



Essential Medicine for Lawyers

9 May 2017
Manchester Conference Centre

Kindly sponsored by:



Essential Medicine for Lawyers
9 May 2017
Manchester Conference Centre

Dear Delegate

AvMA are delighted to welcome you to the Essential Medicine for Lawyers conference. We hope you find the day informative and interesting. AvMA staff will be on hand to help make it so and we hope that the following information will help make the day more pleasant and productive.

Contact Details at the Conference

The **AvMA Registration Desk** will be staffed from 09.15 to 17:15

If you have any queries or emergencies at any point during the conference, please go to the registration desk, or ask any member of the AvMA staff for assistance.

General Points

To ensure that you receive excellent service whilst attending this event, we would appreciate your co-operation with the following:

.. **Badges:**

Please ensure that you wear your badge at all times to help with prompt delivery of messages and as a means of identifying you to other delegates.

.. **Questions:**

Speakers are happy to answer your questions at the end of their presentation. We would be grateful if you could identify yourself and your company before asking your questions.

.. **Documentation:**

All documentation received at the time before the event is enclosed within the documentation pack. Any missing papers will either be distributed during the event or be sent to you soon after. Please be assured that AvMA always endeavours to offer a complete set of speaker papers included within the documentation pack. However, due to other commitments by our speakers this is not always possible.

.. **Mobile Telephones:**

We would appreciate your co-operation in ensuring that all mobile telephones are switched off in the conference room.

.. **Restrooms:**

There are restrooms located close by the conference room, please contact a member of AvMA staff who will direct you to the nearest facilities.

“ **No Smoking:**

There is strictly no smoking in the conference venue and we would kindly request that if you would like to smoke, you will have to go outside. Thank you in advance for your co-operation.

“ **Evaluation Forms**

Please be so kind as to complete and hand in the evaluation form before leaving the conference. All delegate packs should have an evaluation form in them, but if you cannot locate one then please collect one from the registration desk. We are constantly striving to improve our service to you and therefore value your feedback.

“ **CPD Confirmation:**

SRA & APIL: 6 hours

Bar Council: 6 hours

Provider ID Number: 1051

The conference code is AC/AvMA 341

Finally, if there are any problems, please do not hesitate to contact myself, or any member of the AvMA team.

Yours sincerely

Ed Maycock
Events Manager, AvMA

Speaker's Biographical Details

Dr John Caplin qualified in 1976 from University College Hospital Medical School. I trained in Cardiology at St Thomas' and St Bartholomew's Hospitals, London, The Wessex Regional Cardiac Centre, and the Massachusetts General Hospital, Boston. My MD thesis was on the assessment of right ventricular function. I was appointed as Consultant Cardiologist at Hull and East Yorkshire Hospitals in 1990, and specialised in interventional cardiology and adult congenital heart disease. I was a National Clinical Lead for the Coronary Heart Disease Collaborative, and Cardiology Advisor to the Office of the Parliamentary and Health Service Ombudsman. Following retirement from my full-time NHS post in 2012, I continue in private and medico-legal practice, and work part-time for the City Health Care Partnership, Hull. My current research interest, with the Department of Biomedical Engineering at the University of Hull, is in the mechanism of coronary stent fracture.

Ms Gill Edwards has spent the last 20 years as a claimant solicitor specialising in the field of clinical negligence, having begun her working life as a nurse at Manchester Royal Infirmary. She acted for the Claimants in the leading human rights case of *Rabone v Pennine Care NHS Foundation Trust* [2012] in which the Supreme Court extended the duty to protect life under Article 2 of the HRA to non-detained psychiatric patients. She also acted for the Claimant in the recent case of *Sido John v Central Manchester and Manchester Children's University Hospitals NHS Foundation Trust* [2016] in which Mr Justice Picken found that a negligent delay in diagnosing a sub-dural haematoma had materially contributed to Claimant's brain injury. She continues to deal with a range of clinical negligence cases and has particular expertise in brain and spinal injury and amputation.

Dr John English has had over 30 years experience in occupational dermatology. He started under the tutelage of Drs Cronin, Rycroft and White at St John's Institute of Dermatology Contact Dermatitis Clinic, London. Subsequently was a consultant dermatologist in Staffordshire. For the past 19 years has been working at the Queen's Medical Centre, Nottingham. He was recently the Editor of the British Journal of Dermatology and now Editor of Clinical & Experimental Dermatology. He has been preparing medical reports for Solicitors on dermatological matters since 1987 and undertake, on average, 50 reports per year. In the past few years the Plaintiff/Defendant ratio has been 50:50 with one or two joint instructions. He was also a Medical Appeals Examiner for the Independent Tribunal Service from 1996 to 2000.

Dr Matthew Howse is a Consultant Physician and Nephrologist working in Liverpool. He graduated from the University of Newcastle on Tyne and received his higher medical training in Merseyside. His practice includes all areas of Nephrology, Dialysis and Transplantation. He also practices in General Internal Medicine and has previously set up and run the Merseyside obstetrics/nephrology clinic. He is active in teaching and research. He has a medicolegal practice and receives instructions from solicitors acting for both claimants and defendants. His legal work also extends into Personal Injury cases and he has also acted on behalf of the CPS in criminal cases.

Dr Paul Miller MA, BM, BCh, MSc, DPhil, FRCP, FACP was Consultant Gastroenterologist to the University Hospital of South Manchester NHS Foundation Trust until December 2006. I continued to do sessional work in Gastroenterology (clinics and endoscopy lists) for the Trust until 2010. I continued in private clinical practice until December 2015. I have been revalidated by the GMC until December 2019. I am a Fellow of the Royal College of Physicians of London and am on the Specialist Register for Gastroenterology and General Internal Medicine. I undertook my medical training at the University of Oxford and Guy's Hospital, London, and qualified BM, BCh (Oxon) in 1968. My other degrees include MA (Oxon), DPhil (Oxon) and MSc (London). I am also a Fellow of the American College of Physicians

I am experienced in medical gastroenterology and in addition have a particular interest in disorders of lipid and lipoprotein metabolism. I am the author or co-author of more than 100 original papers, reviews, articles and book chapters principally devoted to gastroenterology and disorders of lipoprotein metabolism.

I have been writing medicolegal reports for more than 30 years and have written many hundreds. Although accredited in both General Internal Medicine and Gastroenterology, I confine my reports to my specialist interests of medical Gastroenterology (diseases of the oesophagus, stomach, bowel, liver etc.) and Lipid and Lipoprotein disorders (eg the treatment of high blood cholesterol to prevent heart disease and other vascular disorders).

The majority of the reports that I have been asked to prepare concern medical negligence with a preponderance on behalf of defendants. However I also write a significant number of reports on behalf of Claimants and a small number of joint reports for Claimant and Defendant in personal injury cases. I estimate that currently 80% of reports are produced for Defendants and 20% for Claimants. I have given expert evidence in Court, at Inquests and at the General Medical Council.

I was a member of the Claims Advisory Committee of the Medical Protection Society, and its predecessors, from 1983 until 2010. I was a member of the Council of the Society from 1995 until 2003 and I was the Chairman of Council of MPS from 1996 to 2003. I no longer have any formal role in the Society.

Dr Kevin Naylor originally qualified as a doctor and practised medicine for 7 years. He practises in the fields of personal injury and clinical negligence, acting for both claimants and defendants. His medical background is an enormous asset.

Kevin is regularly instructed in high value cases involving clinical negligence in all areas, injury to the central nervous system including catastrophic brain and spinal cord injury, multiple orthopaedic injuries, psychiatric injury and fatal accidents.

He has wide experience and expertise in the following areas inquests and Inquiries - having represented interested parties in the Shipman Inquiry and more recently The Inquiry into the death of Chloe Fahey, employers liability claims involving injury or disease, particularly where there are novel or complex issues of causation, chronic pain syndrome, fibromyalgia and reflex sympathetic dystrophy, education claims including failure to diagnose dyslexia and autistic spectrum disorder, and Civil Procedure.

Dr Chris Warburton has been a consultant respiratory physician for the last 20 years at the Aintree Chest Centre in Liverpool. He has held a range of medical manager roles within Aintree hospitals including Divisional Medical Director for Medicine, and is currently Lead Cancer Clinician for Cheshire and Merseyside, and Medical Director of the Cheshire and Merseyside Cancer Alliance. He is the representative for patient safety for the British Thoracic Society with NHS England and the Royal College of Physicians, and is about to take up post as a part time Clinical Adviser for the PHSO in Manchester.

AvMA Services

Introduction

Action against Medical Accidents (AvMA) was established in 1982. It is the UK patient safety charity specialising in advice and support for patients and their families affected by medical accidents. Since its inception AvMA has provided advice and support to over 100,000 people affected by medical accidents throughout the United Kingdom.

AvMA offers specialist services to the public free of charge across the United Kingdom. AvMA's specialist services are its Helpline, pro bono inquest service and advice and information services. The services are staffed by legal and medical professionals, more details are available below.

AvMA stands for patient safety and justice. In fulfilling these objectives AvMA has frequently been involved in key medico legal issues, for example we were actively involved in supporting families affected by treatment provided by Stafford Hospital and held core participant status in the 2011 Public Inquiry led by Robert Francis QC.

AvMA is experienced in using judicial review where appropriate to further its aims. By way of example, in October 2011 AvMA brought judicial review proceedings against the government on the basis that its consultation on legal aid was flawed. AvMA alleged that the MOJ's assertion that the removal of Legal Aid from clinical negligence would result in a saving of £17 million could not be substantiated. The action was resolved when the government conceded that Legal Aid for clinical negligence would remain in scope for those cases where it could be showed that injury had been sustained at or around the time of birth as a result of negligent treatment.

In October 2013 AvMA sent a letter of claim setting out its intention to bring judicial review proceedings if the DoH did not provide written clarification that the fact a patient had instigated legal proceedings for clinical negligence was not in itself a bar to accessing the NHS Complaint procedure. Following receipt of this letter the DoH capitulated and eventually clarified their position thereby avoiding the need for AvMA to issue proceedings

AvMA regularly responds to public consultations relying on evidence it has gathered from the public and where appropriate lawyers to advocate change. For example, AvMA responded to the Health Select Committee's consultation on Complaints and Raising Concerns and gave evidence to the committee. AvMA seeks to promote a more effective, easily accessible, compassionate NHS Complaints process.

Currently AvMA is one of the key stakeholders in the Department of Health's consultation on introducing fixed recoverable costs for lower value clinical negligence claims as well as their consultation on a rapid resolution and redress scheme for severe avoidable birth injuries; our final consultation responses are available from our website.

AvMA provides specialist support services for legal professionals through our Lawyers Resource Service including the recommendation of expert witnesses.

We provide specialist training courses and conferences for health and legal professionals, advice agencies and members of the public.

AvMA was the first organisation to set up a scheme accrediting lawyers as a mark of their competence (AvMA Panel Accreditation). This area of our work continues to be extremely important particularly now that legal aid is more restricted in scope.

We are working on a scheme for more junior lawyers which will be open to anyone working for an AvMA panel firm; we expect to roll this scheme out this year and are aiming to promote this as soon as possible.

More details on the services referred to are set out in this leaflet.

The Helpline Service

AvMA offers specialist services to the public, free of charge. The Helpline is open to the public five days a week and is manned by professional advisors from 10 am to 3.30 pm daily.

The helpline deals with an average of 200 calls per month; many of the callers are seeking help and advice on how to manage possible negligent medical care including how to access the complaints process.

The Advice and Information Service

Our Advice & Information (A&I) services takes on case work, these services often require consideration of complaints and responses made to hospital trusts and primary care services (usually General Practitioner). We will help explain a response from a hospital and if appropriate draft a reply to the Trust's response.

AvMA recognises that there is a correlation between poor complaint handling and cases that become legal claims. We aim to help members of the public access the NHS complaints procedure and where appropriate will help clients to express their complaint. We also provide assistance in relation to complaints about private care.

AvMA provides advice and support in relation to second tier complaints against the Parliamentary Health Service Ombudsman (PHSO).

The advice and information service also considers the medical nature of the complaint and where appropriate offers advice on whether the issue complained of is likely to satisfy the legal test for clinical negligence. We currently employ three qualified doctors to assist us with this aspect of our service.

AvMA endeavours to enable patients and or their families by putting them at the centre of the investigation. We try and encourage more effective communication between NHS trust's complaints departments and the patient to enable patients to receive answers to their questions.

This service also provides guidance on professional regulatory matters such as referring cases to the GMC, NMC and other regulatory bodies

Where appropriate the service will refer clients to one of our accredited panel solicitors so parties can assess the pros and cons of bringing litigation.

The Inquest Service

AvMA had for a long time recognised the need for specialist support for families that had lost a relative where it was suspected failures in medical treatment may have contributed to the death. In September 2009 AvMA committed resources to providing a specialist pro bono inquest project in England and Wales; the service was officially launched in July 2010. The project aims to find representation for people who have been affected by the death of a loved one where the death occurred in a medical setting.

The pro bono inquest service was pioneered by AvMA's Director Medico-Legal Services, Lisa O'Dwyer and has developed so that it now provides advice and assistance on approximately 100 inquest cases per annum. Where it is appropriate cases are referred to AvMA's panel solicitors particularly if there is a potential civil claim.

Where AvMA takes a case on we will seek disclosure of and consider all relevant documentation including the medical records, correspondence passing on the use of the complaints procedure and any statements disclosed by the Coroner. In addition we look for additional documentation such as Serious Incident Reports or similar documents; statements which have been prepared in the making of the SIR; any independent medical expert reports. If necessary we will help clients to commission their own independent expert report and or petition the coroner to appoint their own expert. We also undertake literature searches relevant to policy and or medical issues.

Through our work, we have developed considerable expertise in providing assistance and representation to members of the public at inquests where the death arose in a healthcare setting.

We routinely consider whether the death has been caused or contributed to by systemic failings and seek to extend to scope of the Coroner's investigation so that it is compliant with Article 2 European Convention Human Rights, the right to life.

AvMA is proud of its relationship with the bar and works closely with leading chambers to provide barristers who are committed to this area of work to provide representation to families at the inquest. Ensuring a level playing field between parties, thereby giving the bereaved a voice is a key aim of AvMA's inquest service.

Our inquest experience has enabled us to explore core issues pertinent to the patient's death and to draw attention to them as part of the investigative process of the coroner's court. AvMA aims to protect patients by highlighting concerns apparent in a trusts practice and or procedures and to invite the Coroner to use their powers to remedy the failings where appropriate.

As an organisation our aims are to champion patient safety and access to justice. Accordingly, where appropriate we invite the coroner to consider the need for a conclusion to reflect that neglect aggravated the cause of death and to record evidence of systemic failings. We also consider any Action Plans put forward by the trust and where relevant address the coroner on the need to make a Prevention of Future Death Report (PFD).

The Service has ensured that for those we are able to assist, bereaved families are able to properly access the process and where possible obtain answers to their questions about their loved ones treatment. But for our pro bono service the bereaved would more often than not go unrepresented and unable to have their concerns properly heard thereby limiting the effectiveness of the inquest process in preventing future deaths.

For bereaved families, knowing that the inquiry process may help prevent another family suffering a similar loss is often essential to coming to terms with what has happened.

AvMA believes that it is essential that the needs of bereaved families are placed at the centre of the coronial process and that families are supported as active participants in the process as opposed to passive bystanders.

Lawyers Resource Service

AvMA provides specialist support services for legal professionals through our Lawyers Resource Service including the recommendation of expert witnesses.

AvMA maintain the most comprehensive database of the best and most experienced medical experts in the field of clinical negligence litigation. Each expert is vetted by our experienced staff and we monitor feedback from solicitors who have used them, unlike other data bases, experts do not pay a fee to be included on our database.

AvMA offers a bespoke service for firms who subscribe to the Service, should they need it. The service is staffed by our team of experienced lawyers and medics who can help you identify the right expert for the case. The lawyers service team, are friendly and will be happy to help you

Lawyer Support Group Meetings (LSG's): Meetings are held regionally three times a year in London; Midlands; the South West (including Wales); North West and in the North of England. The meetings are free for AvMA's lawyers service members. Typically, the meetings involve an hour long presentation from a leading medical expert and a presentation from an experienced barrister or member of the legal profession, which also lasts for an hour. The meetings aim to bring the audience up to date with topical legal issues, including costs and provide an opportunity to ask question and network.

Lawyer Service members are kept up to date with e-mail news alerts about important policy developments and case law and receive AvMA's newsletter packed with important information on clinical negligence, medico-legal and policy issues.

Members also receive a 48% discount if they subscribe to *Clinical Risk*, a publication aimed at lawyers and clinicians alike where case studies and experiences are shared and complex medico-legal and patient safety issues are explored.

Specialist Training Courses

AvMA organise specialist training courses and conferences for health and legal professionals, advice agencies and members of the public. The courses seek to update the audience on topical subjects pertinent to both private practice and healthcare and range from issues arising on client care, to legal updates on solicitor/client costs. We offer a range of conferences on healthcare matters from orthopaedics to obstetrics.

AvMA runs the largest and most important conference for lawyers in clinical negligence. This annual, weekend conference is run in addition to the range of one day conferences offered.

AvMA also provides a webinar series.

Accreditation – The AvMA Panel

AvMA operates a specialist accreditation scheme and assess solicitors for eligibility to the panel based on their experience and expertise in clinical negligence. The AvMA panel has been running since the late 1980's and is the longest running clinical negligence accreditation scheme as well as being the first accreditation scheme of its kind.

We reaccredit our panel solicitors after 5 years to ensure that they are maintaining standards, both the original application for accreditation and reaccreditation process require solicitors to submit case reports. As a result we have access to over 200 case reports annually.

The case reports ask for a number of pieces of key information, for example: when the solicitor first had contact with the client; when the letter of claim was sent; when the letter of response was received; when proceedings were issued; when the case settled. The information is collected as a means of identifying how quickly a solicitor progresses claims. Where there is delay, the solicitor has the opportunity to explain reasons why delay occurred.

The information not only enables us to assess a candidate but also provides us with a keen sense of the difficulties commonly encountered by Claimant solicitors and their clients in progressing cases.

Panel membership reflects the fact that a solicitor has particular expertise and experience in clinical negligence work. This is now more important than ever since the reduction in scope of legal aid for clinical negligence work.

