“Hours wasted” writing HPV test labels

EXCLUSIVE General practice staff are forced to waste appointment time by handwriting labels for HPV cervical screening tests because an IT system was introduced that cannot print labels.

The system was rolled out to coincide with the HPV primary screening programme and a new pathology and diagnostic service for London’s 1200 general practices. Since the changes came into effect on 2 December the service has processed more than 100 000 tests, potentially equating to thousands of hours spent writing labels that were previously automatically printed.

GPs told The BMJ that the problem stemmed from a lack of consultation on changes to the screening service. They said that even a few extra minutes spent writing patient identifiers took up a sizeable chunk of the 10-15 minute appointment slot and introduced human error.

HPV primary screening was introduced as a way of examining cervical samples for abnormal cells only if HPV is found. It is thought to show more accurately who is at higher risk of developing cervical cancer.

Emily Gibbs, a south London GP, said, “The old system gave you a preprinted sticky label with the three identifiers, which can sometimes be very long and complicated. The new interface did not consider the need for this.

“This is significantly affecting us: it’s an additional process and requires a lot more checking. If your sample is incorrectly labelled then that wastes a lot of resources throughout the system.”

Gibbs said that this was part of wider issues with the roll-out, which took place from September to December last year. She said, “I think the timescale for rolling this out was miscalculated. It was not led by an understanding of how the service is delivered in primary care.”

A spokesperson for NHS England and NHS Improvement said, “While the new system is implemented, some digital services [that are] used to produce electronic labelling are unavailable. In the meantime, the laboratory is using a system of checks to ensure accuracy of the written information sent to labs alongside each sample.

“As of December, a very small proportion of inaccuracies in the documentation has been detected, at just 0.6% from over 100 000 samples, equivalent to the proportion detected before we began working with the new provider.”

Elizabeth Mahase, The BMJ
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The time taken to handwrite labels that were once printed automatically is cutting into appointment times, say GPs
In the UK, the government has declared a "serious and imminent threat" due to the novel coronavirus. The UK health secretary, Matt Hancock, has called for a working group to tackle the problem caused by ongoing manufacturing and supply problems. The health secretary, Matt Hancock, calling for a working group to tackle the problem caused by ongoing manufacturing and supply problems. They also highlighted concerns over more recent shortages of contraceptives, which they said could affect the physical and mental wellbeing of women and girls and lead to a rise in unplanned pregnancies. They added that this would affect some of the most vulnerable groups in society.

Edward Morris, president of the RCOG, called on Hancock to set up a working group with industry, regulators, and the three organisations to "get to the root" of why the shortages have occurred. He said that though HRT supplies should begin to improve this month, as products were reintroduced to the UK market, many HRT drugs and contraceptives will "remain unavailable, some until the end of the year, and some with no timeline as to when they will be back." Morris added, "This working group must make sure that this situation is prevented from happening again."

More UK laboratories get diagnostic testing
Public Health England announced that it was rolling out its novel coronavirus diagnostic test to 12 laboratories across the UK over the next few weeks, bringing the total facilities with testing capability to 13. This will increase the testing capacity in England from 100 to 1000 people a day. The test is performed on a sample from the nose, throat, and respiratory tract. A confirmatory test will continue to be conducted at PHE’s Colindale laboratories in north London. PHE is also working with the World Health Organization to test samples from countries that do not have testing facilities.

Coronavirus
UK declares “serious and imminent threat”
The UK government declared that the "incidence or transmission of novel coronavirus constitutes a serious and imminent threat to public health." The announcement on 10 February means that England’s health secretary, Matt Hancock, can enact regulations to ensure that people are “protected as far as possible from the transmission of the virus.” This includes designating Arrowe Park Hospital in Merseyside and Kents Hill Park in Milton Keynes as isolation facilities. As of 10 February eight people in the UK had tested positive for 2019-nCoV.

Global stocks of protective gear are depleted
The demand for personal protective equipment such as masks and respirators is 100 times the normal level, and costs have skyrocketed to around 20 times their usual price, the World Health Organization reported on 7 February. It warned of “severe disruption” in the market for personal protective equipment and said that worldwide stocks were “now insufficient” to meet demand. WHO’s director general, Tedros Adhanom Ghebreyesus (below), said that the situation had been “exacerbated by widespread, inappropriate use of personal protective equipment outside patient care.” GPs in Australia were among those struggling to get supplies.

