Missing the melanoma black spot
MISDIAGNOSING MELANOMA

Inside this issue:
Removing patients from the list
Tips to survive the festive period
NICE guidance watch
Revalidation update
New for Practice Xtra Members
Free Practice Health Check

Many practices have told us that they are keen to adhere to employment law and health and safety legislation, particularly in relation to the Care Quality Commission (CQC) outcomes and regulation. For this reason MPS has partnered with Ellis Whittam who are experts in providing bespoke support to practices.

As a Practice Xtra member you can take advantage of a free practice health check from Ellis Whittam.

Benefits to your practice
- Raise awareness of specific areas of employment law and health & safety legislation that the practice may not comply with
- Gain an understanding of the CQC employment law and health & safety outcomes
- Identify non-compliance with the new CQC regulations

To find out more visit www.mps.org.uk/gppractice.

Book in your free practice health check. Email gp@mps.org.uk and you will receive a call from Ellis Whittam to book in your free practice health check at a time that suits you.

Inside this issue of Your Practice...

4 Update
Read about what the revalidation landscape looks like for doctors

5 Watch out for the melanoma black spot
Dr Richard Stacey investigates missed melanoma

6 Removing patients from the list
Terry Borriss and Sue Taylor explore how to effectively remove patients from the list

10 Top ten tips to survive the festive period
Dr Rachel Birch shares her tips

Be aware of the risks of digital communication

With the advent of more portable communication devices, such as smartphones and laptops, MPS has seen a number of MPS members receive patient complaints about confidentiality breaches. While using tablet devices might give GPs greater flexibility with accessing information on the go, such as patient records, patient confidentiality needs to be carefully guarded.

MPS Head of Medical Services, Dr Nick Clements, said: “With the advent of more portable communication devices, such as smartphones and laptops, we’ve already seen a number of MPS members receive patient complaints about confidentiality breaches – for example, a doctor reading a patient’s file on their laptop in a café, or a mobile phone with patients’ phone numbers being left on a train.

“The ability for doctors to upload patient notes and add to their record via a tablet device has obvious benefits; however doctors using such tools need to remember that all the normal rules of confidentiality apply.”

Some of the other risks associated with digital devices including tablets that could arise, and issues MPS has seen to date are:
- Poor security – no or insufficient passwords, not using encryption
- Personal devices used for work/patient purposes can pose problems – particularly if family members are using them for games, movies etc
- Visibility of screens – avoid viewing patient details in public
- Be vigilant – tablets tend to be small so are easier to lose or leave behind, and are also a desirable target for thieves.


Earlier in the year, I sought statistics from the MPS database on missed melanoma – the results were revealing.

During 2001 to 2011 MPS dealt with 234 cases relating to the missed/delayed diagnosis of melanoma – this equates to a new case almost every two weeks. Of those cases 205 related to GPs – a breakdown by type showed that 73 of them related to claims and, of these, 69 involved GPs.

In my article I explore some typical MPS cases relating to the alleged delay in the diagnosis of melanoma, and share best practice advice on how to avoid missing the diagnosis of melanoma.

In this issue, we also share best practice advice on how to remove patients from the practice list.

A key piece of advice is when the removal is undertaken you should write to the patient and explain the reason, unless you feel that doing so would be harmful to the physical or mental health of the patient, or would place staff safety at risk.

As it’s the festive season we’ve ended Your Practice on a festive note – Dr Rachel Birch has put together ten top tips to survive the period.

I hope you enjoy the issue.
GMC begins revalidating UK GPs

The General Medical Council (GMC) has begun the process of revalidating all UK doctors.

Revalidation is the process whereby all licensed doctors will have to demonstrate to the GMC that they are up-to-date and fit to practise through regular checks, based on feedback they collect from their patients and colleagues.

The GMC, which has overarching responsibility for revalidating doctors, has set the standards for revalidation, and the medical royal colleges and faculties have defined the requirements for doctors practising in a particular specialty.

A fifth of licensed doctors are expected to be revalidated between April 2013 and the end of March 2014. The rest will be revalidated on a rolling basis through regular checks, based on feedback they collect from their patients and colleagues.

To demonstrate to the GMC that they are up-to-date and fit to practise, doctors will be required to revalidate on a regular basis. Once the scheme is up and running this will become a routine part of doctors’ day for patients and for the medical profession. We are confident that the system covering all its doctors. To keep their licence to practise, doctors will be required to revalidate on a regular basis. Once the scheme is up and running this will normally be every five years.