AvMA does not support the pursuance of claims that lack merit; such an approach is not in the client's best interests and only serves to raise expectations which cannot be met.

Junior Practitioners

AvMA is conscious that some of our Lawyer Service members have more experience in clinical negligence work than others; we are keen to support those members with less experience to develop their skills and to guide them in providing a high level of client care.

We would like to receive your views on what training and support would be beneficial to you. Please send your comments by email to Norika@avma.org.uk, headed "Training suggestions"

We encourage attendance of the [Lawyers' Service Group \(LSG\) meetings](#) which are free of charge to Lawyers' Service members and to read the [Newsletter](#) which often contains useful practice points."

AvMA are working on a junior certification scheme which we expect to roll out in the near future. The scheme will include conferences and education to help with your continued learning and with everyday clinical negligence practice.

Have you thought about volunteering for AvMA?

We currently have over 80 regular volunteers with legal or medical backgrounds who have found the experience helpful for managing clients and new enquiries at their own office.

Why volunteer for the helpline?

Volunteering for the helpline can give you:

- Greater awareness of the complaints system
- A clearer understanding of the clients' perspective
- Opportunities to get involved with research projects and written casework
- An enjoyable and worthwhile experience

- Volunteer sessions are flexible and are offered on a 1½ or 2 hour session either weekly, fortnightly or every 4 weeks and can be arranged remotely.

Volunteers have also enjoyed getting to know the AvMA staff and more about the organisation as a whole, with many volunteering far longer than anticipated. Here's what one of our volunteers said about their time at AvMA:

"I initially volunteered at AvMA to gain medico-legal experience whilst studying on the BPTC, but I quickly realised how valuable the helpline service is to people who have suffered as a result of a medical accident. I enjoy volunteering at AvMA because the work is interesting, varied and volunteers are really appreciated and entrusted with responsibility. I volunteer on the helpline for one day each week and doing so has given me a real sense that the medical and legal knowledge I have garnered through my studies does in fact have real application and can help people and make a difference."

Katie, AvMA helpline volunteer

AvMA offers a helpline training programme tailored to meet your needs, which includes improving your understanding of the NHS and private complaint procedures.

For more information please [download a description of the volunteer role](#).

Alternatively please complete an [online application form](#), email the Helpline Development Officer, [Gillian Savage](#) or telephone her on 0208 688 9555.

If you have any questions relating to this leaflet please contact [Lisa O'Dwyer](#), Director Medico – Legal Services.

Date: 25th April 2017

Action against Medical Accidents

Freedman House
Christopher Wren Yard
117 High Street
Croydon CR0 1QG

020 8688 9555

www.avma.org.uk

 www.facebook.com/AvMAuk

 [@AvMAuk](https://twitter.com/AvMAuk)

Action against Medical Accidents (AvMA) is a registered charity in England and Wales (number 299123) and in Scotland (number SCO39683)

Forthcoming Events from AvMA

AvMA Medico-Legal Webinars



**Over 30 years of excellence in
medico-legal and patient safety events**

Working on a client file and looking for more information to assist you with your case? AvMA medico-legal webinars give you immediate access to medico-legal talks on subjects ranging from interpreting blood test results to medico-legal issues in surgery.

Featuring some of the UK's leading authorities on medico-legal issues, AvMA's webinars bring you all the benefits of a specialist targeted seminar, all without having to leave your office. Covering over 20 of the most popular subjects, AvMA webinars are a vital addition to any clinical negligence solicitor's library.

The webinars can be watched at a time convenient to you. On average they last approximately 60 minutes and can be accessed on any device with an internet connection. You can watch the video as many times as you want.

§ Cerebral Palsy - understanding your client's needs

§ Marketing for Lawyers

§ Medico-Legal Issues in Obstetric Emergencies

§ Blood Pressure - implications and outcomes

§ How to Become a Panel Member

§ Hospital Acquired Infections - the current state of play

§ Medico-Legal Issues in Orthopaedics: a paediatric focus

§ Understanding Biochemistry Test Results

§ Medico-Legal Issues Arising From Facial Cosmetic Surgery

§ Medico-Legal Issues in Maxillofacial Injuries

§ Medico-Legal issues in Ambulance and Paramedic Care

§ Anaesthesia - Medico-Legal Issues in Peri-Operative Care

§ Medico-Legal Issues in Acute Medicine

§ Medico-Legal Issues in Laser Eye Surgery

§ Hand and wrist surgery	§ Medico-Legal Issues in Foot and Ankle Surgery
§ Spinal Surgery	§ Loss of Chance in Clinical Negligence
§ Upper Limb Surgery Focusing on Shoulder Surgery	§ Medico-Legal Issues Arising from Bariatric Surgery
§ Knee Surgery	§ Orthopaedic Radiology
§ Joint Replacement of the hip and knee	§ Radiology in Spine Injury
§ Medico- Legal Issues in Cauda Equina management	§ Oncology and GP Referral
§ Medico-Legal Issues in Diabetes	§ How to Interpret Blood Test Results
§ Medico-Legal Issues in Pain Management	§ Medico-Legal Issues in Meningitis and Septicaemia

To book your webinar, go to www.avma.org.uk/learning

The 29th Annual Clinical Negligence Conference

Royal Armouries Museum, Leeds

23-24 June 2017

Charity Golf Day and Welcome Event **22 June**

The event for clinical negligence specialists

REDUCED RATES AVAILABLE FOR:

- Multiple bookings
- Junior solicitors & barristers
- Paralegals
- Trainee legal executives

See booking form for details

#ACNC17

#ACNC17 programme &
registration brochure is
kindly sponsored by


ONE CROWN OFFICE ROW

BOOK YOUR PLACE TO ATTEND THE ANNUAL EVENT FOR CLINICAL NEGLIGENCE SPECIALISTS!

AvMA's Annual Clinical Negligence Conference (#ACNC17) is the event that brings the clinical negligence community together to learn and discuss the latest developments, policies and strategies in clinical negligence and medical law at such an important time for clinical negligence practitioners.

#ACNC17 offers you:

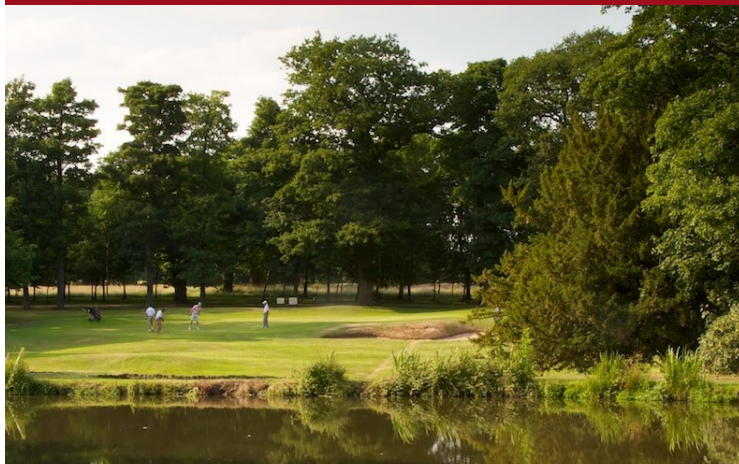
- Spotlight on orthopaedics
- Many other key medico-legal topics
- Plenary presentations from leading experts
- Highly focused breakout sessions
- Latest developments on the issues that matter

Networking is also a big part of the #ACNC17 experience:

- Annual Charity Golf Day (in aid of AvMA's 35th Anniversary)
- Curry School
- Welcome Event
- Mid-Conference Drinks Reception and Dinner

As well as providing you with a top-quality, thought-provoking, learning and networking experience, the success of the conference helps AvMA to maintain its position as an essential force in promoting justice.

THURSDAY 22 JUNE



AvMA ANNUAL CHARITY GOLF DAY

10.00 – 18.00

Rudding Park Golf Club, Harrogate, North Yorkshire

AvMA CURRY SCHOOL

13.30 – 16.30

Hansa's Restaurant, Leeds

WELCOME EVENT

19.00 – 23.00

Sky Lounge, Doubletree by Hilton Hotel, Leeds

FRIDAY 23 JUNE

08.30 REGISTRATION AND REFRESHMENTS

09.30 CHAIR'S INTRODUCTION

MR PETER WALSH

Chief Executive, Action against Medical Accidents

09.45 PLENARY ADDRESS: THE NAKED SURGEON – THE POWER AND PERIL OF TRANSPARENCY IN MEDICINE

MR SAMER NASHEF

Consultant Cardiothoracic Surgeon,
Papworth Hospital NHS Foundation Trust

10.30 PLENARY ADDRESS: MEDICO-LEGAL ISSUES IN SPINAL SURGERY

MR RICHARD KERR

Consultant Neurosurgeon,
Oxford University Hospitals NHS Trust

- Spinal decompression surgery
- Cauda equina: signs, symptoms and the consequences of a delay in diagnosis
- Problems with causation

CONSENT IN SPINAL SURGERY CASES

MR JOEL DONOVAN QC

Barrister, Cloisters

- Montgomery / Chester v Afshar
- Requirement to inform patient of significant risks – elective v emergency surgery
- Nominated surgeon – guarantees of specific surgeon undertaking the surgery on NHS

11.30 REFRESHMENTS

11.55 PARALLEL LECTURES: A-E

Choose one from the options, right

13.05 LUNCH

14.05 CHAIR'S INTRODUCTION

DR SUZANNE SHALE

Ethicist and Chair, Action against Medical Accidents

14.10 PLENARY ADDRESS: COMPARTMENT SYNDROME

MR SIMON BRITTEN

Consultant Trauma and Orthopaedic Surgeon,
The Leeds Teaching Hospitals NHS Trust

- Aetiology
- Fractures of the tibia, fibula and forearm
- Assessment – identification of those at risk
- Management
- Fasciotomies
- Incomplete decompression
- Sequelae of compartment syndrome
- Disability

14.50 PLENARY ADDRESS: THE 2017 LEGAL UPDATE

MS KATIE GOLLOP QC

Barrister, Serjeants' Inn Chambers

15.35 REFRESHMENTS

16.00 PARALLEL LECTURES: F-J

Choose one from the options, right

17.10 CLOSE OF DAY ONE

Plenary sessions kindly sponsored by



MORNING SESSION

A ORTHOPAEDIC RADIOLOGY

DR SIMON OSTLERE

Consultant Radiologist, Nuffield Orthopaedic Centre, Oxford

- The failure to diagnose fractures and dislocations
- Imaging modalities: the role of CT and MRI imaging
- Ultrasound imaging for tendon damage
- Positron emission tomography for tumour imaging
- Problems with outsourcing reporting

B FOOT AND ANKLE SURGERY

MR JULIAN CHELL

Consultant Orthopaedic Surgeon,
Queen's Medical Centre, Nottingham

- Hallux valgus surgery
- Achilles tendon injuries
- Missed fractures and dislocations
- The role of the podiatrist

C PAIN MANAGEMENT – THE ROLE OF THE ANAESTHETIST IN MANAGEMENT OF CHRONIC PAIN

DR CHRISTOPHER JENNER

Consultant in Pain Management,
Imperial College Healthcare NHS Trust

- Complications of fractures
- The management of complex regional pain syndrome
- Neuropathic pain – secondary to major trauma / iatrogenic injury
- Phantom pain following amputation

ACNC16 delegate

“

Good networking opportunities with the entire clinical negligence community in attendance

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D MEDIATION PRACTICE IN 2017

MR ANDREW HANNAM

Partner, Foot Anstey; &

Specialist Clinical Negligence Mediator, Trust Mediation

MR BRIAN DAWSON

Practice Group Leader, Clinical Negligence, Slater and Gordon;
& Specialist Clinical Negligence Mediator, Trust Mediation

- Role of mediation in clinical negligence cases
- Costs risks / advantages of an offer to mediate
- The recent NHSLA pilot and new NHSLA Mediation scheme
- Scenes from a mediation – an interactive session

E STROKE – THE MEDICO-LEGAL ISSUES

DR GILLIAN SARE

Consultant Neurologist, Queens Medical Centre, Nottingham

- Types of strokes, high-risk groups, TIAs
- Imaging modalities employed
- Standard treatment for stroke, including thrombolysis
- Why causation can be difficult in stroke cases
- Rare causes of stroke and the implications for causation

ACNC16 delegate

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The medical experts were all of a very high quality, giving informative and useful information

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AFTERNOON SESSION

F KNEE SURGERY – THE MEDICO-LEGAL ISSUES

MR DAVID GRIFFITHS

Consultant Orthopaedic & Trauma Surgeon,
University Hospital of North Staffordshire NHS Trust

- Signs and symptoms of damage to the knee joint, discussing fracture, ligament and tendon damage and the failure to diagnose
- Diagnostic imaging procedures employed
- Arthroscopy and complications arising
- ACL ligament reconstruction, negligent and non-negligent surgery

G PAEDIATRIC ORTHOPAEDICS

MR SIMON THOMAS

Consultant Orthopaedic Surgeon,
University Hospitals Bristol NHS Foundation Trust

- DDH – failure to diagnose
- Common fractures and dislocations and the failure to diagnose

ACNC16 delegate

“

Very informative lectures, excellent speakers

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H THROMBOPROPHYLAXIS – THE MEDICO-LEGAL ISSUES IN ORTHOPAEDIC SURGERY

SPEAKER TO BE CONFIRMED

- Rationale for thromboprophylaxis
- Identification of patients at high risk of VTE
- Key guidelines: inpatients; outpatients
- Choice of agent

I ONCOLOGY – AN ORTHOPAEDIC PERSPECTIVE

PROFESSOR ROBERT GRIMER

Consultant Orthopaedic Surgeon, Royal Orthopaedic
Hospital NHS Foundation Trust, Birmingham

- Common primary tumours
- Clinical presentation
- Imaging
- Referral to a specialist centre
- Management of bony metastatic disease

J THE DISCOUNT RATE

MS AMANDA YIP QC

Barrister, Exchange Chambers

- **Background:** Index Linked Government Stocks (ILGS), The Damages Act 1996 and the discount rate; the type of claims affected by the discount rate
- **History:** The effect of Wells v Wells and the Damages (Personal Injury) Order 2001
- **Where are we now?** Developments in 2017 and the impact on claimants and the NHS; interaction with PPOs; key points for future litigation
- **Criticisms of and challenges to the discount rate:** Is the rate fair? Is a claimant on a level footing with the ordinary investor? Looking at matters from the NHS perspective; “exceptional circumstances” and what does the case law tell us? With reference to key cases (*Warriner v Warriner* 2002; *Cooke v United Bristol Healthcare NHS Trust* 2003; *Tameside and Glossop Acute Services NHS Trust v Thompson* 2008)

FRIDAY 23 JUNE EVENING

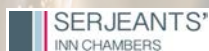
MID-CONFERENCE DINNER DRINKS RECEPTION

19.30 – 20.10 Royal Armouries Museum

MID-CONFERENCE DINNER

20.10 – 01.00 Royal Armouries Museum

The mid-conference dinner and drinks reception are kindly sponsored by



SATURDAY 24 JUNE

08.30 REGISTRATION AND REFRESHMENTS

09.00 CHAIR'S INTRODUCTION

MS LISA O'DWYER Director Medico-Legal Services,
Action against Medical Accidents

09.05 PLENARY ADDRESS: HIP REPLACEMENT SURGERY – THE MEDICO-LEGAL ISSUES

MR TONY NARGOL

Consultant Orthopaedic Surgeon, University of Tees Hospital

- Indications
- Consent: risks, complications and treatment options
- Joint registries: failure rates and other valuable information
- Complications: infection, loosening, dislocation, peri-prosthetic fracture
- Controversies re joint replacement: metal on metal prostheses

09.50 PLENARY ADDRESS: QUANTUM IN SPINAL AND AMPUTATION CASES

MR THEODORE HUCKLE QC

Barrister, Doughty Street Chambers

- Discount rate - *Roberts v Johnstone*?
- Heads of loss checklist
- Periodical payments – indemnity and security
- Update on recent developments
 - › Reasonableness of damages
 - › Gratuitous care
 - › Future commercial care computation: Reaney; rates; childcare
 - › Life expectancy / lost years
 - › Accommodation claims: family benefit; lifts; ramps
 - › Deputysip costs

10.35 REFRESHMENTS

11.00 PARALLEL LECTURES: K-N

Choose one from the options, right

12.10 LUNCH

13.00 PLENARY ADDRESS: AMPUTATION – THE MEDICO-LEGAL ISSUES

SPEAKER TO BE CONFIRMED

- Different types of amputation
- Aetiology-orthopaedic, vascular, infective
- Impact on individual
- Rehabilitation and types of prostheses

13.45 PLENARY ADDRESS: NERVE INJURY

MR TOM QUICK Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital NHS Trust, Stanmore, London

- Main types of nerve injury and their aetiology
- Signs and symptoms, clinical tests employed
- Times to recover, regeneration vs indications for a complete injury repair
- Brachial plexus injury: causes and repair

14.30 CHAIR'S CLOSING REMARKS

Plenary sessions kindly sponsored by



PARALLEL LECTURES: SATURDAY 24 JUNE

K HAND AND WRIST SURGERY

MR RON EVANS

Consultant Orthopaedic Surgeon,
University Hospital Aintree

- Importance of good history taking
- Types of fracture and dislocation of the hand and wrist
- Tendon and nerve damage
- Signs and symptoms
- Consequences of the failure to diagnose

L SHOULDER SURGERY

PROFESSOR SIMON FROSTICK

Professor of Orthopaedics and Honorary Consultant
Orthopaedic Surgeon, University of Liverpool

- The shoulder – a short guide for the legal profession
- Anatomy and function
- Instability and the rotator cuff
- Arthroplasty
- The brachial plexus and other nerve injuries

M ACCOMMODATION COSTS IN HIGH-VALUE CLAIMS

MR DARRYL ALLEN QC

Barrister, Byrom Street Chambers

- *Roberts v Johnstone* [1989], explained
- Problems with limited life expectancy and multiplier
- Expert evidence on accommodation requirements
- The injustice created by *Roberts v Johnstone*
- Alternatives to *Roberts v Johnstone*

N SEPSIS – AN ORTHOPAEDIC PERSPECTIVE

MISS DIANE BACK

Consultant in Trauma and Orthopaedic Surgeon,
Guy's and St Thomas' NHS Foundation Trust

- Skin infection – cellulitis, necrotising fasciitis
- Septic joints – management and consequences of a delay to recognise and treat
- Infection complicating implants / operative fixation
- Importance of NEWS and SIRS
- Liaising with microbiology
- NICE guidelines / sepsis protocols

ACNC16 delegate

“ The format is excellent ”

GET IN TOUCH

Should you have any queries regarding #ACNC17 please contact the AvMA events team

Email: conferences@avma.org.uk

Telephone: 0203 096 1140

Website: www.avma.org.uk/acnc

Twitter: #ACNC17

The 29th Annual Clinical Negligence Conference

Royal Armouries Museum, Leeds, **23-24 June**

Charity Golf Day and Welcome Event, **22 June**



CPD ACCREDITATION

	Day one	Day two	Total
SRA	5 hrs 50 mins	4 hrs 15 mins	10 hrs 05 mins
Bar Council	TBC	TBC	TBC
APIL	TBC	TBC	TBC

ANNUAL CHARITY GOLF DAY

RUDDING PARK GOLF CLUB, HARROGATE, NORTH YORKSHIRE

10.00 – 18.00 THURSDAY 22 JUNE

AvMA's Annual Charity Golf Day is the perfect curtain-raiser to #ACNC17 and this year it will be a special fundraising event for AvMA's 35th Anniversary. The venue for the Golf Day is the award-winning Rudding Park Hotel in Harrogate. The cost of £98+VAT per golfer includes bacon rolls on arrival, 18 holes of golf on the Hawtree Course and a buffet, drinks and prizegiving at the end of an enjoyable day's golf. For full details, go to www.avma.org.uk/events or contact the AvMA events team

AvMA CURRY SCHOOL

HANSA'S RESTAURANT, LEEDS

13.30 – 16.30 THURSDAY 22 JUNE

Kindly sponsored by



Not a golfer? Then join us for an amazing afternoon learning how to cook authentic Gujarati cuisine, hosted by the renowned [Leeds chef Hansa](#). This is a rare opportunity to learn from a master of authentic Indian cuisine.

