Flaming June……?

As it is a relatively short time since the last Newsletter, this will necessarily be a short summary of recent events given that there has been little major progress in most areas. Predictably no good has come from the Competition Commissions review of private practice and FIPO are now gathering a war chest with a view to a legal challenge. More to follow….

Having had no feedback from members on the effects of commissioning, either good or bad, it is difficult to judge the effects but ENT-UK would like to undertake a more formal survey later this year to assess the impact. Certainly the Head and Neck CRG has had a somewhat chequered career despite the best efforts of its ENT members. Definitely a work in progress.

On a more positive note, the development of a national audit in laryngology has been completed and after careful piloting, should be available later this year. Lessons learnt from this will then inform the development of the otology database which already has an active implementation group. The NICE initiated International Registry of Airway Stenosis and Papillomatosis has devolved for a variety of reasons, not least financial, into a more focussed paediatric exercise and specific procedures such as balloon dilatation of subglottic stenosis in adults will be incorporated into the main laryngology audit, with the kind assistance of Ricard Simo and Guri Sandhu. Hopefully these databases will place us in a stronger position to deal with subsequent iterations of the ‘Surgeon level’ data exercise.

Revalidation looked as though it would pose a lot of difficulties but thus far seems to be progressing fairly smoothly, certainly speaking from personal experience and an Intercollegiate office set up by the Royal Colleges to deal with queries and problems has been disbanded due to lack of ‘business’. However, its full impact will not be judged until everyone has been through the process. It has undoubtedly stripped out a huge amount of money to pay the myriad companies that have been spawned to ‘manage’ 360’ appraisal whilst almost certainly failing in its raison d’etre to prevent another ’Shipman’ who would have scored top marks from his patients! The DoH have also just realized that this exercise risks losing the expertise of many retired doctors who wish to continue teaching, undertaking medicolegal work and providing voluntary service overseas. An embarrassed official received a robust verbal pistol-whipping at a meeting at the RCSEng some months ago from various senior surgeons and somewhat belatedly advice is being issued on how retired surgeons can remain revalidated. As to those surgeons who take consultant posts abroad, some thought needs to be given to avoid getting caught out by the system if they have any wish to return to the UK in the future.
Finally many of you will be aware that we have had a number of changes in the ENT-UK office administration, with a new General Manager, Lyndy Pullan and Administrator, Janet Stephen, both lately at the Royal College of General Practitioners and we are also having a major IT revision under the watchful eye of Anirvan Banerjee, our very IT-literate Hon Assistant Secretary which I hope will overcome some of the admin difficulties which we have recently experienced. This should also facilitate enrolment for activities such as the consultant refresher courses for ENT-UK members in Paediatric Emergency Airway Skills which has dates in Gloucester, Oxford and Birmingham this year with others to be confirmed in London, Glasgow, Sheffield, North Wales and Northern Ireland and within the next 18 months.

Enjoy the summer and I hope that I may see some of you at the American Academy in Orlando in September taking advantage of our ‘favored nation’ status!

Ricard Simo  
Clinical Governance and Audit Lead of ENT UK Head and Neck Society

Jeremy Davis  
Committee Member and Treasurer of BAETS

National Reporting of Thyroid & Parathyroid Surgery Outcomes An Update

Four years ago we wrote an article in this newsletter about the British Association of Endocrine and Thyroid Surgeons and its relevance to ENT surgeons who undertake regular thyroid and/or parathyroid surgery. We discussed the importance of recording and auditing personal surgical outcomes, which the BAETS national database facilitates.

Last year, the Healthcare Quality Improvement Partnership (HQIP), working with the relevant specialist societies and NHS choices, published surgical outcomes for selected procedures in 10 specialty areas including both Head and Neck Surgery and Thyroid Surgery. (Figure 1). This work, led by Professor Sir Bruce Keogh, National Medical Director, NHS England and Professor Ben Bridgewater of HQIP, has important consequences for all surgeons working in these clinical areas. In 2014 the exercise will be repeated and the public will once again be able to look at the results of participating clinicians.

Many Medical Directors and Responsible Officers now expect clinicians working in these specialties to submit their data, with the possibility that their annual appraisal may not be ‘signed off’ and/or revalidation delayed if clinicians do not participate in the data collection process. We have seen Medical Directors looking at the publicly accessible data to make sure the surgeons they are responsible for are submitting data.