FGM
Doctor is arrested after girl bleeds to death
An Egyptian doctor was arrested after the death of a 12 year old girl from whom he had performed female genital mutilation. Nada Hassan Abdel-Maqsoud bled to death at a private clinic near Assiut. Her parents and aunt, who had brought her there, were also arrested. Prosecutors said that the doctor had used no anaesthesia and had no nurse present. Under Egypt’s laws, FGM practitioners can get 5-7 years’ imprisonment and adult relatives of the victim can get three years. But FGM is so widespread that courts and police often treat it as normal, and doctors are rarely struck off. In 2013, said Unicef, 27 million of Egypt’s 45 million women and girls had undergone FGM. Medical professionals perform 82% of the procedures.
SEXUAL HEALTH

“Clear targets” needed to curb STIs

The UK government must implement a new national strategy for tackling sexually transmitted infections and set clear targets for reducing rates, experts urged. The Terrence Higgins Trust and the British Association for Sexual Health & HIV said that “brutal” funding cuts and inaction by the government had led to cases of many STIs soaring in the past decade, during which time diagnoses of gonorrhoea rose by 249% and those of syphilis rose by 165%, reaching their highest level since the second world war.

NHS funding

Watchdog condemns “short term fixes”

NHS trusts are increasingly relying on short term measures, including one-off savings, to meet annual financial targets, the National Audit Office has warned. In two reports published on 5 February the watchdog found that in the past five years the government transferred £4.3bn from the NHS capital budget (which goes towards maintaining equipment and buildings) to revenue budgets. The growing maintenance backlog posed an increasing risk of harm to patients, it said.

General practice

“Phase out partnerships to deal with workforce crisis”

GPs in England should become salaried employees of the NHS rather than contractor partners, the Institute for Public Policy Research argued. Researchers from the think tank said the move would help to tackle workforce pressures by allowing “doctors to be doctors” and to focus on patient care rather than managing businesses. They argued that this would enable the NHS to deliver better access and quality, helping to deal with the workforce crisis in general practice.

HIV vaccination

Higher infection rate in vaccine group ends trial

An HIV vaccine trial in South Africa was stopped early because of poor results, ending hopes of a vaccine to reduce transmission. The HVTN 702 or “Uhambo” study enrolled 5407 HIV negative volunteers from 2016. The vaccine had shown moderate benefit in the RV144 clinical trial in Thailand. Participants received six injections of vaccine or placebo. But, over 18 months, 129 HIV infections occurred in the vaccine arm and 123 in the placebo arm.

Vaginal mesh

J&J knew that its products were harmful, says court

A Californian court ordered Johnson & Johnson to pay $3.44m (€2.66m) for using deceptive marketing to sell its pelvic mesh products. In October J&J agreed to pay $117m to settle similar cases from 41 states without admitting wrongdoing. This is the first time a court has found that J&J knew the potential harms of its products but concealed the information. The company is to appeal.

MEASLES

A new vaccination campaign will aim to vaccinate 45 million children under 5 years old in seven developing countries over the next six months, to help stop a global surge in cases.

SIXTY SECONDS ON...

WHITE BREAD

NEVER TOUCH IT. IT’S SO UNHEALTHY!

Well, it may be about to get healthier after scientists discovered how to double the fibre content of white flour. Researchers from the University of Bristol, Rothamsted Research Institute in Hertfordshire, and the John Innes Centre in Norwich genetically screened 150 wheat varieties from around the world. Not a small task, as the wheat genome is much bigger than the human genome—with around 150 000 genes, compared with about 25 000 genes in humans. Two sites on chromosomes 1B and 6B were found to be strongly linked with high fibre, found the study, published in the journal PLOS One. The researchers then used conventional breeding techniques to cross this high fibre trait into several other varieties of wheat.

WILL IT MAKE A GOOD BACON BUTTY?

Alison Lovegrove, the study’s lead author, said bread made from the high fibre wheat tastes the same as normal white bread. She said it would take five to six years to get the high fibre trait into commercial wheat lines.

