discussed by an appropriate MDT.

What had happened now?

Ian Paterson was charged At Birmingham Crown Court in January 2016 with 21 counts of unlawfully wounding 11 patients. His trial is due to start in February 2017 at Nottingham Crown Court.

Conclusion

"This is a tragic story. It is not about the whole of the NHS. It is about something that happened in one corner of one hospital of one Trust in one part of the NHS. BUT it has lessons for the whole NHS".

Sir Ian Kennedy wanted the last word to go to a patient of Mr Paterson's who now has widespread metastatic breast cancer.

"....some of us will always have rotten bad luck and carry on and the disease will develop, that is going to happen, but rotten bad luck is easier to live with than the thought that your surgeon may have damaged you.....you have this gnawing suspicion that if you had woken up with a nice flat chest wall the day after the operation, maybe you would be feeling well now, but I'm never going to know"

There were many questions around the subjects of:

Why did the speed of the mastectomies not flag up concerns?

Has the data for IP recurrences been compared with other surgeons and units? - Local recurrence is very uncommon now.
Systematic failures in the NHS, putting output and money before patient safety
The difficulty of raising concerns and risking your own career
How "maverick" is CSM
Parallels with Harold Shipman and was being a poor team worker a warning sign?

It was agreed by Medical Society that the minutes of this meeting would not be put on the website until the conclusion of the criminal trial.

Register: 25 members

Next Meeting: Wednesday 8th March 2017

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Mr K Jones, President, Derby Medical Society