Earlier this year Professor Valerie Lund, President of ENT-UK and David Scott-Coombes, President of

Figure 1. Current Compulsory National Audits  
- Adult cardiac surgery  
- Interventional surgery  
- Vascular surgery  
- Upper gastro-intestinal surgery  
- Colorectal surgery  
- Orthopaedic Surgery  
- Bariatric Surgery  
- Urological Surgery  
- Head and Neck Surgery  
- Thyroid and Endocrine Surgery
BAETS discussed how ENT-UK members could access the BAETS database. Because BAETS has members from several different ‘parent’ surgical specialities it was not possible to offer ENT-UK members access to the database without them becoming members of BAETS. However BAETS has streamlined its membership application process to make joining the organisation straightforward and the cost of the annual subscription is similar to other subspeciality organisations with which ENT-UK has connections.

The association has a very active annual programme with a yearly national meeting – which every 3 years is held abroad - and an annual masterclass, as well as involvement in other international endocrine surgery meetings. Members benefit from a reduced registration fee for the national meeting, and the greatest benefit is of course access to and the ability to participate in the national database. In 2010, John Watkinson became the first ENT Surgeon to serve as president of BAETS.

Whilst HES data shows that there is a continuing trend for ENT surgeons to undertake thyroid surgery, in some parts of the UK participation in the national database remains patchy. We are working in a climate of increasing openness and reliance on data. The time when national surgical databases were the preserve of enthusiasts for data collection has passed - and there is little doubt that there is now an expectation that surgeons undertaking thyroid and parathyroid surgery will submit their data to the national database.

You will be soon receive a questionnaire from ENT-UK asking you to answer some basic questions about your current thyroid and parathyroid practice. This will be enable ENT-UK to establish very basic but at the same time very important and relevant facts about current ENT Head and Neck Surgeons thyroid and parathyroid surgery practice. Please make the effort to fill it in. It only has 14 questions and takes 2 minutes to complete.

As ENT Head and Neck Surgeons we have a great opportunity to be part of a very exciting future and it would be a pity to miss out on it. If you undertake regular thyroid and/or parathyroid surgery we would encourage you to participate in the BAETS national database.

Andrew Robson
SAC Chair

SAC Matters

1. Joint Committee on Surgical Training (JCST) Survey

Surgical training is quality assured in a number of ways, one of which is by trainee surveys. The JCST survey has been running for at least two years now and is starting to produce meaningful data by which to assess training programmes. As with all new surveys the questions asked (and the way they are phrased) need to be reviewed and modified. Survey results are triangulated against other data so should not be considered as ‘gospel’.

The survey results for ENT generally demonstrate very good training, both in higher and core training. There are however three areas which the SAC have been asked to investigate;

a. 17% of higher speciality trainees responding to the survey stated that they attended fewer than 4 lists per week, which is a requirement of the curriculum. We have looked into this in detail and in fact almost all units do provide a timetable with 4 lists, or equivalent, per week. Reasons for this
incorrect data include responses from Less than Full Time Trainees, academic trainees and those in posts where extended lists occur. Programme Directors are reviewing timetables to ensure all posts comply with the requirements of the curriculum. It is good to know that ENT is the only surgical speciality expecting 4 (rather than 3) lists per week, and that we can achieve that important requirement.

b. 22% of trainees responded saying that consultant teaching on ward rounds was ‘poor’ or ‘very poor’. A large number of core trainees undertaking ENT did not experience consultant ward rounds. Compared to the other surgical specialties (including elective/daycase/outpatient based) we are a significant negative outlier. The reasons appear to be multifactorial, but are on the face of it rather worrying, as it suggests that training in the management of emergency (and postoperative) cases is not being undertaken by consultants. This is more qualitative than the issue of lists and difficult to analyse but it is very important that trainees receive high quality training in the management of emergency ENT patients. The move within the NHS is for more consultant delivered care with an impending requirement for all emergency cases to be seen by a consultant within 14 hours of admission, so departments should use this as a stimulus to review how trainees in their unit receive training on ward rounds, or equivalent.

c. Most trainees (in all specialties) say they do not receive at least two hours of dedicated teaching per week, a JCST standard. This is largely due to poor wording of the question. Please note that ‘dedicated teaching’ includes M&M meetings, clinical governance and audit meetings, journal clubs, MDT meetings etc. so there should be plenty of opportunity to achieve this standard, as well as the regular half day or day release programmes.