HOW MUCH FIBRE IS IN A LOAF?

Most of the fibre found in wheat grain is in the bran—and that’s the part that’s removed in producing white flour. A slice of ordinary white bread has about 1 g of fibre, whereas a slice of the high fibre white loaf could contain up to 2 g. A slice of wholemeal bread (below) has about 3 g of fibre.

SO, I COULD JUST GO WHOLEMEAL?

Well, yes, that would be best, but it’s not as popular with the general public. White bread makes up 75% of the 12 million loaves sold in the UK each day.

WHY ALL THE FIBRE FUSS ANYWAY?

A Lancet study commissioned by the World Health Organization found that for every 8 g increase in dietary fibre a day, total deaths and incidence of coronary heart disease, type 2 diabetes, and colorectal cancer decreased by 2-19%. Risks of stroke and breast cancer were also reduced. Choosing foods with fibre also makes us feel fuller, and can help digestion and prevent constipation.

AM I GETTING ENOUGH?

Probably not. UK guidelines recommend 30 g of dietary fibre a day, but only 9% of UK adults achieve this. The average adult currently eats about 18 g a day.

Jacqui Wise, London
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The Paterson report: what has it told us?

Gareth Iacobucci summarises the findings of the independent inquiry into the rogue breast surgeon, jailed for 20 years

What went wrong?
“… This report is primarily about poor behaviour and a culture of avoidance and denial,” concluded Graham James (above right), who led the independent inquiry into how the consultant surgeon Ian Paterson was able to work for more than a decade in the NHS and private sector despite concerns about his competence and conduct. He is serving a 20 year prison sentence after being convicted of wounding with intent.

Of the former patients who gave evidence to the inquiry, 80 were treated by Heart of England trust, 92 were treated privately at hospitals run by Spire Healthcare, and five were NHS patients treated by Spire.

The inquiry heard that the hospitals failed to ensure Paterson was qualified to undertake the procedures he was performing; appraisal systems failed to pick up concerns; monitoring did not pick up any problems; and there was “a failure of both the independent sector and the NHS to communicate fully with each other.” It also heard that finances seemed to trump quality of care. But David Rowland of the Centre for Health and the Public Interest described the recommendations as “weak.” Specifically, he said the inquiry should have recommended that information on practitioners’ practice details, and one of the inquiry’s key recommendations was for this to be rectified. The inquiry recommended that information on practising privileges in the NHS and private sector should be registered, with key performance data such as how many times and how recently consultants had performed procedures.

Was patient consent adequate?
The inquiry heard that Paterson’s patients often felt under pressure to have surgery and that treatment options and risks were not explained clearly to them before they consented. In response it called for a short period to be introduced into consent procedures to give patients time to reflect on their diagnosis and treatment options.

The report also urged that all breast cancer patients should have their case discussed at a multidisciplinary meeting. This should be happening, but the inquiry said it was not and it was the CQC’s responsibility to assure itself that patients were not at risk of harm because of non-compliance.

Consultants should write to patients outlining their condition and treatment in simple language and send a copy to the patient’s GP. Differences in the way care is organised in the NHS and the private sector should also be more clearly explained.

Did the report go far enough?
Some think not. The inquiry said private providers should adhere to any introduced recommendations as a condition of providing NHS funded care. But David Rowland of the Centre for Health and the Public Interest described the recommendations as “weak.” Specifically, he said the inquiry should have recommended that private hospitals take on full legal liability for what happens on their sites by employing consultants directly. The charity Action against Medical Accidents said it was disappointed that there was no recommendation for a funded independent advice service to help private patients pursue concerns. “Injured patients are often left to fend for themselves against large corporations or, on rare occasions, rogue doctors,” it said.

Could it happen again?
The report said that, although the system has enough regulation, too often this was confusing to patients and clinicians. It acknowledged that some extra checks and balances had been put in place since Paterson practised but that these were “not universal or uniform” across the NHS and private sector. It also said it was unconvinced by regulators’ assurances that things had improved. “It is our opinion that it remains possible for poor or unsafe practice to be undetected today,” the report warned.