The price is just £75 for AvMA Panel and Lawyers' Service members, and £105 for non-members. Three hours' expert tuition and dinner at the end will be your own creations! The cost of your ticket will support AvMA and Hansa's own Indian children's charity. Places are limited. For further information please contact Philip Walker, AvMA Fundraising Manager, at philipwalker@avma.org.uk or on 0203 096 1121.

#ACNC17 WELCOME EVENT

SKY LOUNGE, DOUBLETREE BY HILTON HOTEL, LEEDS

19.00 – 23.00 THURSDAY 22 JUNE

Get your #ACNC17 off to a great start by attending our Welcome Event on the evening of Thursday 22 June. We have exclusive hire of the chic [Sky Lounge](#) at the Doubletree by Hilton Hotel in Leeds, which will be one of the main conference hotels. The Sky Lounge is on the 13th floor and offers panoramic views over the city. Attendance is included in the residential conference registration fee. Non-residential delegates or guests have the option of paying an additional £40+VAT to attend.

#ACNC2017 MID-CONFERENCE DINNER

ROYAL ARMOURIES MUSEUM, LEEDS

19.30 – 01.00 FRIDAY 23 JUNE

Kindly sponsored by



The Mid-Conference Dinner will take place on the evening of Friday 23 June. The event will commence with a drinks reception at 19.30 before a three course meal and entertainment. Attendance is included in the residential conference registration fee. Non-residential delegates or guests have the option of paying an additional £73 + VAT to attend.

ACCOMMODATION

Accommodation for delegates booking the residential packages will be allocated between the Doubletree by Hilton, Hilton Leeds City and Park Plaza in Leeds city centre, very close to the train station and a 15 minute walk to the conference venue.

#ACNC17 WEBSITE AND DOCUMENTATION

Help us to decrease the #ACNC17 carbon footprint by reducing the amount of conference folders produced and documentation printed by choosing to download the electronic version instead of receiving a hard copy and deduct £10 +VAT from your registration fee.

#ACNC17 SPONSORS

AvMA wishes to thank the following organisations for their support

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BURCHER JENNINGS

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personal financial planning

#ACNC17 is the ideal way to reinforce your company's brand, create new business opportunities and maintain customer interface with current clients. For details on the remaining sponsorship, exhibition and promotional packages, please contact the AvMA events team.

GET IN TOUCH

Should you have any queries regarding #ACNC17 please contact the AvMA events team

Email: conferences@avma.org.uk

Telephone: 0203 096 1140

Website: www.avma.org.uk/acnc17

Twitter: #ACNC17

#ACNC17 REGISTRATION

23-24 June 2017, Royal Armouries Museum, Leeds (Ref: 347)

Please complete the form below in BLOCK CAPITALS and return with payment to:
AvMA Events, Freedman House, Christopher Wren Yard, 117 High Street, Croydon CR0 1QG DX: 144267 Croydon 24 email: conferences@avma.org.uk

#ACNC17 BOOKING OPTIONS AND COSTS						
Code		AvMA Lawyers' Service member rate	Standard rate	NHS/medical expert rate	CONCESSION RATES *	
					AvMA Lawyers' Service member rate	Standard rate
RESIDENTIAL (includes social functions on nights booked)						
1 day/1 night	1D/1N	£530 + VAT = £636	£580 + VAT = £696	£460 + VAT = £552	£424.00 + VAT = £508.80	£464.00 + VAT = £556.80
2 days/1 night	2D/1N	£645 + VAT = £774	£730 + VAT = £876	£590 + VAT = £708	£516.00 + VAT = £619.20	£584.00 + VAT = £700.80
2 days/2 nights	2D/2N	£750 + VAT = £900	£840 + VAT = £1,008	£695 + VAT = £834	£600.00 + VAT = £720.00	£672.00 + VAT = £806.40
NON-RESIDENTIAL (excludes social functions)						
1 day	1D NR	£345 + VAT = £414	£395 + VAT = £474	£250 + VAT = £300	£276.00 + VAT = £331.20	£316.00 + VAT = £379.20
2 days	2D NR	£545 + VAT = £654	£595 + VAT = £714	£455 + VAT = £546	£436.00 + VAT = £523.20	£476.00 + VAT = £571.20

YOUR DETAILS	ROOM SUPPLEMENTS
Organisation	Double/twin occupancy
Address/DX	£30.00 + VAT = £36.00 per night
	Extra accommodation Wed 21 June or Sat 24 June
	Single occupancy: £119 + VAT = £142.80
	Double occupancy: £149 + VAT = £178.80
Postcode	
Tel	Fees for paying by invoice, with payment due within 30 days or by the date of the event (whichever is earlier): Add 15% to the fees above.

DELEGATE	DELEGATE	DELEGATE
Title	Title	Title
First name	First name	First name
Surname	Surname	Surname
Job title	Job title	Job title
Email	Email	Email
Twitter name	Twitter name	Twitter name
Parallel lectures (choose one from each group)	Parallel lectures (choose one from each group)	Parallel lectures (choose one from each group)
A-E: F-J: K-N:	A-E: F-J: K-N:	A-E: F-J: K-N:
Booking option (tick code as appropriate)	Booking option (tick code as appropriate)	Booking option (tick code as appropriate)
Residential 1D/1N 2D/1N 2D/2N	Residential 1D/1N 2D/1N 2D/2N	Residential 1D/1N 2D/1N 2D/2N
Non-residential 1D NR 2D NR	Non-residential 1D NR 2D NR	Non-residential 1D NR 2D NR
Please specify which day(s) & night(s) you will be attending #ACNC17 (tick as appropriate)	Please specify which day(s) & night(s) you will be attending #ACNC17 (tick as appropriate)	Please specify which day(s) & night(s) you will be attending #ACNC17 (tick as appropriate)
Thursday 22 June night Friday 23 June day Friday 23 June night Saturday 24 June day Additional accom. Wednesday 21 June Additional accom. Saturday 24 June	Thursday 22 June night Friday 23 June day Friday 23 June night Saturday 24 June day Additional accom. Wednesday 21 June Additional accom. Saturday 24 June	Thursday 22 June night Friday 23 June day Friday 23 June night Saturday 24 June day Additional accom. Wednesday 21 June Additional accom. Saturday 24 June
Please specify which discounts you are claiming Online docs Junior solicitors and barristers Trainee legal executives Sponsor/exhibitor	Please specify which discounts you are claiming Online docs Junior solicitors and barristers Trainee legal executives Sponsor/exhibitor	Please specify which discounts you are claiming Online docs Junior solicitors and barristers Trainee legal executives Sponsor/exhibitor

DISCOUNTS
(Please tick the discount(s) you are claiming)
Discount for online documentation Help us to reduce the #ACNC17 carbon footprint and receive the conference documentation online as opposed to the hard copy documentation folder and deduct £10 + VAT per person from your registration fee.
*Concession rates Paralegal, trainee legal executives, junior solicitors and barristers are entitled to the concession rate. Junior solicitors and barristers are to those of 3 years PQE or less. This rate is not available to Fellows of ILEX.
Discounts for multiple bookings For each 3rd or 4th person booked from your organisation, discount £80 + VAT per person (total £96) from the final balance. For each 5th, 6th person or more booked from your organisation, discount £90 + VAT per person (total £108) from the final balance. Multiple booking discounts are applicable for Residential and Non-Residential Conference fees only. Delegates taking advantage of the concession cannot be included in multiple booking discounts.

FEES PAYABLE
Cost for delegates as per rates above (including VAT)
Less multiple booking discounts (excluding concession rates delegates)
Less online conference documentation (£10 + VAT = £12 per person)
ADDITIONAL COSTS (for non-residential delegates)
Welcome event (£40 + VAT = £48)
Mid-conference dinner (£73 + VAT = £87.60)
Additional costs for room supplements
TOTAL BALANCE DUE
PAYMENT
Cheque payment I enclose a cheque for £ made payable to AvMA.
Bank transfer Please send payment to: Bank: Co-operative Bank Account name: Action against Medical Accidents Sort code: 089299 Account number: 65583630 SWIFTBIC: CPBKGB22 IBAN: GB66CPBK 089299 65583630 Please quote ref 347/ACNC when making payment
Signature:
I agree to AvMA's terms and conditions of booking

TERMS & CONDITIONS
Payment: Payment must be received at the time of booking. Payment by invoice with payment due within 30 days or by the date of the event (whichever is earlier). Add 15% to the fees above.
Accommodation: Accommodation will be allocated on a first-come, first-served basis between the Doubletree by Hilton, Hilton Leeds City and Park Plaza Hotel. Hotel accommodation is only confirmed once payment is received.
Multiple booking discounts: Multiple booking discounts are applicable for Residential and Non-Residential Conference fees only. Junior solicitors/barristers, paralegals, trainee legal executives, sponsors/exhibitors/promotional sponsors entitled to the reduced rates cannot be included in multiple booking discounts.
Discounted rates for sponsors/exhibitors/promotional sponsors: Sponsors, exhibitors and promotional sponsors are entitled to discounted rates but are not able to also use discounts for junior solicitors/barristers, paralegals and trainee legal executives.
Cancellations and substitutions: Cancellations must be confirmed in writing (e-mail is acceptable) and will be subject to the following fees: on or before 2 May 2017 - £50 + VAT administration charge per delegate; between 3 May and 5 June 2017 - 50% of conference cost per delegate; from 6 June 2017 - full conference cost (conference documentation will be sent after the event). If delegates are unable to attend the conference for reasons outside of
AvMA's control and have not cancelled in advance, no refunds will be issued.
Indemnity: It may be necessary to change the content and timing of the programme, speakers or venue due to circumstances beyond AvMA's control. We reserve the right to cancel the conference if absolutely necessary and issue a full refund of fees. AvMA accepts no liability if, for whatever reason, the conference does not take place.
Conference fees include Delegates receive the full conference pack or online documentation, conference bag, lunch and refreshments. Residential delegates also receive accommodation, breakfast and the evening functions on the respective evenings - the Welcome Event on Thursday evening, Mid-Conference Dinner on Friday evening. Non-residential delegates and partners are most welcome to attend either function at a supplementary cost, as stated on the registration form.
Data Protection Act AvMA will retain your details on our database to enable us to process your booking, for accreditation purposes and so that you can be kept up to date with details of relevant future events. If you do not wish to receive future mailings from AvMA after this event, please tick this box.
Occasionally we may include marketing material from external organisations with our mailings (e.g. conference sponsors). If you do not wish to receive information from third parties, please tick this box.



The charity for
patient safety
and justice

AvMA 35th Anniversary Charity Golf Day

Thursday 22 June 2017
Rudding Park Golf Club
Harrogate, North Yorkshire

The thirteenth AvMA Charity Golf Day will take place on Thursday 22 June 2017 at the stunning Rudding Park in Harrogate and this year it will be a special fundraising event for AvMA's 35th Anniversary.

The Welcome Event for the Annual Clinical Negligence Conference will take place later that evening in Leeds (30 minutes' drive away) so the Golf Day offers the perfect start to the essential event for clinical negligence specialists.

- **Stableford rules**
- **Teams of four**
Enter your own team or we will be happy to form a team for you with other individuals
- **From £98 + VAT per golfer**
Includes breakfast rolls on arrival, 18 holes of golf and a buffet and prize-giving at the end of the day
- **All profits go directly to AvMA's charitable work in our 35th year**

RUDDING PARK

The Hawtree course Rudding Park was designed by the renowned golf course architect Martin Hawtree to provide a challenge for seasoned golfers, as well as encourage those that are new to golf or don't play regularly, and has lovely parkland and woodland holes and a number of water hazards of varying degrees of difficulty.



To book your place(s), please complete the form in BLOCK CAPITALS and return with payment to:

AvMA Golf Day
Freedman House
Christopher Wren Yard
117 High Street
Croydon CR0 1QG
DX 144267 Croydon 24

Email:
conferences@avma.org.uk

Should you have any queries please contact the AvMA events team

Tel: 020 3096 1140

Email:
conferences@avma.org.uk

@AvMAuk
www.avma.org.uk/events

Fee for paying at the time of booking

Fee for paying by invoice

with payment due within 30 days or by date of the event (whichever is earlier)

Firm/Organisation

Names of players

- 1.
- 2.
- 3.
- 4.

Address/DX

Tel

Fax

Email

Payment by cheque

I enclose a cheque for

made payable to AvMA

Payment by bank transfer

Account: Action against Medical Accidents
Account number: 65583630
IBAN: GB66CPBK 089299 65583630

Bank: Co-operative Bank
Sort code: 089299
SWIFTBIC: CPBKGB22

£117.60

(£98 + VAT per person)

£135.24

(£112.70 + VAT per person)



Colette Payne on BUPA 10k 2015

Marathon Charity Place for 2016

- AvMA has charity place for various the 2016 Marathons
- We have access to places when the public ones have gone
- If you want to run Brighton, Manchester etc. this is your chance
- First come first take our one charity place!

How We Support our Fantastic Runners & Riders

Pledge to raise money for us, we'll support you every step of the way. You will receive your AvMA pro running/cycle vest, fundraising pack, training and diet packs and everything else you need to succeed.

- Firm is featured on the AvMA website own page and AvMA home page link
- Technical running or cycle vest (worth over £50)
- Training guide as recommend by the London Marathon
- Fundraising pack & PR materials (including AvMA website)
- Letter writing and flyer production service for sponsorship
- Your own free online (Mydonate) fundraising page and donate button
- Personal AvMA run/race supporter

Advice and assistance from our dedicated support team "Contact" Phil Walker
philipwalker@avma.org.uk

More information on the London BUPA 10K Run



Bolt Burden Kemp BUPA 10K team raised over £1,000 for AvMA in beautiful May sunshine

London, May 2016

Distance - 10K

Registration Fee - £25 approximately

Fund raising target from £250 to £1,000+

The BUPA London 10K routes around some of the capital's most famous sights. For more information go to the BUPA 10K home page.

<http://www.london10000.co.uk/>

Register NOW! for a place on the 2016 race and run for AvMA <http://www.london10000.co.uk/entry-form/>

More information on the Ride London 100

London, August 2016

Registration Fee – TBC

Fund raising target from £250 to £1,000+

<http://www.prudentialridelondon.co.uk/>

The Ride London 100 is 100 miles in 9 hours

Madness! - not for AvMA supporters. In 2013 our 4 legal Centurions completed 100 in record time and raise over £4,000 for AvMA. Ride the Olympic course

Contact Phil Walker for details philipwalker@avma.org.uk



Alex Coles and Olly Smith Ride 100

Help us raise much needed funds -

What Could Your Firm do to Help us Raise Funds

Eat and Drink to support AvMA – AvMA Curry Nights London & Leeds



Learning curry cooking in Leeds 2015

AvMA Curry Nights are a great way to network and have a great evening out whilst raising funds for AvMA's patient safety work.

- You could buy tickets for the evening
- Your firm could sponsor the evening
- Your firm could donate raffle prizes

Promote your firm and host a great social event

AvMA Curry Night Brick Lane [Click Here!](#)

Contact Phil Walker for details philipwalker@avma.org.uk

Host an AvMA Quiz Night or Golf Day

- Host a golf day with dinner and raffle.
- Quiz night with nibbles & drinks.
- Cake baking with a prize for best design
- Comedy nights with pro and amateurs
- Garden parties with games and BBQ
- Race nights, dress down days and more

Promote your firm and have fun just ask:

McKeag & Co, Langleys, EAD, Field Fisher, A Neat Legal, McMillan Williams, St John's Chambers, Shoosmiths, Stephensons & Tees



McKeag Rose Ball Dinner and Dance

AvMA – Legal Choir Challenge 2016



Joint Winners Shoosmiths Singers

Does your firm have a choir and do you enjoy singing with other choirs and an audience.

In 2014 & 2015 five legal choirs competed in the final of the AvMA Legal Choir of the Year Challenge. See details [HERE!](#)

Places available for 2016 challenge!

Join us along with **Linklaters, Taylor Wessing, Irwin Mitchel, Shoosmiths, Kingsley Napley, Devonshires** and others on November 15th.

Full wine bar this time!

Special guests and judges to be announced

For details of all these events and how you can host a great event yourself contact Phil Walker philipwalker@avma.org.uk

ACTION AGAINST MEDICAL ACCIDENTS

35th Anniversary Gala Celebration

Evening of

1ST DECEMBER 2017

Grand Connaught Rooms, London

Celebrate 35 years of action on patient safety and justice!