2. Out of Hours Cover for Trainees

After much deliberation, the SAC unanimously agreed a set of standards for supervision of trainees out of hours. These are available on the JCST website (http://www.jcst.org/quality-assurance/documents/qis/otolaryngology-out-of-hours-care). Trainees should be supervised at all times, and consultants who are responsible for supervising trainees should be in a position to supervise them at all times. This will cause difficulty to implement for some units so a timescale for implementation has not been proscribed. However the direction of travel must be to meet these standards within a reasonable timeframe and this will be monitored by SAC liaison members.

3. Shape of Training Review

The implementation of the Shape of Training Review recommendations are proceeding slowly and deliberately in marked contrast to previous changes in medical education. The implementation group is likely to be led by the Scottish administration. Initially feasibility studies around costing will be undertaken, plus consultations with colleges and other bodies in the autumn. Specific proposals for change are unlikely to be published until mid 2014. This will give everyone time to give their view, and to look at benefits and unintended consequences of change. It is apparent that the main focus of this review is on areas such as acute & emergency medicine, general practice and psychiatry rather than the craft specialties like ours. There will be a session at the ENT UK Annual Meeting in September dealing with the Shape of Training Review.

4. Vacant consultant posts

It is interesting to note that since January 2013 more consultant posts have been advertised than trainees receiving their CCT. In 2013 66 posts were advertised (of which 17 were definitely ‘new’ posts). 51 UK trainees were signed off for CCT. A similar pattern is emerging in 2014. This supports a general feeling that there is not a great deal of competition for posts and there is a shortfall of manpower to fill posts. It is possible that there is a ‘bulge’ of vacant posts due to early retirement and other factors but the relatively large number of new posts being advertised suggest other factors are relevant. The SAC and ENTUK is
Private Practice update

Those of you involved in private practice will have been aware of the Competition and Markets Authority (CMA) investigation into private healthcare. It produced its final Report at the beginning of April 2014 (see here): https://www.gov.uk/cma-cases/private-healthcare-market-investigation - final-report

The report has concentrated on the relationship between the hospitals and the insurers (PMIs). It has again largely ignored patient detriment and consultant relationships with the PMIs and the questions of fee structures, “open referral” and the threats to individual consultants. Through FIPO, the various professional groups including ENT UK have examined the final report with legal counsel; find below a summary of the final report with some comments and views from the FIPO board.

The proposed CMA “remedies” address the following issues.

Hospital Divestments
HCA must divest of either The London Bridge and the Princess Grace hospitals or the Wellington hospital (including the Platinum Medical Centre). Previous similar threats to BMI in the Provisional Report have now been dropped.

_We understand that HCA will appeal this proposed remedy._

NHS Private Patient Units (PPUs)
Arrangements between NHS Trusts and private hospital operators to operate or manage PPUs will be open to review by the CMA in order to prevent any local geographical dominance by any group.

_This seems reasonable._

Consultant Incentivisation Schemes and Equity Ownership
There will be a ban on certain benefits and incentive schemes provided by private hospital operators to clinicians.

Consultant equity share in hospitals are limited to 5% and must be bought at market price; these must not be linked to patient referrals or other conditions not to compete. This rule applies where the equity participation is a stake in a hospital, or in a joint venture in which a private hospital operator also has a stake. There are no apparent restrictions on doctors owning clinics, X-ray units etc. unless these clinics or individual items of diagnostic equipment are part-owned by clinicians and part-owned by a private hospital group (in which case the 5% stake per consultant rules applies).

Fee Estimates and Information to Patients Prior to Treatment
- Consultants must provide fee information to patients using standard letter templates provided by the hospital
- Hospital operators will be required to enforce compliance and implement this remedy within six months of 2nd April 2014
• This information will be sent to patients in two letters;
The first sent before the outpatient consultation
The second sent within 48 hours of the final outpatient consultation and prior
to surgery (whichever is sooner)
• This process must be driven and supervised by the private hospitals.

This seems reasonable however the supervision by private hospitals seems unnecessary and
bureaucratic and will need to be examined.