It also said that “barriers to information sharing, including information governance, commercial sensitivity and differing standards . . . need to be overcome.” NHS and private hospitals are all inspected by the CQC, but the private sector is not included in national patient safety plans nor in many clinical audits.

It is our opinion that it remains possible for poor or unsafe practice to be undetected today. James report

Gareth Iacobucci, The BMJ

Cite this as: BMJ 2020;368:m560
BMA accepts new GP contract deal after primary care network requirements are pared back

The BMA has accepted a package of changes to the GP contract for 2020-21, which includes scaled back requirements for primary care networks (PCNs) and funding to attract GPs into partnerships.

The announcement comes after the BMA’s General Practitioners Committee (GPC) rejected a proposed updated contract from NHS England last month and condemned the amount of work that primary care networks are expected to deliver over the next four years.

As part of the newly accepted contract, draft service specifications for PCNs—outlining the responsibilities of these groups of practices and community providers in the coming years—have been significantly reduced.

GPs will no longer be asked to perform fortnightly care home visits as earlier proposed. Instead, working with a community multidisciplinary team, it will be for PCNs to decide who delivers a weekly review of those care home residents, based on clinical need. Networks will also get £120 per care home bed within their catchment to reflect the varying size of populations.

Personalised care

The extent to which PCNs provide structured drug reviews with patients will now depend on the capacity of the clinical pharmacists recruited. Two other specifications, on personalised care and anticipatory care, have been postponed and will be reviewed and negotiated in time for April 2021.

Announcing the acceptance of the contract, the GPC reaffirmed its call for a special conference of English local medical committees (LMCs) to discuss the outcome of negotiations and the contract agreement. The date will be confirmed soon.

Commenting on the contract, Richard Vautrey, chairman of GPC England, said, “These changes won’t fix the crisis gripping general practice and we recognise there is much more work to do to tackle the concerns that GPs and LMCs have expressed in recent weeks. They are, however, a significant step in the right direction.”

He added, “Alongside NHS England and NHS Improvement, the government must now build on these foundations if it is to deliver on its promises to boost GP numbers, improve patient access, and ultimately guarantee the future of general practice.”

Relieving workload

Martin Marshall, chair of the Royal College of GPs, said the contract should help GPs deliver services that would benefit patients while relieving workload and providing much needed support. He said the college was pleased that NHS England had listened to the profession and made the proposed specifications for PCNs less onerous. “This should help to ensure that PCNs have the time and space to succeed,” Marshall said.

England’s health secretary, Matt Hancock, said the new contract was the first step towards delivering the Conservative party’s manifesto commitment to make it easier for patients to get a GP appointment.

“The significant additional investment means GP surgeries can recruit more pharmacists, physiotherapists, and other health professionals so patients get the right care for them when they need it,” Hancock said. “It’s all part of our commitment to ensure the NHS is always there for everyone.”

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THE PACKAGE ALSO INCLUDES

• £94m to tackle recruitment and retention problems. This includes a partnership premium, a one-off payment of £20000 available to new partners with additional training support

• 100% reimbursement for all additional staff recruited through PCNs. Previously, networks were reimbursed for only 70% of each role, with the exception of social prescribers, which were 100% funded

• £173m for PCNs to employ a wider range of professionals to help manage workload and provide appointments, including pharmacy technicians. These build on previously agreed roles such as clinical pharmacists, physiotherapists, and paramedics

• An expansion to the targeted enhanced recruitment scheme, which offers a one-off payment of £20000 to attract trainee GPs to underserved areas. Places on the scheme will increase from 276 to 500 in 2021, and 800 in 2022

• A greater proportion of GP trainees’ time spent in general practice. This means GP trainees will spend 24 months of their 36 months’ training in general practice (up from 18 months), with the remainder spent in hospitals and other settings

• Funding to pay for childcare for doctors returning to general practice through the GP Induction and Refresher Scheme

• Plans to introduce enhanced shared parental leave arrangements for salaried GPs

• Funding to support practices to deliver a six to eight week postnatal health check for new mothers

• An above-inflation pay uplift for staff, as agreed in the 2019-20 deal.

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NETWORkS will get £120 per care home bed to reflect the varying size of populations