Professor Sir Peter Rubin, Chair of the GMC, said: “This is an historic day for patients and the medical profession. We are confident that the introduction of this system will make a major contribution to the quality of care that patients receive and will give them valuable assurance that the doctors who treat them are regularly assessed against our professional standards.”

FURTHER INFORMATION:

Watch out for the melanoma black spot

Recent statistics suggest that MPS opens a case relating to the delayed diagnosis of melanoma every two weeks. MPS medicolegal adviser Dr Richard Stacey investigates.

Earlier in the year, I was invited to speak at an international symposium for histopathologists on the subject of the medicolegal aspects of delayed diagnosis of malignant melanoma. In this context, I sought some statistics from the MPS database and these brought both good and bad news for the audience.

The good news was that during the period 2001 to 2011 MPS dealt with 234 cases relating to the missed/delayed diagnosis of melanoma, which equates to a new case almost every two weeks. The good news was that in only ten of those cases did any culpability rest with the histopathologist. This was further tempered by the fact that by the time a histopathologist became involved, the primary treatment (ie, excision) had already been undertaken.

The good news for the histopathologists unfortunately represented bad news for GPs, in that 205 of the cases related to GPs (see Figure 1). A breakdown of the case types (across all specialties) showed that 73 cases related to claims and, of these, 69 involved GPs (see Figures 2 and 3).
Tips for avoiding the melanoma black spot

- Refer for excision in accordance with the seven-point checklist and ABCDE lesion system, or if you are in any doubt about the diagnosis.
- Make comprehensive records (this is particularly important if you are not arranging for a lesion to be excised).
- Consider creating a template in line with the seven-point checklist and ABCDE guidance to facilitate recording.
- Carefully record the site (and, if relevant, the side) of the lesion.
- Consider measuring the lesion (across two axes), which may be helpful in establishing whether or not a lesion has increased in size.
- Consider taking a photograph of the lesion, taking the following matters into account:
  - The patient must provide their consent.
  - The photograph should be appropriately lit, in focus, and of suitable quality.
  - The photograph should be attributable to the patient, date and site of the lesion.
  - Avoid using camera phones (on the basis that this may appear unprofessional and they may provide photographs of unsuitable quality).
  - The photograph should be stored in the patient’s records.
- The photograph should include a form of measure to demonstrate the size of the lesion (a disposable paper tape measure could be used for these purposes).
- Follow the GMC advice in their publication entitled Making and Using Visual and Audio Recordings of Patients, and consider developing a practice protocol for clinical photography.
- Send every excised lesion for histological analysis.
- Have robust mechanisms for ensuring that histology results are returned to the practice and for ensuring that prompt and appropriate action is taken when they are received.

**Figure 4 – The seven-point checklist**

<table>
<thead>
<tr>
<th>Major features</th>
<th>Minor features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in size of lesion</td>
<td>Inflammation</td>
</tr>
<tr>
<td>Irregular pigmentation</td>
<td>Itch/altered sensation</td>
</tr>
<tr>
<td>Irregular border</td>
<td>Lesion larger than others</td>
</tr>
<tr>
<td>Oozing/crusting of lesion</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 5 – The ABCDE lesion system**

A – geometrical asymmetry in two axes.
B – irregular border.
C – at least two different colours in lesion.
D – maximum diameter greater than 6 mm.
E – elevation of the lesion.

The following case studies overleaf describe three different scenarios relating to the alleged delay in diagnosis of melanoma, which can be summarised as follows:

**Case 1 – Abnormal Histology Result Filed in Error**

Dr S is a single-handed GP who excised two lesions from a patient’s back and sent both specimens for histology. The histology returned whilst Dr S was on leave and the results were reviewed by a locum in his absence. The histology of the first lesion showed it to be a benign melanocytic naevus requiring no further action, but the second lesion was reported as an atypical melanocytic naevus. The patient subsequently rang for the histology results and was told that they were normal.

The patient was an inattentive attender at the surgery and the matter did not come to light until some 18 months later when he moved house and changed GP. The new GP reviewed the medical records and identified that no action would appear to have been taken in relation to the histology result. The patient was referred for the requisite treatment and subsequently successfully pursued a claim based on an allegation of a delay in diagnosis.

**Learning points**

- It is important to have robust systems in place for the review of histology results that are returned to the practice.
- In this case the histology relating to the benign lesion was reported first and in retrospect the part the locum played led to the oversight.

**Case 2 – Inadequate Note-Keeping**

Dr T saw a 34-year-old female patient who presented with several different problems, the last of which was a mole on her right lower leg. Dr T had no recollection of his assessment of the mole, but did record the following in the medical records (as problem number 6) ‘Mole right lower leg – measured’.