35 | **avma**
YEARS | action *against* medical accidents

Join us on the evening of
Friday 1st December 2017 at
the Grand Connaught Rooms
in London to celebrate AvMA's
35th anniversary and to mark the
progress that has been made in
patient safety and justice since
AvMA was formed in 1982.

The evening will be one of
celebration, with a drinks reception
starting the evening at 19.15, followed
by a fantastic three course meal with
wine, live entertainment, dancing
and some special surprises! AvMA's
Specialist Clinical Negligence Panel
Meeting will take place that afternoon,
also at the Grand Connaught Rooms.

**It will be the perfect event to
entertain clients, contacts and/or
reward staff, on an evening that will
bring together the key people from
the medico-legal and patient safety
worlds.**

It promises to be the most memorable
of occasions and we very much look
forward to seeing you there.

Tickets

£130 + VAT per person
(for a table of 10)

£150 + VAT
(for individual tickets)

*Includes a drink on arrival, three
course meal, coffee, half a
bottle of wine & mineral water
per person and entertainment*

— 35th Anniversary — Sponsors

AvMA would like to thank the following
organisations for their generous sponsorship:

 **accesslegal**

 **irwinmitchell**
solicitors

 **medical**
accident group

 **Slater
Gordon**
Lawyers

 **Tees**

 **PIC**
PARTNERS IN COSTS

*B*ecome a 35th Anniversary Sponsor

This prestigious event will attract
considerable attention and publicity amongst
the medico-legal community and offers
an exciting way to raise your organisation's
profile and demonstrate your involvement
in AvMA's 35th Anniversary to your clients,
contacts and colleagues.

Please contact the AvMA Events team for
further details.

35 years of promoting patient safety and justice

The AvMA story began in 1982 when playwright Peter Ransley founded the charity after his BBC drama *Minor Complications* caused public outcry.

Arnold Simanowitz (now OBE) was AvMA's first Chief Executive.

Contact

Please contact the AvMA Events team if you have any queries relating to this event.

Tel: 020 3096 1140

Email:

conferences@avma.org.uk

- | | |
|-------------|---|
| 1983 | AvMA begins to campaign to improve expertise in clinical negligence cases and initiates the first solicitor referral programme (pre-cursor to AvMA's solicitors' panel) |
| 1989 | AvMA holds the first of the now annual Clinical Negligence Conferences, bringing together leaders in clinical negligence law |
| 1995 | AvMA successfully campaigns against abolition of legal aid for clinical negligence cases |
| 1996 | After lobbying by AvMA, a new NHS complaints procedure introduced |
| 2001 | After campaigning by AvMA, Commission for Health Improvement (now CQC) and National Patient Safety Agency established |
| 2003 | Peter Walsh joins as new Chief Executive. AvMA rebranded as Action against Medical Accidents – the charity for patient safety and justice |
| 2009 | AvMA launches the Inquest Support Service to support families at healthcare related inquests to generate lessons for patient safety |
| 2010 | AvMA a 'core participant' in the Mid-Staffordshire NHS Foundation Trust Public Inquiry – 90% of our suggestions taken up by the Francis Enquiry Report |
| 2011 | AvMA leads campaign for access to justice for clinical negligence cases in light of Legal Aid Sentencing and Punishment of Offenders Bill |
| 2014 | AvMA's long campaign for a Duty of Candour leads to implementation in England, followed by plans to introduce in Scotland, Wales and Northern Ireland |
| 2017 | AvMA speaks up for patient safety and justice in wake of 'safe space' and 'fixed costs' proposals |

AvMA 35th Anniversary Gala Celebration Booking Form

1 December 2017, Grand Connaught Rooms, London

(Ref: 350)

Please complete in BLOCK CAPITALS and return with payment to:

AvMA Events, Freedman House, Christopher Wren Yard, 117 High Street, Croydon CR0 1QG.

DX 144267 Croydon 24

Tables

I would like to book table(s) of 10 at a cost of £1,300 + VAT per table (total £1,560)

Individual tickets

I would like to book tickets at a cost of £150 + VAT per person (total £180)

35th Anniversary sponsor tickets

I would like to book tickets at a cost of £99 + VAT per person (total £119.20)

Total amount payable £

Fees for paying by invoice, with payment due within 30 days or by the date of the event (whichever is earlier): add 15% to the fees payable.

Organisation

Contact name

Job title/position

Address

Telephone

Fax

Email

Please inform the AvMA Events team of any dietary or other special requirements by no later than 13 November 2017 by email conferences@avma.org.uk

Cheque payment

I enclose a cheque for £ made payable to AvMA

Bank transfer

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Delegate List

Essential Medicine for Lawyers
9 May 2017, Manchester Conference Centre

Title	Name	Surname	Organisation	Job Title
Ms	Emma	Arnold	Potter Rees Dolan	
Dr	John	Caplin	Spire Hull and East Riding Hospital	Consultant Cardiologist
Ms	Gill	Edwards	Potter Rees Dolan	Senior Solicitor
Ms	Emma	Edwards	Fletchers Solicitors	Solicitor
Dr	John	English	Queen's Medical Centre	Consultant Dermatologist
Ms	Emma	Frank	Switalskis LLP	Solicitor
Ms	Jennifer	Hales	Fletchers Solicitors	
Ms	Claire	Haley	Aegis Legal	Solicitor
Mr	Adrian	Hawley	PIC	Head of Court of Protection
Dr	Matthew	Howse	Royal Liverpool University Hospital	Consultant Nephrologist
Ms	Geraldine	Kane	Ison Harrison	Solicitor
Mr	Ed	Maycock	Action against Medical Accidents	Events Manager
Dr	Paul	Miller	Alexandra Hospital	Consultant Gastroenterologist
Mr	Niall	Murtagh	Fletchers Solicitors	
Dr	Kevin	Naylor	Exchange Chambers	Barrister
Mr	Tim	Newman	No 5 Chambers	Barrister
Ms	Nilam	Patel	Fieldfisher	Solicitor
Mr	Andrew	Russell	Pryers LLP	Senior Litigation Executive
Mr	Simon	Scott	Clayton Legal	Senior Recruitment Consultant
Ms	Sarah	Smith	Aegis Legal	Solicitor
Mr	Richard	Stanford	Brindley Twist Tafft & James	
Dr	Chris	Warburton	Aintree University Hospitals NHS Foundation Trust Liverpool	Consultant Respiratory Physician

Essential Medicine for Lawyers

9 May 2017, Manchester Conference Centre

Chair: Dr Kevin Naylor, Barrister, Exchange Chambers

09:15 Registration and refreshments

10:00 Chairman's opening remarks

10:10 **Gastroenterology and Liver Disease**

Dr Paul Miller, Consultant Gastroenterologist, Alexandra Hospital

An overview of the anatomy and physiology of the alimentary tract and the medical conditions that are associated with the system. We will discuss imaging procedures used and medico-legal claims arising from the treatment of gastroenterological conditions.

11:10 **The Cardiovascular System**

Dr John Caplin, Consultant Cardiologist, Spire Hull and East Riding Hospital

An introduction to the cardiovascular system looking at how it works and diagnosis of associated diseases. This session will also look at examples of conditions that affect the system and how these conditions are identified and treated.

12:10 Refreshments

12:25 **Respiratory Medicine**

Dr Christopher Warburton, Divisional Medical Director, Consultant in Respiratory Medicine, Aintree Hospital

An introduction to the anatomy and physiology of the respiratory system, discussing such conditions as pneumonia, bronchitis, asthma, TB and pulmonary embolus and how treatment of these conditions can lead to medico-legal claims.

13:25 Lunch

14:10 **Applying Medical Knowledge and Choosing the Right Expert**

Gill Edwards, Senior Solicitor, Potter Rees Dolan

15:10 **Dermatology**

Dr John English, Consultant Dermatologist, Queen's Medical Centre, Nottingham

An overview of the structure of the skin and its functions looking at common skin diseases, their treatment and medico-legal issues arising.

16:10 Refreshments

16:15 **Nephrology**

Dr Matthew Howse, Consultant Nephrologist, Royal Liverpool and Broadgreen University Hospital NHS Trust

An introduction to the anatomy and physiology of the renal system and the associated medical conditions that can lead to medico-legal claims.

17:15 Chair's closing remarks

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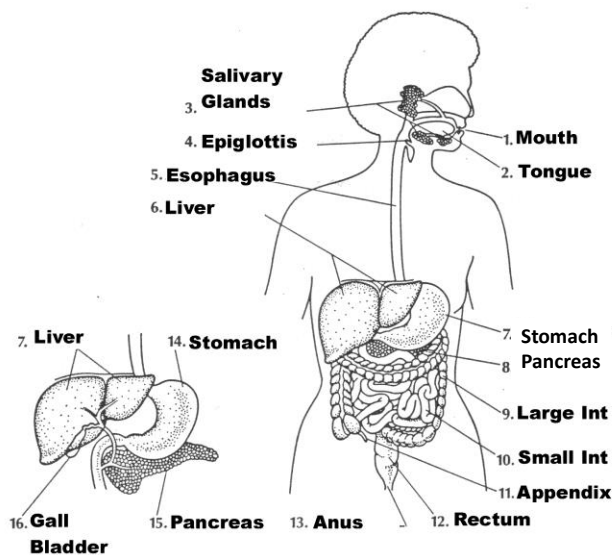


Essential Medicine for Lawyers: Gastroenterology and Liver Disease

Paul Miller
University of Manchester
formerly consultant gastroenterologist
University Hospital of South Manchester

AvMA, Manchester Conference Centre
9th May 2017

Human Digestive System



Digestion & Absorption

- Digestion
 - Mechanical: mastication, stomach
 - Chemical: enzymes in saliva, stomach and small intestine, pancreas break down large molecules into small molecules preparatory to ...
- Absorption
 - Fat (triglycerides) into fatty acids and glycerol
 - Carbohydrate (starch) into glucose etc
 - Proteins into amino acids
- Nutrients absorbed in small intestine
- Water absorbed by colon

Disease of the hollow gastrointestinal tract

- Oesophagus
 - Reflux, cancer
- Stomach
 - Gastritis, gastric ulcer, cancer
 - Helicobacter pylori (gastritis, ulcers)
- Small intestine
 - Coeliac disease, Crohn's disease
- Large bowel
 - Crohn's disease, ulcerative colitis (UC), diverticular disease (diverticulosis), cancer
- Functional gastrointestinal disorders
 - eg Irritable Bowel Syndrome (IBS)
- Gastrointestinal bleeding
 - Oesophageal varices, gastric/duodenal ulcers, cancer, diverticulosis, inflammatory bowel disease (IBD – UC or Crohn's)

Limited spectrum of GI symptoms

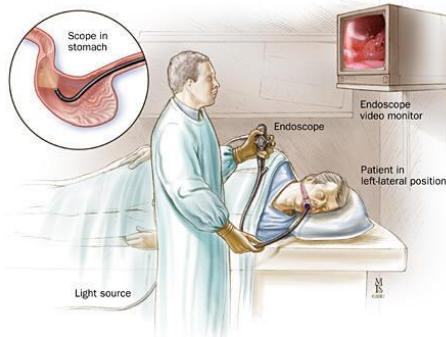
- Loss of appetite
- Loss of weight
- Nausea, vomiting
- Change of bowel habit
 - Constipation, diarrhoea, alternating
- Abdominal pain
 - Site, character
- Bleeding
 - Haematemesis
 - Melaena
 - Rectal bleeding

Endoscopy

- Endoscopy – general term ‘look inside’
- Gastrosocopy (OGD: oesophago-gastro-duodenoscopy)
- Colonoscopy
- ERCP (endoscopic retrograde cholangio-pancreatography)
- Laryngoscopy
- Cystoscopy
- Hysteroscopy



Gastroscopy and colonoscopy



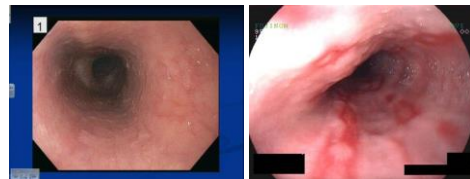
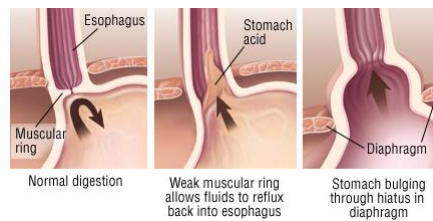
Complications

Damage to teeth
Bleeding
Perforation



Gastro-oesophageal reflux

- Hiatus hernia
- Acid regurgitation
- Heartburn
- Stricture (dysphagia)
- Barrett's oesophagus
 - Risk of cancer
- Obesity
- Smoking
- Pregnancy
- Proton pump inhibitor



Dysphagia

- Difficulty swallowing (cf. dysphasia)
- Neurological
- Incoordination of oesophageal peristalsis
- Narrowing of the oesophagus (stricture)
 - Reflux, cancer, chemical
- Can be biopsied & dilated at endoscopy, surgery, stents



Peptic Ulcer

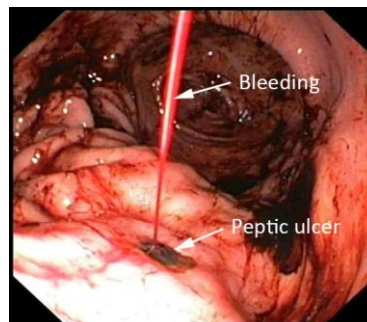
- Ulcers occurring in mucosa (lining of gastrointestinal tract) bathed by acid and pepsin
- Gastric (GU), duodenal (DU) and oesophageal ulceration (reflux, pills)
- Pain, bleeding, perforation
- Diagnosis: gastroscopy
- Treatment
 - Suppress acid: H2-receptor antagonists (H2RA), proton pump inhibitors (PPI)
 - Eradicate *Helicobacter pylori* (Hp) if present: will usually stop ulcers recurring without need for maintenance PPI treatment

Peptic Ulcer

- Ulcer
- Gastric ulcer
- Pain
- Diagnosis
- Treatment



Duodenal ulcer at gastroscopy



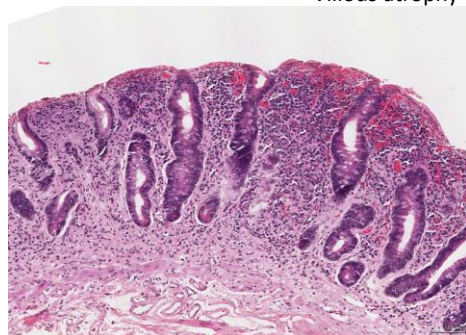
Coeliac Disease

- Gluten in cereals (wheat, barley, rye) damages small intestinal lining
- Malabsorption of nutrients and vitamins
- Anaemia, diarrhoea, steatorrhoea, weight loss, osteoporosis, osteomalacia
- Increased risk of some malignancies
 - importance of treatment with diet
- Diagnosis: serology (TTG), duodenal biopsy
- Treatment: gluten-free diet (GFD), supplements

Lining of the small bowel in coeliac disease



Normal



Coeliac
Villous atrophy

Irritable Bowel Syndrome (IBS)

- Functional ga
- No abnormal investigation
- Altered bowe
- Spontaneous
- Role of anxie
- Diet, antispasmodics, hypnotherapy
- Often an 'ad
- Adverse life
- Post-infecti



t bloating) or
bloating
, post-infective
CBT,



Inflammatory Bowel Disease (IBD)

- Ulcerative colitis (UC)
 - Large bowel (rectum & colon) only, rectum always with variable extent upwards (continuous), inflammation superficial
- Crohn's disease
 - Any part of GI tract (usually terminal ileum, large bowel); skip lesions, full thickness inflammation
- Diarrhoea, bleeding, pain, risk of large bowel cancer
- Extra-intestinal features (skin, eyes, joints, liver)

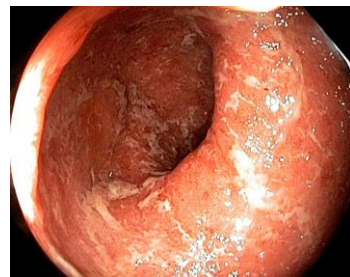
Inflammatory Bowel Disease (IBD)

- Diagnosis
 - Colonoscopy and biopsy
 - MR scan of small bowel, CT colonography, Barium x-rays
- Treatment
 - Steroids, 5-ASA compounds, azathioprine etc, biologic agents (monoclonal antibodies against TNF- α) eg Infliximab, Adalimumab
- Surgery

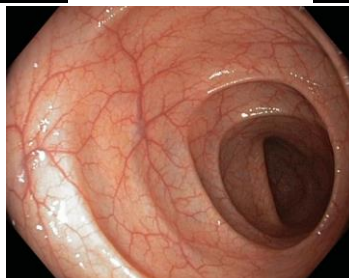
Colonoscopy in IBD



Crohn's



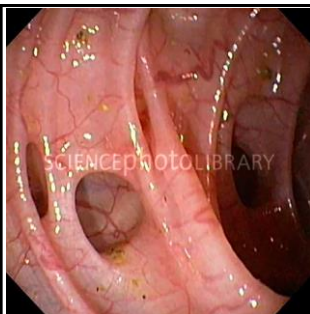
UC



Normal

Diverticular Disease Diverticulosis

- Out-pouching of the colonic lining
- Middle to old age
- Western societies. Lack of dietary fibre
- Pain, change in bowel habit
- Diverticulitis: infection, abscess (left sided appendicitis)
- High fibre diet, antispasmodics, antibiotics, surgery



Colonoscopy



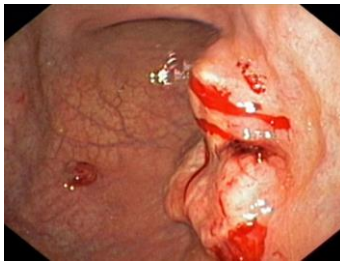
CT colonography
Virtual colonoscopy



Barium enema

Cancer of stomach and large bowel

- Middle-aged and elderly
- Stomach: loss of appetite and weight, nausea, vomiting, bleeding, discomfort/pain
- Large bowel: change in bowel habit, bleeding, anaemia, pain
- Surgery, chemotherapy/radiotherapy