Consultant fee and Quality Information
There will be a combination of measures to improve the public availability of information on consultant
fees and of information on the performance of consultants and private hospitals.

PHIN (Private Healthcare Information Network) will be the “Information Organisation” recognized to
collect and publish information about private and
independent healthcare, including quality indicators, to help patients make informed choices. PHIN will
be supported by hospitals who will share in the collection and publication of information on hospital and
consultant performance. The structure of PHIN has been mandated although its precise relationship with
the profession is yet to be determined.

Consultants practising privately must submit information on their outpatient consultation fees and
standard procedure fees (covering all procedures undertaken by the consultant) to the information
organisation by December 2016 for publication on its website alongside information on performance.

The CMA’s view that this will encourage competition in the market appears too simplistic and must be
interpreted with caution.

The way forward
FIPO, along with many organisations who submitted evidence, is disappointed that the CMA failed to
address
• The impact of “open referral” on patient care
• The changing terms and conditions of some PMI contracts for patients
• The dominance of PMIs vis-à-vis the consultants
• The de-recognition of consultants on dubious financial grounds
• The relentless attack on fees and reduction of patient benefits
• The barriers to entry for new consultants on fixed and very low fees
• The future economic un-sustainability of consultant practice

The CMA has mandated a complex system of how and where fee information should be published, but
this does not address the Remedy of promoting competition if most fees are set by the PMIs. In a “fee
assured” system, which does not allow subscribers to top-up or co-pay, the consultant fees are paid by
the PMI, thus totally bypassing the patient.

Competition Appeals Tribunal (CAT)
The FIPO Board has taken opinion from Counsel about the possibility of a judicial review by the CAT
(Competition Appeals Tribunal) on behalf of the profession. Counsel explained that there maybe grounds
for such an appeal based on certain legal considerations with a better than 50% chance of a successful
appeal. Based on this the FIPO Board agreed to lodge this appeal and appealed to the various
organisations, including our own, for financial support. ENT UK at its council meeting in May voted and
agreed to support the legal challenge.

Watch this space!
David Proops  
Trustee of the TWJ Foundation

The TWJ celebrates 40 Successful years

The TWJ (Thomas Wickham-Jones) Foundation was registered as a charity on 14 March 1974 through the generosity of Mrs. Lilian Wickham Higgs and her son Thomas. Mrs Higgs herself was deaf and the Foundation was set up in memory of her father Thomas Wickham-Jones (TWJ, 1847-1929). His success as a City of London wharfinger was largely instrumental in enabling it to be funded.

The Higgs Charitable Trust was formed with the intention that it should fund the TWJ Foundation. Its Trustees have indeed acted from the outset as the TWJ's largest benefactor and the TWJ Foundation continues to be most grateful to them for their generosity.

The TWJ Foundation's objectives are to benefit otology and audiology within the National Health Service by the promotion of education and research. To achieve this goal the Foundation offers research and educational grants to otolaryngologists and other related audiological professionals working within the NHS. The Foundation believes that it has had a considerable influence on the development of clinical otology across the British Isles.

More than fifty per cent of British otologists have been associated in some way with a TWJ grant, and it is the aim of the Foundation to continue to reach as many young otologists in training as possible from all parts of the British Isles.

Recently The TWJ Foundation and the Graham Fraser Foundation have linked their interviews so as to minimise work disruption to the candidates, who often apply to both charities, and to help ensure that the best candidates are appointed to these differing but complementary overseas otological Fellowships.

Now that 40 years have elapsed it is time to celebrate and reflect. To this end the TWJ Foundation is holding a subscription dinner at Skinners' Hall in the City of London on the evening of Saturday 6th December 2014 to which all major TWJ Fellowship holders and their partners are invited.

For further information contact David Proops at david.proops@talk21.com

The TWJ Foundation  
ENT UK Office  
The Royal College of Surgeons of England  
35-43 Lincoln’s Inn Fields  
London WC2A 3PE  
United Kingdom

Tel: +44 (0)207 611 1735  
Fax: +44 (0)20 7404 4200  
E-mail: secretary@twjfoundation.org  
Web: www.twjfoundation.org

The views expressed here in the ENT UK Newsletter are not necessarily the views of ENT UK as an organisation, but rather the views of individual contributors or the editorial staff.