Twelve months later the patient presented to a GP partner within the practice on the basis that the mole had enlarged and there were clinical concerns about the appearance of the mole. The GP arranged a referral to the local dermatology clinic under the two-week rule.

The mole was excised under the care of a dermatologist and the histology showed it to be consistent with a melanoma. The patient pursued a complaint to the Parliamentary and Health Service Ombudsman and their independent expert was critical of Dr T in relation to his assessment and note keeping at first presentation.

**Learning points**

- This case highlights the difficulty of managing patients who present with a list of problems.
- Whilst the patient may perceive the task of checking a mole to be a brief, a careful exploration of the history and clinical findings is warranted, together with advice about safety netting, review and referral.
- It is important to clearly document the above findings contemporaneously in the medical records.

**Case 3 – Histology Not Sent**

Dr M saw a 56-year-old male patient with what he thought to be a seborrhoeic keratosis on his back. With the patient’s consent Dr M removed the lesion by way of a shave excision, but did not send any of the shavings for histological analysis.

The patient subsequently developed a melanoma at the site of the shave excision. On this occasion, the patient did not pursue a claim, but they did ask whether or not it was possible that the originally excised lesion was representative of an early melanoma and without histological confirmation it was not possible to provide the requested clarification.

**Learning points**

- If an excised lesion is not sent for histology, this may present a difficulty if a melanoma subsequently arises at the same site.
- NICe recommend that all skin lesion samples should be sent for histological examination (2010, page 20).
- It is important to clearly document the above findings contemporaneously in the medical records.

References

1. NICE, Healthcare Services for Skin Tumours Including Melanoma (2006).
2. NICE, Guidance on Cancer Services: Improving Outcomes for People with Skin Tumours Including Melanoma (Update May 2010).
Removing patients from the practice list

MPS general practice complaints advisers Terri Bonnici and Sue Taylor share how practices can effectively manage patient removals

REMOVAL CHECKLIST

Patients should NEVER be removed on the following grounds:

- Safety or the risks that the patient has raised a complaint
- Cost or complexity of treatment and clinical need
- Age
- Race
- Gender
- Religion
- Disability
- Appearance

Removals are justified on the grounds of:

- Violence or unacceptable behaviour to the extent where this might cause her some considerable distress. However, we would be happy to receive your own comments as we do recognise that your own perception of events is equally valid.

It is possible that you may not have realised the impact your behaviour had on the receptionist. However, I hope you will understand that we do have a Zero Tolerance Policy and any repeated incidents of a similar nature could result in us considering your future with the practice.

Thank you for taking the time to read this letter and, as mentioned, we would be happy to receive any comments you may have as we appreciate that your own perception of events may differ and we would welcome your feedback and the opportunity to resolve any misunderstandings.

Yours sincerely,
Practice Manager

Example of letter that could have been sent

Dear Mr A,

I am writing following an incident, which occurred in the practice yesterday when you attended for your appointment with Dr G.

We are sorry that you were kept waiting so long beyond your appointment time to the extent that you felt you needed to leave before you were seen. Unfortunately Dr G had to attend to an emergency earlier that morning which had put his appointments back by some 30 minutes. I apologise if this was not made clear to you at the time and options offered. Please do return to the surgery if you are still concerned about your condition.

While I can appreciate how frustrating this situation must have been for you the receptionist did find your attitude towards her rather intimidating and this did cause her some considerable distress. However, we would be happy to receive your own comments as we do recognise that your own perception of events is equally valid.

It is possible that you may not have realised the impact your behaviour had on the receptionist. However, I hope you will understand that we do have a Zero Tolerance Policy and any repeated incidents of a similar nature could result in us considering your future with the practice.

Thank you for taking the time to read this letter and, as mentioned, we would be happy to receive any comments you may have as we appreciate that your own perception of events may differ and we would welcome your feedback and the opportunity to resolve any misunderstandings.

Yours sincerely,
Practice Manager

CASE SCENARIO

What happened

Mr A arrived for his morning appointment at his local GP practice. Mrs C, a receptionist, informed him that his GP was running late due to the removal of other family members. Mr A became very aggressive towards Mrs C and soon left without being seen. Mrs C was very upset by the experience and felt very intimidated and unsafe.

The practice discussed the matter at a practice meeting and decided that they would remove Mr A under Zero Tolerance Policy due to a breakdown in the practice-patient relationship. They wrote to Mr A informing him of this decision and asked the local commissioning body to organise an eight-day removal.

Mr A complained about the removal stating that the way the practice had treated him had caused him to become annoyed, but that no-one had asked him for his side of the story before taking steps to remove him from the list.