Stomach



Colon

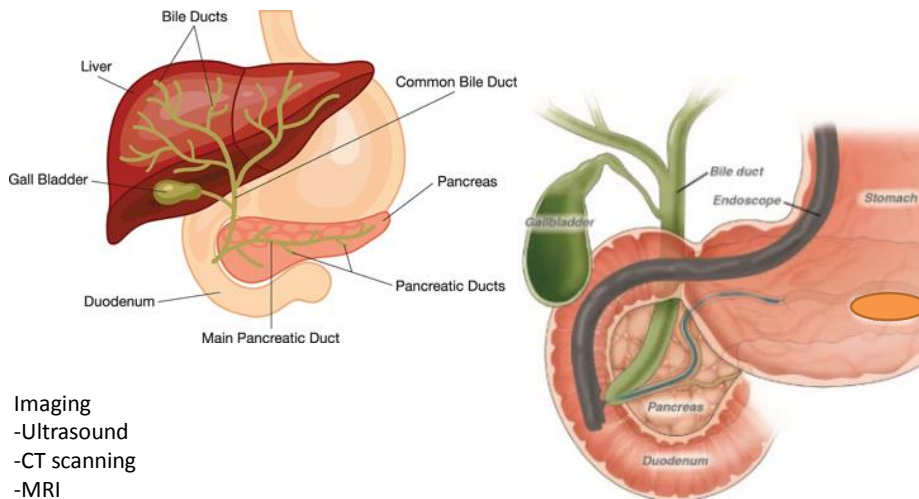
Strictures in the colon

- Cancer, Crohn's disease, Diverticulosis, Ischaemia
- Difficulty getting representative biopsies
 - Sampling error
- Litigation
 - Cancer thought to be Crohn's in young patient: alleged delay in diagnosis and inappropriate treatment
 - Diverticulosis thought to be Crohn's in young patient: alleged wrong operation

Liver, Pancreas and Biliary Tract

ERCP

Endoscopic Retrograde Cholangio-Pancreatography

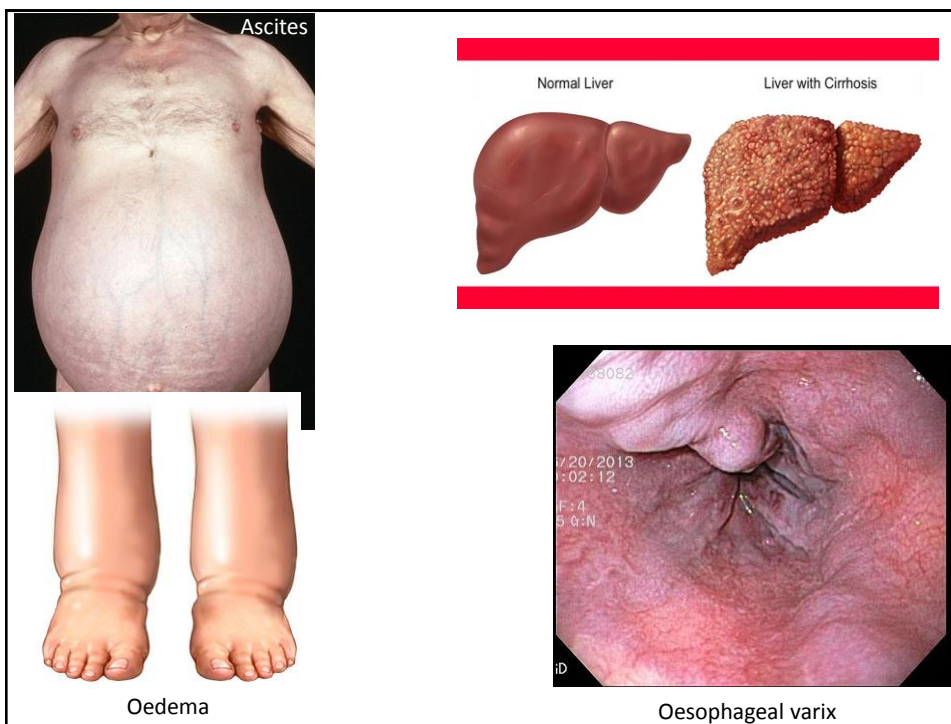


Functions

- Liver
 - carbohydrate, fat and protein metabolism
 - excretion of bile acids (fat absorption)
 - excretion of bilirubin (haemoglobin break down, accumulation causes jaundice)
- Gallbladder
 - Bile storage: released at mealtimes (fat absorption)
- Pancreas
 - Digestive enzymes, Insulin

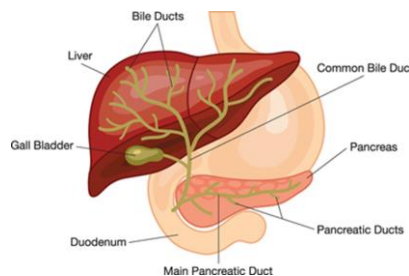
Liver disease

- Fatty liver (NAFLD): 20% population have fatty liver
- Hepatitis
 - A, B, C, D, E etc; drugs, autoimmune (treatable)
 - HBV and HCV (both treatable) can cause chronic disease and cirrhosis
 - HAV and HEV usually resolve spontaneously
- Alcohol
- Genetic
 - Haemochromatosis (treatable) etc
- Progressive disease may lead to cirrhosis
 - Longstanding inflammation, scarring with disorganisation of the liver structure
- Lethargy, jaundice, oedema, ascites, bleeding oesophageal varices
- Litigation: failure to identify treatable cause of liver disease in patient with chronic mild liver function test abnormalities



Gallbladder and Pancreas

- Gallstones
 - Pain, jaundice, rarely perforation/cancer of GB
 - Pancreatitis
 - Litigation: cutting or tying off common bile duct at laparoscopic cholecystectomy
- Pancreas
 - Acute and chronic pancreatitis, cancer
 - Pancreatitis: gallstones, alcohol
 - Pain, jaundice, diabetes
 - Litigation: delayed diagnosis of cancer



Thank you

Questions & Comments

The Cardiovascular System

*Dr John L Caplin, Consultant Cardiologist
Spire Hull and East Riding Hospital*

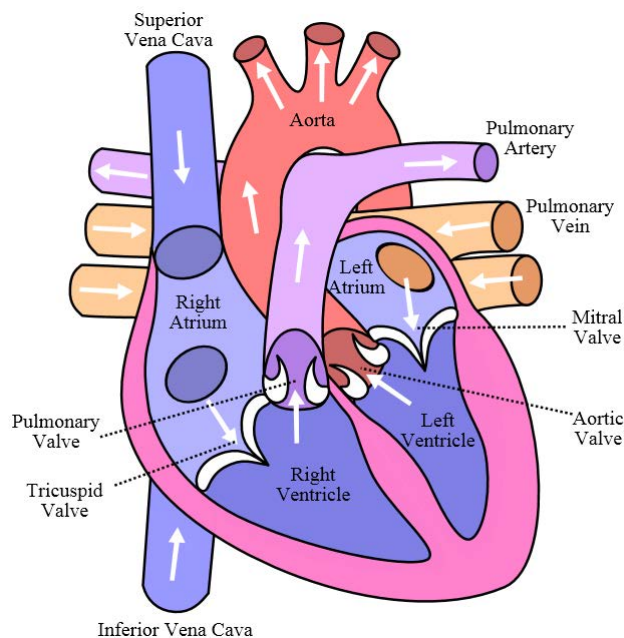
Who am I?

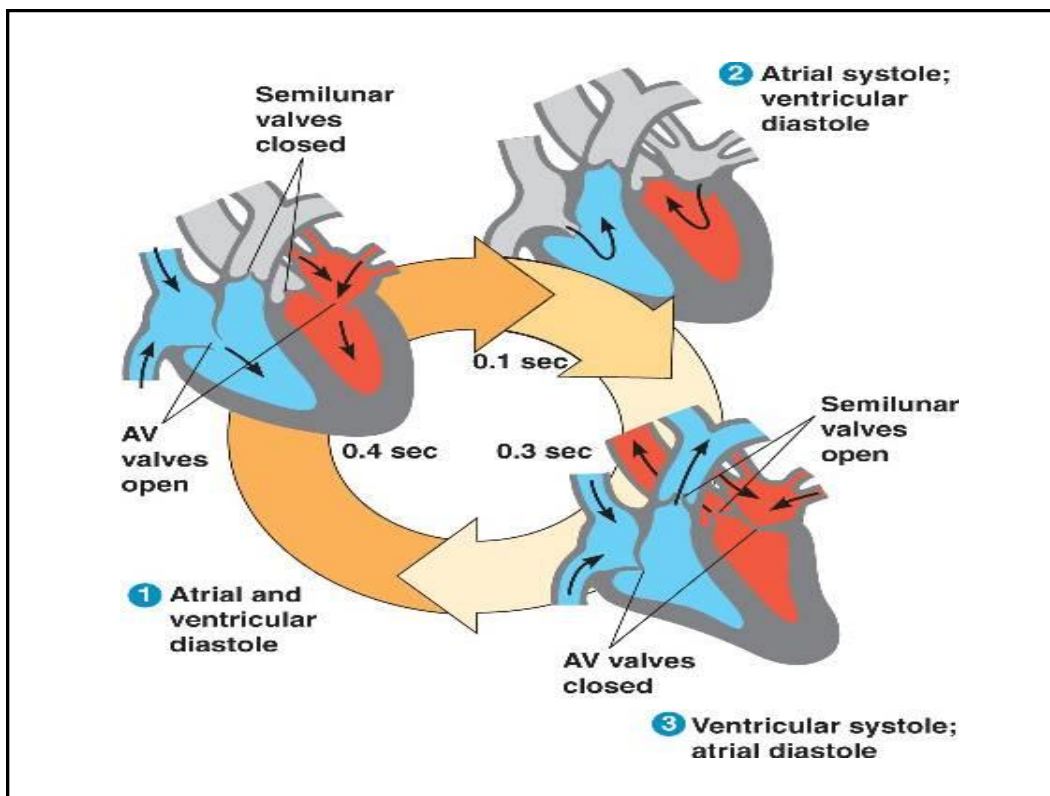
- Qualified UCH, London in 1976.
- Worked at St. Thomas' and St Bartholomew's London, Southampton, and Massachusetts General Hospital, Boston.
- Worked as Consultant Cardiologist, Hull and East Yorkshire Hospital 1990-2012.
- Cardiology advisor to the Office of the Parliamentary and Health Service Ombudsman 2008-11.
- Currently work at the Spire Hull and East Riding Hospital.

What will be covered

- Anatomy and physiology of the heart
- Cardiac investigations
- Ischaemic heart disease
- Valvular heart disease
- Heart failure
- Aortic aneurysms
- Standards and guidance

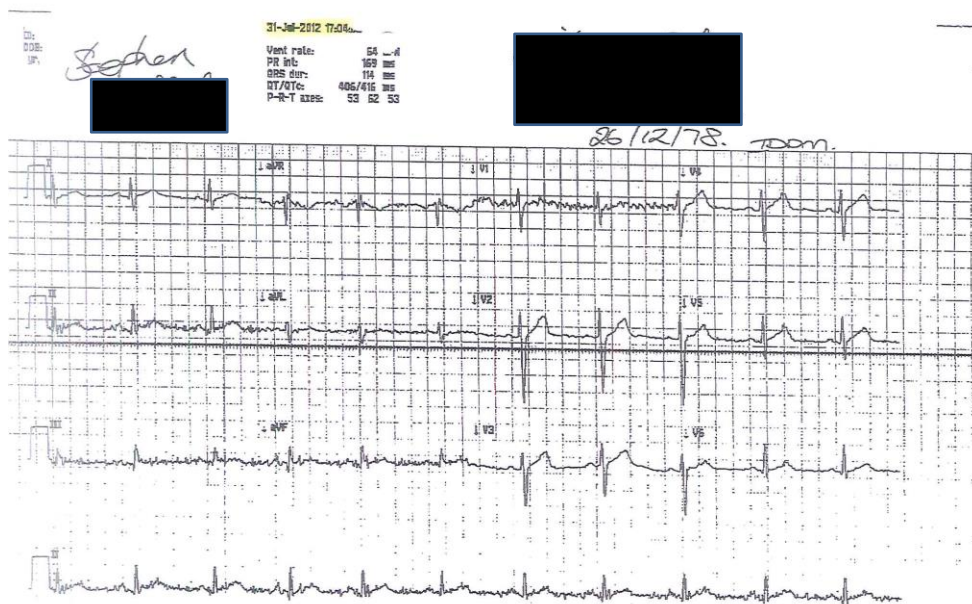
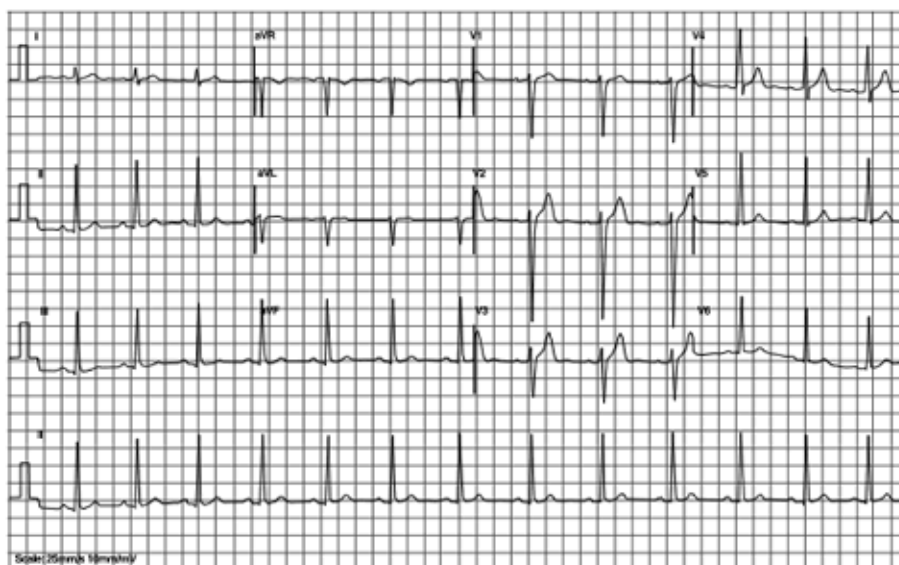
Anatomy and physiology of the heart

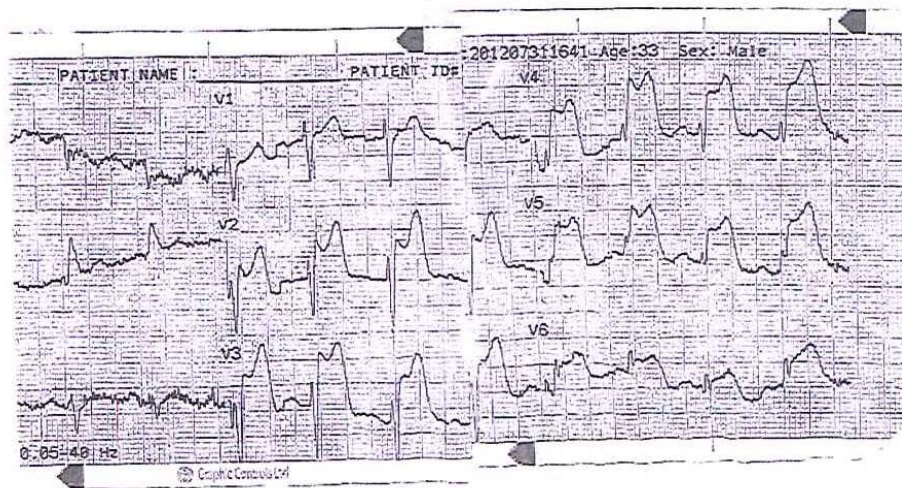




Investigations

- Is it the right patient?
- Is it the right date?
- Is it the right time?
- Was it correctly interpreted?
- Was an adequate report in the records?
- Was it correctly acted upon?





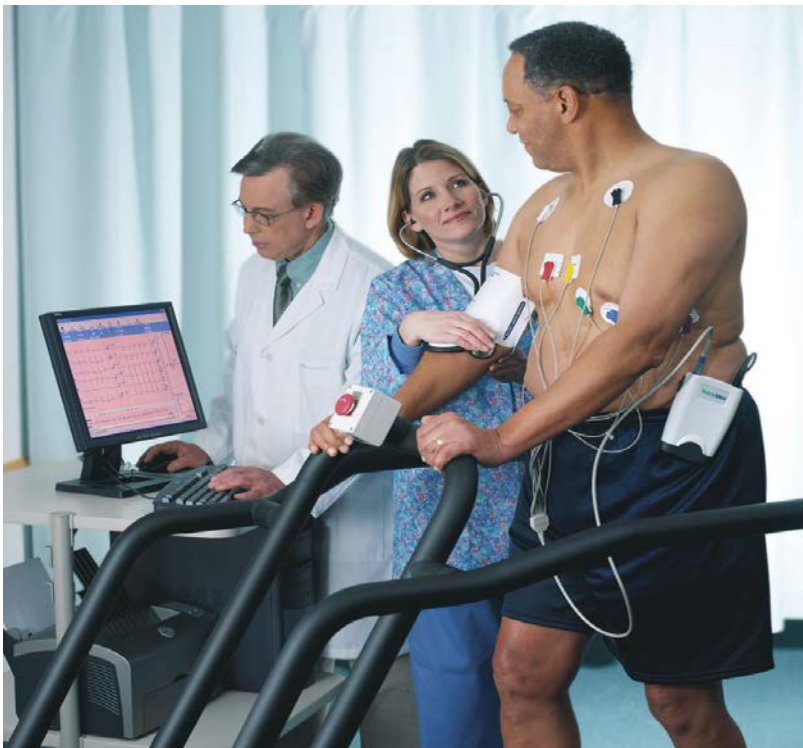
ECG Example

- Patient admitted to A&E after a collapse at work preceded by chest pain.
- Admitted as “collapse”, but chest pain also documented.
- ECG seen by junior doctor and consultant and recognised as abnormal.
- Discharged, then had a cardiac arrest in the car park and could not be resuscitated.