The practice had responded explaining their Zero Tolerance policy, but Mr A had remained dissatisfied and approached the Ombudsman.

The Ombudsman concluded that due process had not been followed in removing the patient in that there had been no warning letter sent within the previous 12 months. She was also critical that there was no contemporaneous incident report, only a statement made by the member of staff as part of the complaint investigation.

The practice was asked to apologise to the patient for not following the correct procedure and to pay him £250 for the distress and inconvenience caused by the removal.

What should have happened

There were a number of trigger points during this story which, if handled differently, could have prevented the situation occurring and supported any further action the practice may have taken.

- When it became clear that Mr A had been kept waiting an apology could have been given, the reason for the delay explained and the offer made to reschedule the appointment.
- A warning letter should have been sent to the patient inviting his comments on the situation. (See example letter that could have been sent.)
- The event should have been recorded as an incident (separate from the patient’s record) with statements taken from the staff member involved and any staff who witnessed what happened. This would support the reason for the warning letter and act as supportive evidence should the time come to remove the patient.

REMEDIATION CHECKLIST

- Removal of one member of a household should not automatically lead to the removal of other family members and you would need to justify your reasons for doing so.
- A poorly worded warning can result in a complaint and harm the relationships even further.
- Seek advice when uncertain.
Top ten tips to survive the festive period

The festive season is an exciting time of year, but it does present challenges for practices. Dr Rachel Birch, medicolegal consultant and part-time salaried GP, shares her top ten tips

1. “Rockin’ around the Christmas tree”
It may warm the hearts of both patients and staff to see a well-decorated Christmas tree in the waiting room and perhaps some shiny tinsel adorning the reception desk. However, festive decorations may present risks, especially to young children.

**Actions**
- Ensure all baubles are child-friendly and not made out of glass.
- Consider an artificial Christmas tree so there is no risk of allergy or pine needles in toddlers’ hands.
- Make sure you have followed the relevant health and safety legislation.
- Keep cables well out of the way. Ensure that power cables have been checked for safety in accordance with Electricity at Work Regulations (1989).
- Use a socket with a built-in surge protector if displaying lights.

2. “Let it snow! Let it snow! Let it snow!”
Snow in the car parks and ice on the pavements can prevent a risk for patients. Practices may find themselves liable, if a patient has a fall in the car park (Regulation 12 of the Workplace (Health, Safety and Welfare) Regulations 1992).

**Actions**
- Ensure the practice has a gift policy and maintains a register of all gifts received.
- Do not forget to send thank you letters to those patients who brought you presents during the festive period.
- Inform the local commissioning body if you receive any presents over the value of £100.
- Do not leave wine bottles in doctors’ rooms – this can look unprofessional and give the wrong message to patients.
- Ensure that there is still enough cover to cope with the demand of the festive period.

3. “We three kings of Orient are...”
You may not be expecting gold, frankincense and myrrh, but boxes of chocolates, fruit baskets and wine are sometimes gifted by appreciative patients.

**Actions**
- Consider printing reminders to patients on the right-hand side of prescriptions that they should request prescriptions in advance of Christmas and New Year if they are going to run out.
- Allocate extra time in the run-up to the holidays to deal with prescription requests.
- Be understanding and try not to get frustrated; it is a busy time of year for everyone.

4. “I wish it could be Christmas every day”
General practice is a busy place in the festive period, with many patients saving up their concerns for their own healthcare team, rather than attending the out-of-hours service (OOH).

**Actions**
- Consider coming in a few minutes early on the post bank holiday days to ensure that you start the day running to time.
- Check the OOH contact sheets early, so that home visits and review appointments are pencilled in early in the day.
- Bring a packed lunch and ensure the team gets regular coffee breaks together, to keep morale going and ensure everyone survives the day.

5. “Home for the holidays...”
Most practice staff want to take some extra time off during the festive season and school holidays.

**Actions**
- Practice managers should ensure that all requests for time off are made in a timely manner, so that there is sufficient time to plan the rota effectively.
- Ensure that everyone gets some time off either at Christmas or New Year.
- Consider having a staff lunch or night out, to show all members of staff how appreciated they are throughout the whole year.

6. “’Twas the night before Christmas...”
Whilst we can hope that patients do not leave things until the last minute, it is an inevitable fact that many will. There will be last-minute requests for prescriptions, even double quantities, if people are going away for holidays.

**Actions**
- Consider sending text reminders, using all available methods – community newsletters, notice boards and posters.
- Consider sending text reminders, ensuring that you follow the guidance in the MPS factsheet entitled Communicating with patients by text, visit www.mps.org.uk.

7. “Do they know it’s Christmas...”
Patients may not have stopped to consider coming in a few minutes early on the post bank holiday days to ensure that you start the day running to time.

**Actions**
- Advertise the festive opening hours for the surgery well in advance.
- Use all available methods – community newsletters, notice boards and posters.
- Consider sending text reminders, ensuring that you follow the guidance in the MPS factsheet entitled Communicating with patients by text, visit www.mps.org.uk.

8. “’Tis the season to be jolly...”
Everyone likes to let their hair down once in a while. However, patients place a lot of trust in their primary healthcare team and expect certain standards of care.

**Actions**
- Ensure that you act professionally at all times, even when out with friends locally.
- Try not to organise late nights prior to Christmas and New Year if they are going to run out.
- Avoid midweek drinking of alcohol wherever possible.

9. “Rudolph the red-nosed reindeer...”
Whilst Santa Claus has a sleigh and several reindeer to help him with his special deliveries, doctors’ surgeries do not have so much luck. The Christmas postal service may lead to postal delays.

**Actions**
- Remember to send thank you presents during the festive period, with many patients saving up their concerns for their own healthcare team, rather than attending the out-of-hours service (OOH).
- Consider coming in a few minutes early on the post bank holiday days to ensure that you start the day running to time.
- Check the OOH contact sheets early, so that home visits and review appointments are pencilled in early in the day.
- Bring a packed lunch and ensure the team gets regular coffee breaks together, to keep morale going and ensure everyone survives the day.

10. “Have yourself a merry little Christmas...”
All members of the primary healthcare team tend to work extra hard in the run-up to Christmas and New Year and this can place extra demands on their health.

**Actions**
- Ensure that you have some emotional “down time” over the long holiday period when you are not working.
- Accept the offer of an influenza vaccination from the practice – remember that you are in the frontline and need to keep healthy.
- If you become unwell, remember to visit your own GP – you cannot help other people if you are unwell yourself.
- Don’t eat too many chocolates.
How to contact us

THE MEDICAL PROTECTION SOCIETY

33 Cavendish Square
London, W1G 0PS
United Kingdom

www.mps.org.uk
www.dentalprotection.org

General enquiries (UK)
Tel 0845 605 4000
Fax 0113 241 0500
Email info@mps.org.uk

MPS EDUCATION AND RISK MANAGEMENT

MPS Education and Risk Management is a dedicated division providing risk management education, training and consultancy.
Tel 0113 241 0696
Fax 0113 241 0710
Email education@mps.org.uk

Please direct all comments, questions or suggestions about MPS service, policy and operations to:

Chief Executive
Medical Protection Society
33 Cavendish Square
London W1G 0PS
United Kingdom

chief.executive@mps.org.uk

In the interests of confidentiality please do not include information in any email that would allow a patient to be identified.

UK MEDICO LEGAL ADVICE

Tel 0845 605 4000
Fax 0113 241 0500
Email querydoc@mps.org.uk

UK MEMBERSHIP ENQUIRIES

Tel 0845 718 7187
Fax 0113 241 0500
Email member.help@mps.org.uk

UK GP Practice Xtra enquiries

Tel 0845 456 7767
Email gppractice@mps.org.uk
www.mps.org.uk/gppractice

Direct contact with your GP account executive

Kay Christey – South East
Tel 07802 204209
Email kay.christey@mps.org.uk

Kathy Douglas-Kellie – West Scotland
Tel 07730 055181
Email kathy.douglas-kellie@mps.org.uk

Beverley Hampshaw – North East
Tel 07850 280287
Email beverley.hampshaw@mps.org.uk

Claire Howarth – North West and M62 corridor
07841 981766
Email claire.howarth@mps.org.uk

Susan Kelly – Wales and Northern Ireland
Tel 07841 323063
Email susan.kelly@mps.org.uk

Michael McKenna – East Scotland
Tel 07872 414129
Email michael.mckenna@mps.org.uk

Samantha Walpole – South West
Tel 07540 201942
Email samantha.walpole@mps.org.uk

Georgina Palfrey – Midlands and East Anglia
Tel 07540201941
Email georgina.palfrey@mps.org.uk

www.mps.org.uk

The Medical Protection Society is the leading provider of comprehensive professional indemnity and expert advice to doctors, dentists and health professionals around the world.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association.

The Medical Protection Society Limited. A company limited by guarantee.
Registered in England No. 36142 at 33 Cavendish Square, London, W1G 0PS

ISSN 1755-005X