CXR Example

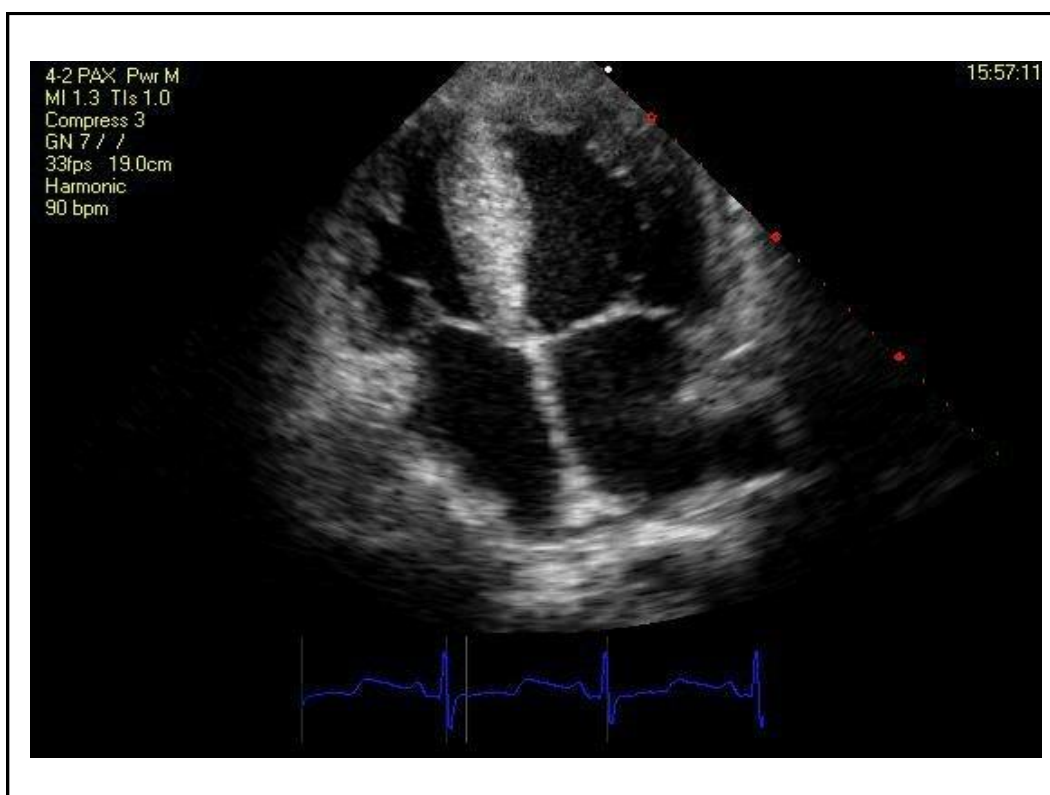
- Patient with congenital heart disease and multiple previous operations.
- Recurrent problems and CXR performed which showed a possible mass.
- Mass confirmed on CT scan, possibly tumour but report not acted upon.
- Curable lung cancer missed, and when returned for possible heart surgery, now incurable with rapid decline and death.

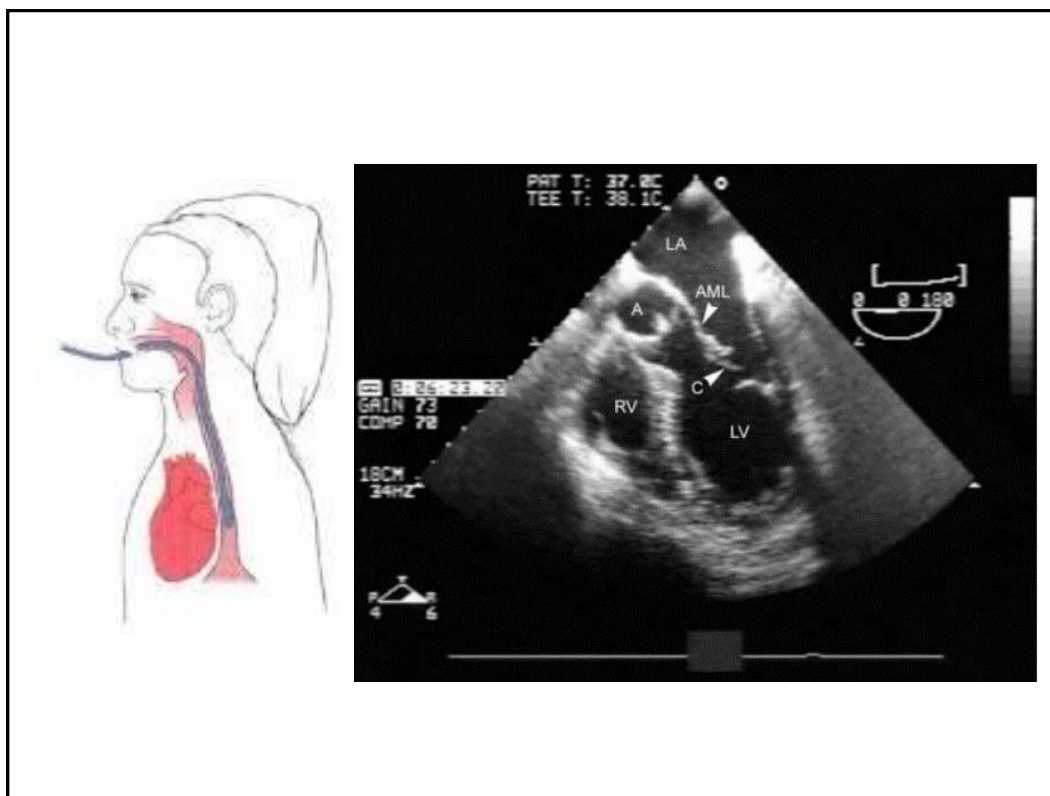


Exercise ECG Example

- Patient admitted with chest pain.
- Very abnormal physical signs including a heart murmur.
- No echocardiogram performed, exercise ECG ordered.
- Trust policy states patients with murmurs should have echocardiogram before exercise ECG.
- Cardiac arrest and dies on treadmill. PM shows ruptured aneurysm.

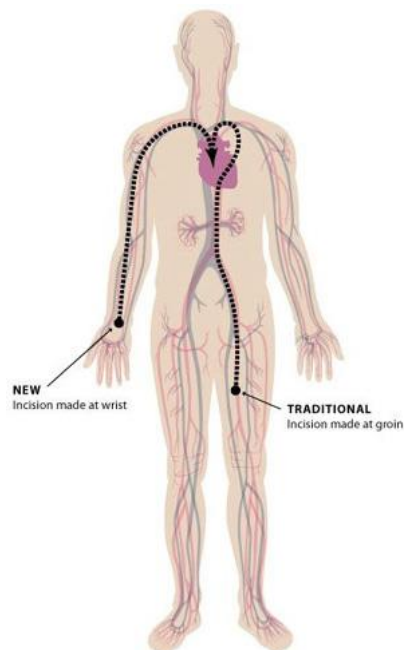






Echocardiogram Example

- Patient with previous congenital heart surgery.
- Routine echocardiogram shows a possible small mass, which is felt to be related to previous surgery.
- MRI scan does not confirm mass, and suggests that the appearance may be related to previous surgery.
- Subsequent stroke probably due to embolisation of mass which in retrospect was likely to be a blood clot.

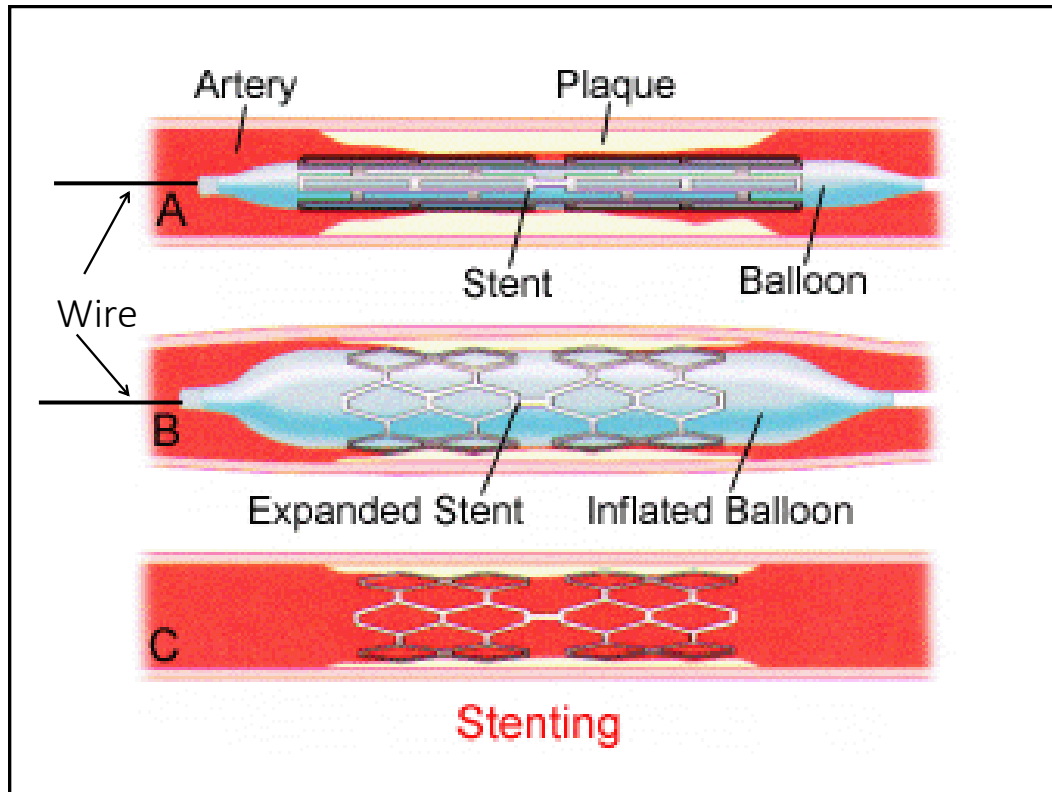


- Is the site appropriate?
- Are there the requisite skills?
- Is the consent adequate?
- Was the procedure prolonged?
- Was the aftercare adequate?
- Is the documentation and are the decisions appropriate?

Cardiac Catheterisation Site Example

- Patient with previous right knee replacement.
- Admitted with chest pain.
- Angioplasty performed from right groin. Red rash noted in right groin prior to procedure.
- No initial complication and goes home.
- 2 days later admitted with pain swollen right knee.
- Knee replacement infected with skin bacteria.
- Requires prolonged antibiotic therapy and knee still stiff and painful.





Catheterisation Example

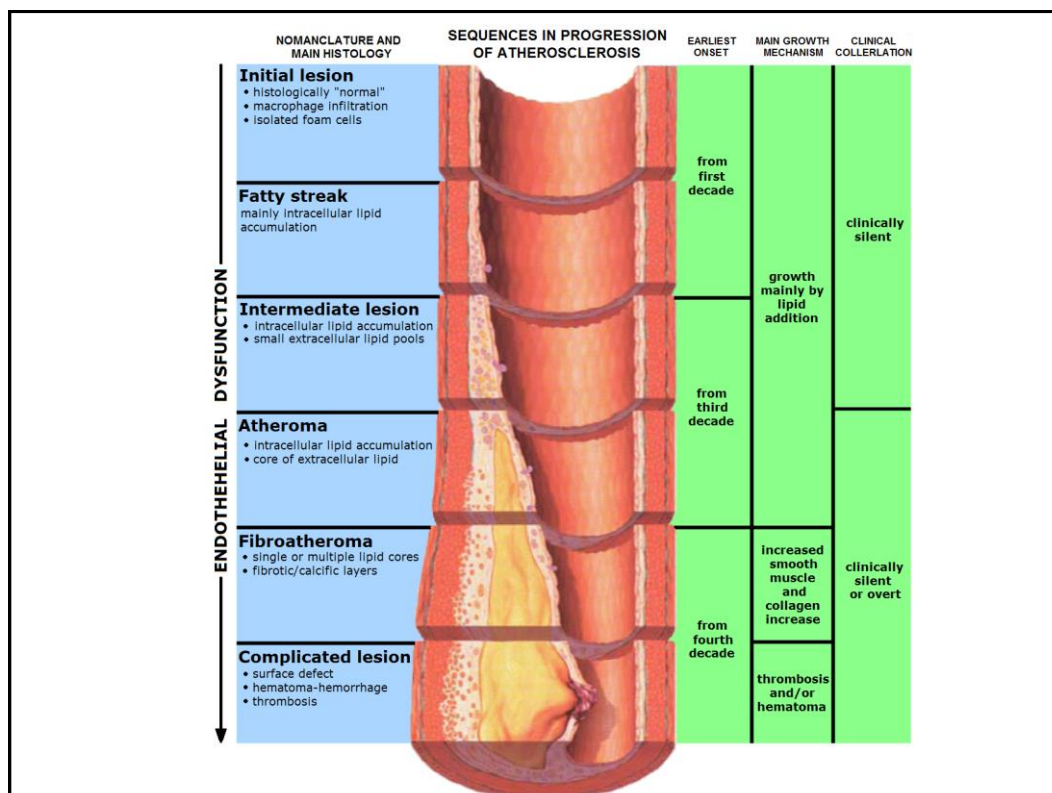
- Patient with previous normal angiogram, known difficult RCA engagement.
- Seen in RACPC by nurse practitioner. Normal exercise ECG, but put on catheter list without discussion with consultant.
- Procedure done by staff grade doctor. Difficult to engage RCA, multiple catheter exchanges and no “call for help”. Leg pain starts during prolonged procedure.
- Leg pain not evaluated on ward and discharged.
- Eventually readmitted (after 2 A&E attendances!) with ischaemic leg. Continued problems despite multiple procedures on leg.

Angioplasty Example

- Femoral artery procedure with full blood thinning.
- Planned closure device use, femoral angiogram performed. This showed additional leak from artery which was not recognised.
- Closure device used and then developed low BP and shock, eventual diagnosis of large retroperitoneal blood clot.
- Prolonged delays in ICU and non-availability of vascular surgeon.
- Persistent medical problems after delayed surgery.

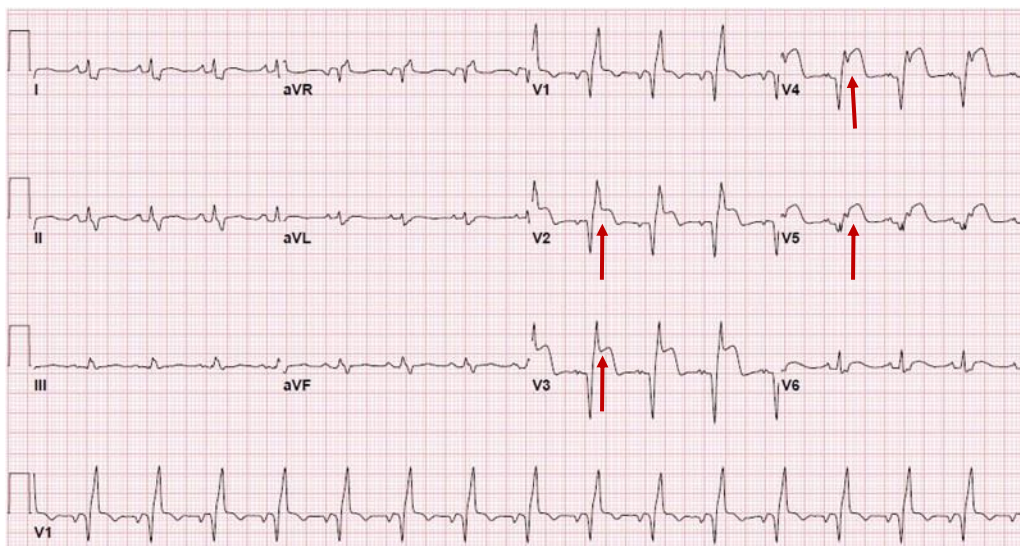
Ischaemic Heart Disease

- Coronary artery disease = coronary heart disease = ischaemic heart disease.
- Usually narrowing or blockage is a coronary artery.
- Spectrum from:
no symptoms,
stable angina,
acute coronary syndrome,
heart failure,
sudden death.



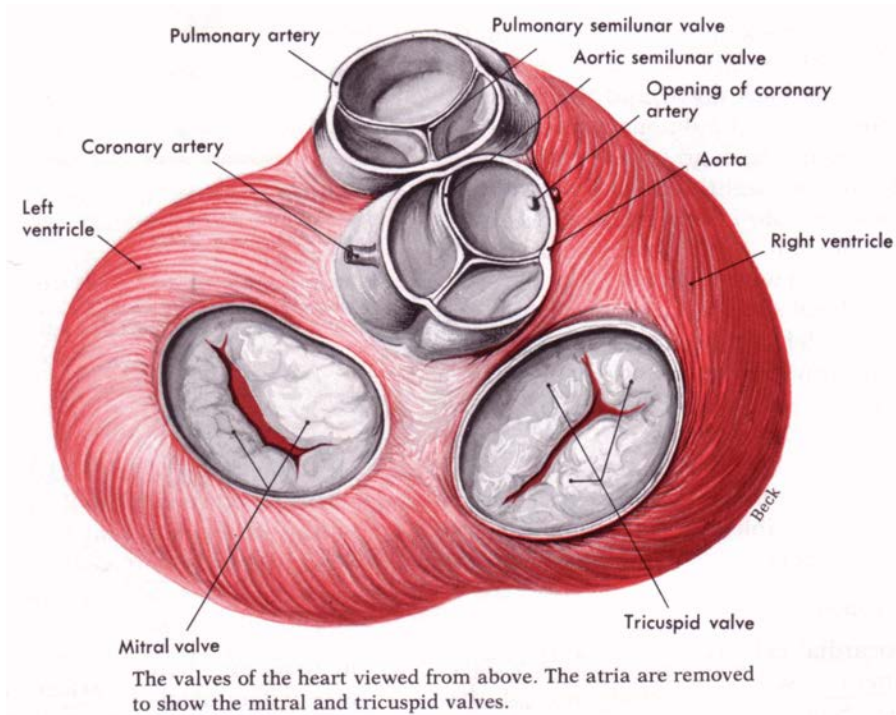
Myocardial Infarction (heart attack)

- Treatment depends upon the ECG at presentation.
- Some types require “reperfusion”: primary angioplasty or clot busting drugs.
- Some types require medical therapy or angioplasty or surgery.
- Extensive evidence base for treatment.



Myocardial Infarction Example

- Elderly patient run over at low speed by taxi driver.
- Initially thought to have minor injuries, but X-rays showed fractured pelvis treated conservatively .
- 9 days later develops chest pain and seen by junior cardiology doctor, but ECG misinterpreted.
- No discussion with senior cardiologists and patient develops worsening heart failure and dies.
- Taxi driver prosecuted for causing death by dangerous driving.



Heart Valves

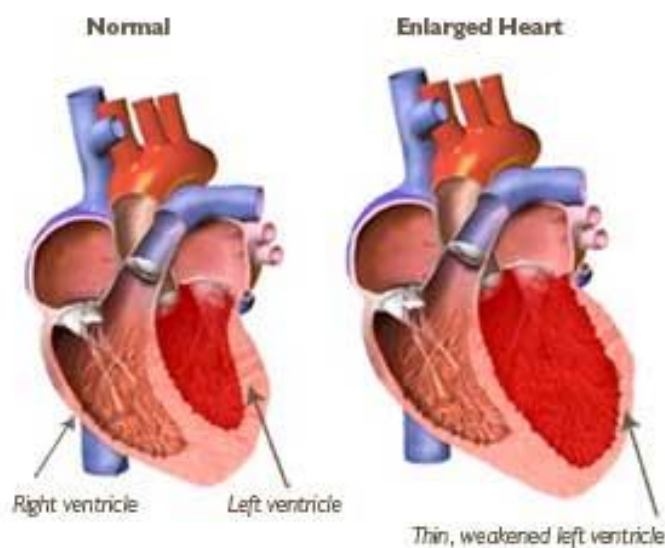
- Main problems usually occur with left sided heart valves, aortic or mitral valves.
- Valves may become narrowed (stenosis) and/or leaky (regurgitation).
- Some valve problems are best left until the patient has symptoms, but some require surgery in a pre-symptomatic state if the heart is under strain.
- New techniques of surgery and intervention.

Heart Valve Example

- Former drug addict with previous heart valve infection causing leakiness.
- Seen in clinic by junior doctor, the significance of heart enlargement not recognised, and routine appointment given only.
- Patient dies suddenly, before next appointment.

Heart Failure

- Reduced function of the heart chambers.
- May be impaired contraction and/or relaxation
- Symptoms include breathlessness, swelling, lethargy, palpitation.
- Investigations include ECG, CXR and echocardiogram.
- Most commonly due to IHD.
- Extensive evidence base for treatment.



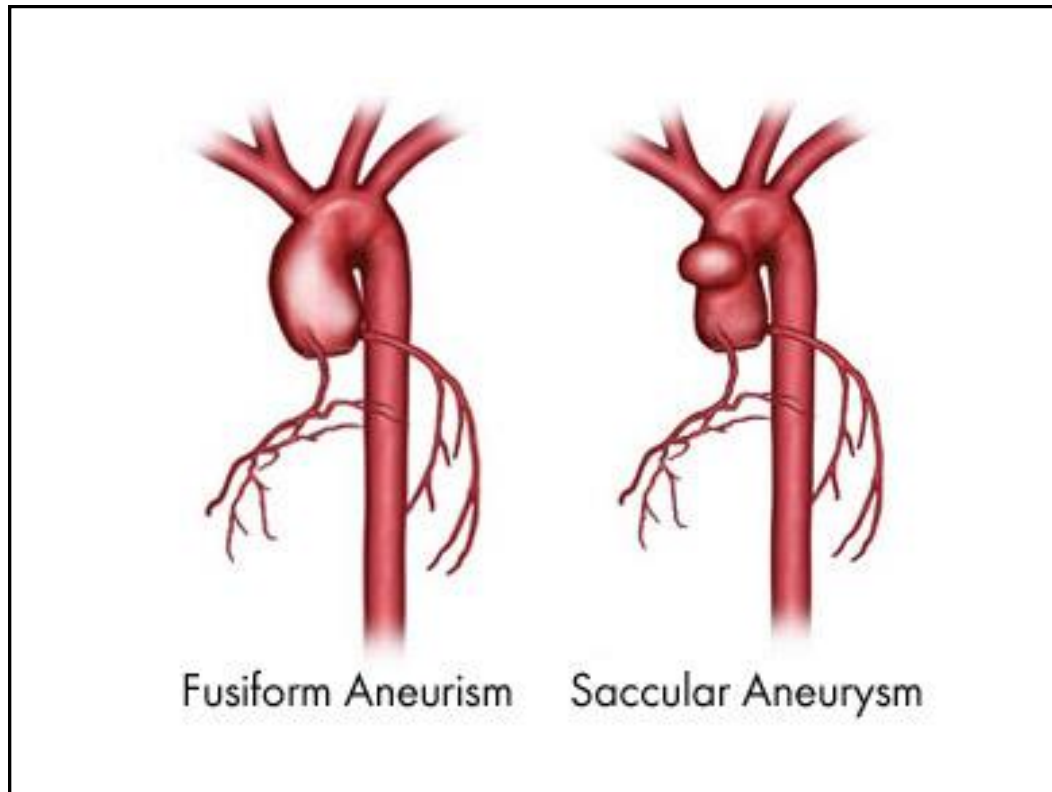
A type of cardiomyopathy. An enlarged heart is a sign that the heart may be overworked.

Heart Failure Example

- Patient with metal-on-metal hip replacement.
- No problems with hip, but develops severe heart failure.
- Blood cobalt levels elevated.
- Cobalt is associated with the development of heart failure (cardiomyopathy).

Aortic aneurysm

- Abnormal enlargement of the main artery arising from the heart.
- Normal size relates to age and height.
- Recognised limits for size.
- Require regular follow-up scans.
- Some have a genetic cause.
- Complex surgery or stenting procedures are required.



Aneurysm Example

- Young patient with Marfan syndrome.
- Known aortic root enlargement.
- On holiday away from home.
- Develops back pain and sees GP.
- GP tries manipulation without success.
- GP phones hospital and speaks to a Consultant and definitely mentions Marfan syndrome.
- Consultant does not suggest admission.
- Patient dies of rupture aneurysm on journey home.

Standards and Guidance

- Governmental – mainly NICE and DOH
- British Cardiovascular Society
- Specialist Societies
- Local NHS (Trust and PCT)
- International (World, European, USA)
- Extensive evidence based medicine (Cochrane Collaboration)

Thank you!

Dr John Caplin BSc(Hons) MD FRCP,
Consultant Cardiologist

Spire Hull and East Riding Hospital,
Lowfield Road,
Anlaby, Hull HU10 7AZ.

Phone: 01482 672477 (ask for Sarah Pullen)

E-mail (direct): johncaplin@yahoo.com

E-mail (secretary): sarah.pullen@spirehealthcare.com

Respiratory Medicine



DR CHRIS WARBURTON

**CONSULTANT PHYSICIAN
AINTREE CHEST CENTRE
LIVERPOOL**

Respiratory Medicine



- Anatomy
- Physiology
- Normalcy
- Disease
- Common legal cases
 - Emphasis on “medical accidents”

Anatomy

- Airways
 - Upper
 - Lower
- Alveoli
- Circulation
- Pleura
- Diaphragm
- Chest wall

Anatomy

IMAGES OF RELEVANT ANATOMY

Physiology

- Ventilation
 - Brain
 - Muscles
 - Flow of air
- Circulation/perfusion
 - Regulation of circulation
- Ventilation/perfusion matching
- Immunity

Physiology

IMAGES RELEVANT TO PHYSIOLOGY

Physiology



- Measurements/assessments
 - Lung function
 - ✦ Spirometry
 - ✦ Lung volumes
 - ✦ Gas diffusion
 - ✦ Airway reactivity
 - ✦ Blood tests (gases)
 - Exercise parameters
 - Sleep ventilation
 - Imaging of the lung

Physiology



IMAGES RELEVANT TO PHYSIOLOGICAL
MEASUREMENTS/IMAGING

Common diseases

- Lung diseases
 - Asthma
 - Smoking related lung disease
 - ✦ COPD
 - Emphysema
 - Bronchitis
 - ✦ Interstitial lung disease
 - Bronchiectasis
 - Lung fibrosis
 - ✦ Idiopathic
 - ✦ Identifiable cause

Common diseases

- Lung diseases
 - Infections
 - ✦ Pneumonia
 - ✦ Infective exacerbation of existing lung condition
 - ✦ TB
 - ✦ Rarer infections – fungal, pneumocystis
 - Cancers
 - ✦ Primary lung cancers
 - ✦ Secondary deposits in the lung
 - ✦ Mesothelioma

Common diseases

- Diseases of circulation
 - VTE
 - Pulmonary hypertension
- Diseases of ventilation
 - Brain disease
 - Chest wall disease
 - Muscle disease
 - ✦ Diaphragm
 - ✦ Other
 - Obesity
 - Sleep related breathing problems

Common diseases

IMAGES RELEVANT TO COMMON DISEASES

General NHS systems

- Guidelines
 - National incl NICE
 - Local
- Expectations on performance
 - Nationally mandated
 - ✦ CWT
 - ✦ RTT
 - ✦ IPC incl C Diff etc
 - ✦ Monitoring EWS
 - ✦ VTE risk assessment
 - ✦ Nutrition
 - ✦ Pressure areas
 - Locally driven via CCG quality contracts

NHS Systems

- Doctor regulation
 - Appraisal/revalidation
 - Junior doctor training/accreditation
- Complaints process
- PHSO
- CQC inspections
- NPSA
- Legal process
 - (Almost) exclusively system failure issues

Common problem areas

- Long latency disease
 - Asbestos related disease
 - Pneumoconiosis
- More immediate disease
 - Inhalation injuries
 - Occupational asthma
 - RTA chest wall/lung injury

Common problem areas

- Delay in diagnosis
 - Out-patient/semi-elective management
 - ✦ Lung cancers
 - ✦ VTE
 - ✦ Missed early manifestation of complex disease
 - ✦ Overtreatment effects
 - Inpatient care
 - ✦ Delay in identification/treatment of sepsis
 - ✦ Overtreatment effects

CASE EXAMPLES OF COMMON PROBLEM AREAS

Summary

- Huge range of disease
- Common areas of jeopardy
- National and local safety systems
- Inevitably system failures
 - Occasional individual doctor issues
- Use appropriate medical expertise

Potter Rees Dolan

Applying Medical Knowledge and Choosing the

Gill Edwards, Senior Solicitor



Applying Medical Knowledge and Choosing the Right Expert

- ▶ General principles
- ▶ Case studies
- ▶ Questions

Basic Principles

- ▶ Combining law and medicine
- ▶ What are you trying to prove?
 - Breach of duty
 - Factual Causation
 - Medical Causation
 - Condition and prognosis
 - Quantum

Basic Principles

- ▶ Breach of duty
 - Which type of specialism?
 - GP, A&E, obstetric?
 - What level of expertise did the unit have?
 - District Hospital or Centre of Excellence?

Basic Principles

- ▶ Factual Causation - Bolitho
 - Negligent omission
 - What *would* and *should* have happened?
 - Failure to refer e.g. lump
 - Breach of duty: GP expert
 - Causation: Oncologist

Basic Principles

- ▶ Medical causation - what injury?
 - Which injuries has the Claimant suffered?
 - How serious are those injuries?
 - Proportionate to investigate?
 - Underlying condition?
 - The best expert in that field that you can find

Basic Principles

► LOA and LOI

- Review the medical records thoroughly
- Complex condition? Ask the expert to explain it in the report - for the client **and** the court (shipping/gas/oil)
- Ask specific questions
- Phrase the questions properly eg material contribution

Specialist Experts

- Laparoscopic surgery - specialist training
- Cerebral aneurysm: clipping/neurosurgeon; coiling/interventional neuro-radiologist
- Lung cancer: thoracic surgeon
- Brain injury: cognitive impairment - neuropsychology
- Brain injury: depressive symptoms/behavioural issues - neuropsychiatry
- Catastrophic injury: Rehabilitation physician for C&P
- Life expectancy -
 - CP - paediatric neurologist
 - Non-CP case - physician

Applying Medical Knowledge and Choosing the Right Expert – Case Study 1

► Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016] EWHC 407 (QB)

- A&E negligence
- Sub-dural haematoma
- Negligent omission: *Bolitho* - what *would* and *should* have happened
- Material contribution

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

BACKGROUND FACTS:

- Successful GP - locum, prison doctor
- Age 16 intra-cranial infection left-sided craniotomy
- mild right-sided hemiparesis - right hand, right foot drop
- 23.12.07 Christmas night out with friends
- Returns to communal flats
- 18 factual and expert witnesses

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

- ▶ Falls backwards on stairs
- ▶ Found by a neighbour, another doctor, 2 hours after fall
- ▶ Vomited, dysphasia, GCS 9/15
- ▶ 06:52 admitted by ambulance to MRI
- ▶ CT scan ordered
- ▶ A&E Consultant, Dr Stewart, "chatted"; says GCS 15 and cancelled CT scan
- ▶ Review on CLDU; GCS 12-13; CT scan re-ordered - went ahead at 13:12
- ▶ SDH diagnosed and plan to transfer to Hope for surgery
- ▶ Seizure and delays in calling an ambulance

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

Hope Hospital

- ▶ Transferred to Hope Hospital ventilated
- ▶ 19.30 surgery at Hope Hospital
- ▶ Craniotomy to evacuate acute SDH and relieve raised ICP
- ▶ Severe post operative brain infection

Injuries

- ▶ Prolonged rehabilitation
- ▶ Developed hemianopia, cognitive impairments and depression
- ▶ Unable to return to work as a GP

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

Gathering evidence - facts

- ▶ Claimant's witness statements
 - claimant
 - doctor who found him
 - nurse in A&E
 - neurosurgeon from Hope Hospital
 - mother
- ▶ Medical records/disclosure
 - condition on and during admission
 - computerised records re scan ordering/cancellation
 - operation note from Hope Hospital

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

Gathering evidence

- ▶ Factual evidence: what *would* have happened if scan done earlier?
 - ▶ Witness statement from surgeon at Hope Hospital
 - Was damaging raised ICP present earlier?
 - Would Hope have accepted him as a patient?
 - Would Hope have operated if transferred earlier?
 - Was a damaging level of raised ICP present when Hope operated?
- ▶ Expert evidence: what *should* have happened: expert evidence
 - Accident & Emergency
 - Neurosurgery

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

Claimant's allegations:

- ▶ The CT scan should have been performed soon after admission
- ▶ C would have been transferred to Hope Hospital sooner
- ▶ Negligent delay in calling the ambulance
- ▶ Monitoring = raised ICP
- ▶ The neurosurgeon would have operated
- ▶ Would still have had a post-operative infection
- ▶ Would have avoided a damaging period of raised ICP
- ▶ The negligent period of raised ICP materially contributed to his cognitive and neuropsychological deficits which have meant that he will likely never work as a doctor again.

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

▶ Defence

- Breach of duty denied
- Dr Stewart examined at 9.30
- GCS was 15/15
- Reasonable to cancel the scan
- Causation: necessary to apportion damages between the damaging raised ICP (caused by the negligence) on the one hand and the initial head injury, raised ICP and post-operative infection not caused by any negligence on the other.

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

- ▶ Breach of Duty Experts:
 - A&E
- ▶ Causation experts:
 - Neurosurgery
 - Neuropsychology
 - Neuropsychiatry
 - Ophthalmology

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

- ▶ Evidence to prove when Dr John had raised ICP
 - GCS score, dysphasia, finding at operation
- ▶ Experts were agreed that:
 - if the judge decided that there was a period of damaging raised ICP prior to the surgery at 19:30, this would have made an unquantifiable yet more than de minimis contribution to Dr John's injuries; and
 - it was not possible to separate out the relative contributions of the three factors of: (a) the initial trauma; (b) an extended period of RICP; and (c) the post-operative infection.

Dr Sido John v Central Manchester and Manchester Children's UH NHSFT [2016]

Judgment by Mr Justice Picken

- ▶ The CT brain scan should have been performed not later than about 10:00.
- ▶ A negligent delay in arranging a transfer to Hope Hospital.
- ▶ Dr John had been suffering from damaging raised ICP from at least 12:15 or so, which lasted for a period of in excess of 7 up to surgery at 19:30.
- ▶ Factual causation: Dr John would have avoided about 6 hours of raised ICP, assuming 15 minutes for initial decompression during the surgery at 19:30.
- ▶ Ambulance delay: Dr John probably would have avoided an hour of damaging raised ICP.
- ▶ The test of material contribution had been satisfied and Dr John could recover for all of his injuries.
- ▶ Damages £454,858.65, inclusive of interest. £100,000 of this was for PSLA

Applying Medical Knowledge and Choosing the Right Expert – Case Study 2

- ▶ Cerebral Palsy
- ▶ Delay in second stage of labour
- ▶ Left occipito -posterior position
- ▶ Spinal block
- ▶ Registrar attempts to manual rotate
- ▶ Bradycardia
- ▶ Further attempts to manual rotate
- ▶ Forceps
- ▶ Consultant attempts to manual rotate and forceps
- ▶ LSCS
- ▶ Acute profound hypoxic ischaemic brain injury

Case Study 2

Medical Experts:

- ▶ Breach of Duty:
 - Obstetrician
 - Midwife
 - Obstetric anaesthetist
- ▶ Causation:
 - Obstetric anaesthetist
 - Neuro-radiology
 - Neonatology
 - Paediatric Neurology

Case Study 2

Condition and Prognosis and quantum

- ▶ Paediatric Neurology
- ▶ Orthopaedic
- ▶ Neuropsychology
- ▶ Educational Psychology
- ▶ Quantum Experts

Applying Medical Knowledge and Choosing the Right Expert

Case studies: www.prd.uk.com

Questions

Potter Rees Dolan

Applying Medical Knowledge and Choosing the Right Expert

Gill Edwards, Senior Solicitor

END

Dermatology for Lawyers

Dr John English
Nottingham NHS Treatment Centre
john.english@nhs.net

Dermatological NHS Litigation

	No. of cases	Successful claims	Total payout	Average payout
Melanoma and NMSCs*	131	50%	£2,834,512	£43,275
Cryotherapy [†]	8	75%	£279,129a	£15,288b
Phototherapy [‡]	6	100%	£75,649	£12,608
Methotrexate [§]	2	100%	£95,610	£47,805
Isotretinoin [¶]	2	50%	£23,000	£23,000
TOTAL	149	-	£3,307,900	-

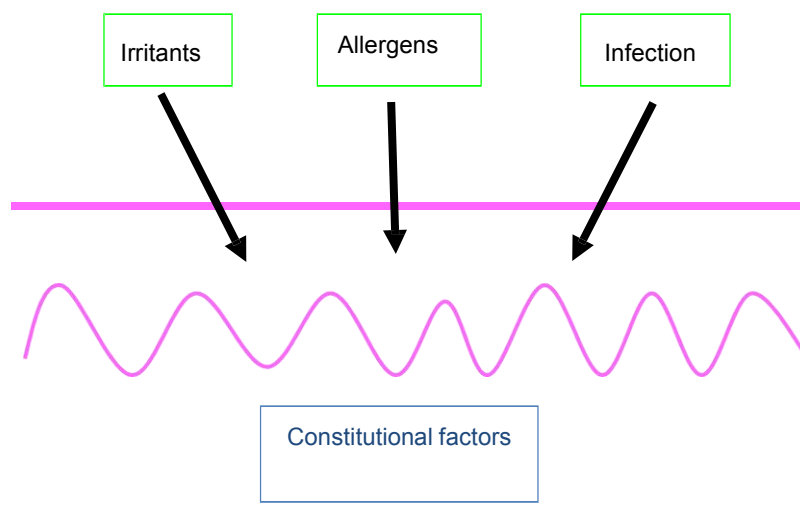
*Data for 2003-2013; [†]2001-2012; [‡]2002-2011; [§]1998-2013; [¶]2001-2011.

^aIncludes payments already made for one open case. ^bExcludes payments already made for one open case.

Dermatology for Lawyers

- Eczema/dermatitis
- Psoriasis
- Acne
- Skin tumours
 - benign
 - malignant
- Other inflammatory skin conditions
- Probably over 2000 different skin conditions!

Causes of Dermatitis

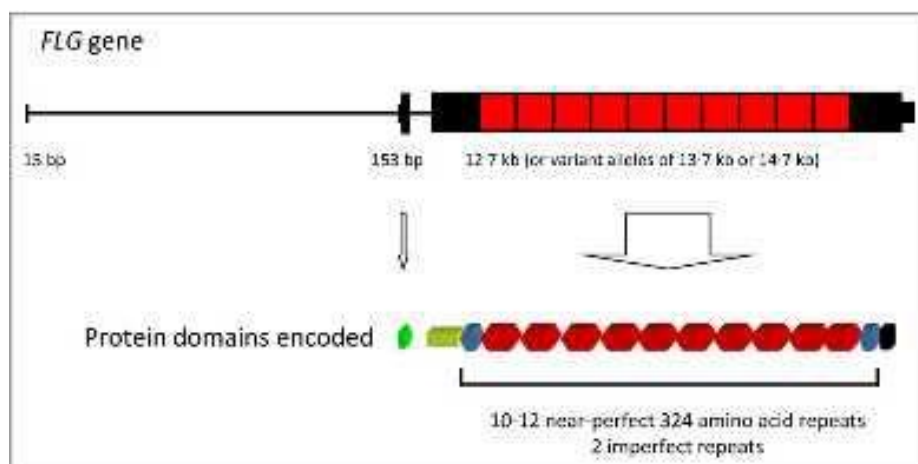


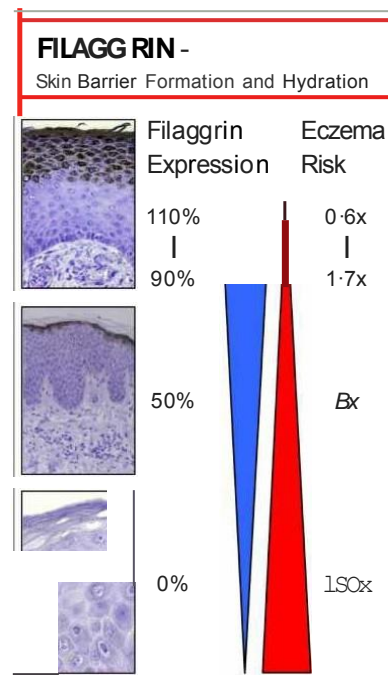
Risk Factors for ICD

- Atopy
- Filaggrin polymorphisms

Visser et al. Filaggrin loss-of-function mutations and atopic dermatitis as risk factors for hand eczema in apprentice nurses: part II of a prospective cohort study. *Contact Dermatitis* 2014; **70**:139–50.

Filaggrin polymorphisms





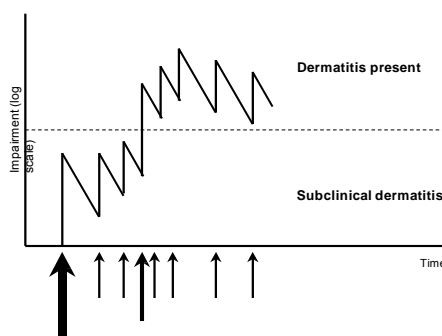
Irritant Contact Dermatitis

- Direct toxic effect on the skin
- Skin barrier function breakdown
- Inflammation leading to dermatitis
- Perhaps facilitates allergic contact sensitisation?

Causes of ICD

- Water/wet work
- Occlusive gloves
- Detergents
- Solvents
- Metal working fluids
- Dust
- Friction
- Low humidity.

Threshold for ICD



A series of cumulative irritant episodes of vary degree of severity leading eventually to dermatitis. Often the patient does not link the weaker exposures with the dermatitis.

Irritant Contact Dermatitis

- Mild cases – very common
- Severe cases – uncommon
- Why is the prognosis sometimes so poor?

Allergic Contact Dermatitis

- Delayed cell mediated hypersensitivity
- Elicitation results in dermatitis.

Why does dermatitis occur?

- lack of awareness
- complacency
- poor working practices.

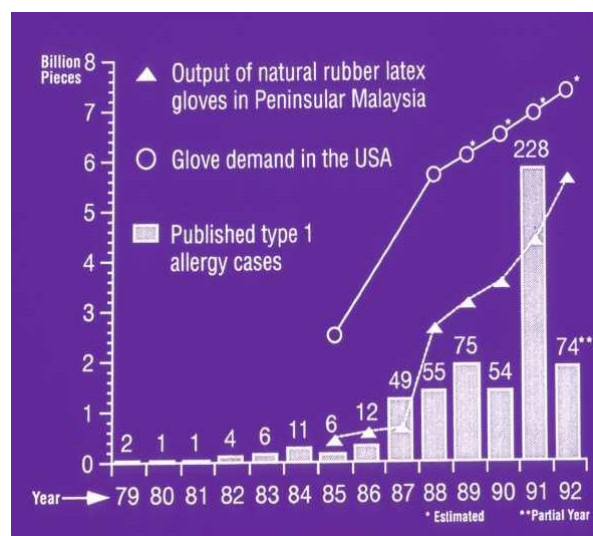
ACD v ICD

- ACD exposure elimination
- ICD exposure reduction.

Contact Urticaria

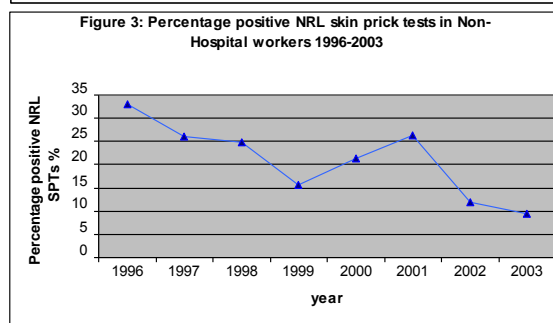
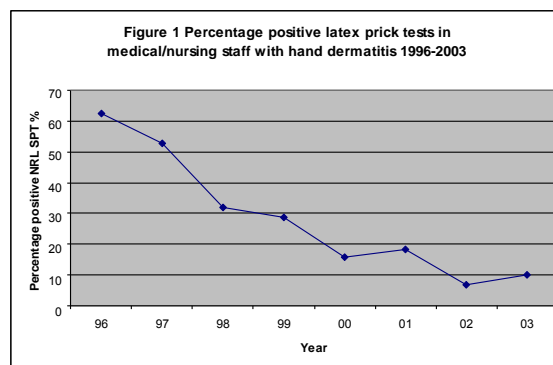
- Immunological - type 1 hypersensitivity
- Irritant - direct chemical irritation.

Prevalence – latex allergy



Signs & Symptoms of NRL Allergy

- Itch
- Redness
- Rash
- Urticaria
- Asthma
- Hypotension
- Anaphylaxis.



Causes of Psoriasis

- Genetic predisposition
- Stress
- Infections
- Unknown
- UV light therapy
 - Narrow band UVB
 - PUVA
- Methotrexate etc.

Cryotherapy for viral warts

Acne

- Very common
- Infancy, puberty and beyond
- Increased sebum excretion and blocked pores
- Comedones, pustules, nodules & cysts
- Treatment is to control the acne and prevent scarring
- Topical, oral antibiotics
- Oral isotretinoin.

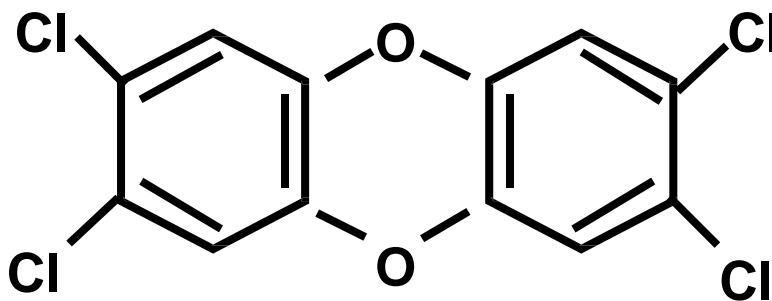
Isotretinoin

- Roaccutane, Accutane
- Over 30 years of experience of this drug
- Therapeutic dose is the same as its toxic dose
- Dry skin, tiredness, muscle aches and pains and even mood changes.
- Teratogenic like Thalidomide
- Careful monitoring and pregnancy prevention programme.

Chloracne

- polychlorinated biphenyls (PCBs)
- chloronaphthalenes
- 2,3,7,8-tetrachlorodibenzo-*p*-dioxin.

2,3,7,8-tetrachlorodibenzo-*p*-dioxin



Skin cancer

- Basal cell carcinoma – very common
- Squamous cell carcinoma - fairly common
- Malignant melanoma – fairly common
- All on the increase
- Cutaneous lymphoma - rare
- Sarcomas etc – very rare
- The main medico legal problem is delay in making the diagnosis.

Malignant melanoma

- Malignant moles
- Change in size shape or colour
- A - asymmetry
- B – border irregular
- C – colour variation
- D – diameter >5mm?
- E – elevation.

Case 1: 35 yr old female

- 6/9/09 - Insect bites
2/52 Hx
- Recent holiday in Turkey
- 9/9/09 more pain & swelling
- 10/9/09 – GP 6 cms infected bite right shin, clearly infected
doxycycline 100 mg od.

Hx contd.

- 10/9/09 – Orthopaedics diagnosed abscess following insect bites U/S ?DVT
- 11/9/09 – GP noted insect bite on leg, still very swollen & sore.
- 12/9/09 – Admitted to hospital via A&E insect bites Turkey and cellulitis IV antibiotics
- 13/9/09 – incision & drainage, necrotic skin margins excised.

Hx contd.

- 15/9/09 - Wound debridement.

Hx contd.

- 16/9/09 – further area of blistering left forearm, blister wound pus cells only, no organisms grown
- 17/9/09 – necrotic patch at margin, painful discuss with microbiologists
- 18/9/09 – ISQ microbiology consider testing for Leishmaniasis
- 21/9/09 – right leg wound increasing in size.

Hx contd.

- 22/9/09 – All microbiology negative or no growth between 12th & 22nd Sep 09
- 23/9/09 – Discuss with Infectious Disease Unit at another hospital and transfer to them.
- 24/9/09 – Microbiology presentations suggests a bacterial infection but no positive culture and no improvement despite antibiotics.

Hx contd.

- 26/9/09 – 13:00 transferred to Infectious Disease Unit dermatologist diagnosed ***pyoderma gangrenosum***, prednisolone & ciclosporin started
- 27/9/09 – feels better.

Case Hx 2

- 15 year-old male, keen rugby player
- Excoriated lesions dorsa of feet
- Parents separated recently, father ran off with boy friend.

Diagnosis & management

- Stressed induced scratching (dermatitis artefacta)
- Paste bandages
- Counselling.

What actually happened

- Progress up and down
- Went on overseas rugby tour
- 18/12 later SOB, severe weight loss thoracic mass
- Hodgkin's lymphoma
- Good response to chemo
- Litigation against the GP/dermatologist including GMC referral delayed diagnosis.

Dermatology for Lawyers

- Eczema/dermatitis
- Psoriasis
- Acne
- Skin tumours
- Other inflammatory skin conditions
- Probably over 2000 different skin conditions!
- ***Wrong or missed diagnosis.***

Nephrology for Solicitors

Dr Matthew L P Howse
Consultant Nephrologist, Royal Liverpool and
Broadgreen University Hospitals
Honorary Senior Lecturer, Liverpool University

Dr Matthew Howse

- Consultant Nephrologist (Kidney / Renal Specialist)
 - Also practice in GIM
- Honorary Senior Lecturer
 - Teaching and Research
- Honorary Consultant Liverpool Women's Hospital
 - Renal Disease in Pregnancy
- Medical-Legal Work
 - Medical Negligence, claimants / defendants
 - PI
 - CPS

What's what?

- Nephrology
- Urology
- Transplant Surgery

Nephrology

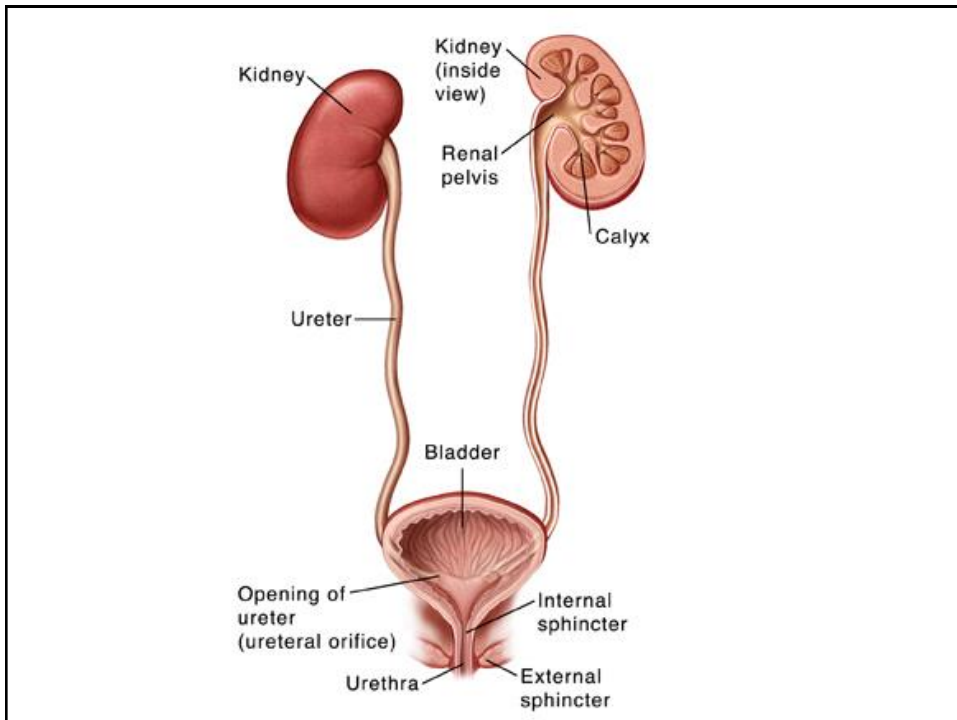
- Disease of the working of the kidneys (function)
 - Failing kidneys
 - Kidneys that leak protein into the urine
 - Complications of failing kidneys
 - Anaemia / bone disease / high blood pressure
- Dialysis when kidneys fail
- Long-term care of patients with kidney transplants

Urology

- Surgical speciality
- Concerns *structural* conditions of the urinary tract often requiring surgery
 - Tumours / cancer of kidneys, bladder and prostate
 - Kidney stones
 - Incontinence
 - ‘Blocked’ kidneys
 - Urine infections

Kidney Transplant Surgery

- Preparations for surgery
- Retrieving the kidney (live / deceased donors)
- Implanting the kidney
- Early post-operative care (1 week – 1 year)



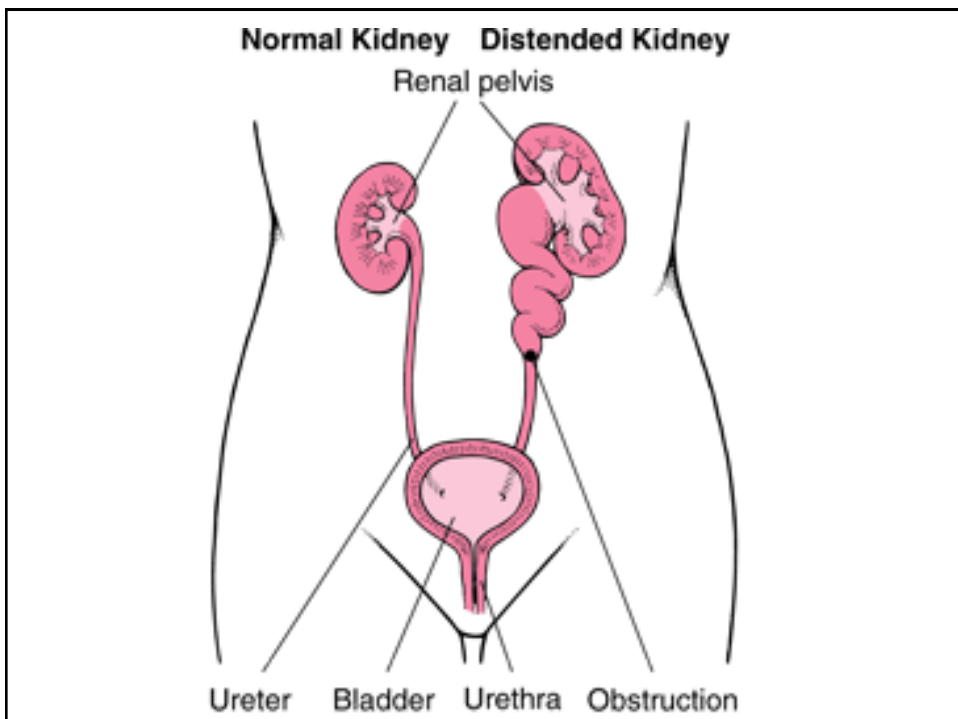
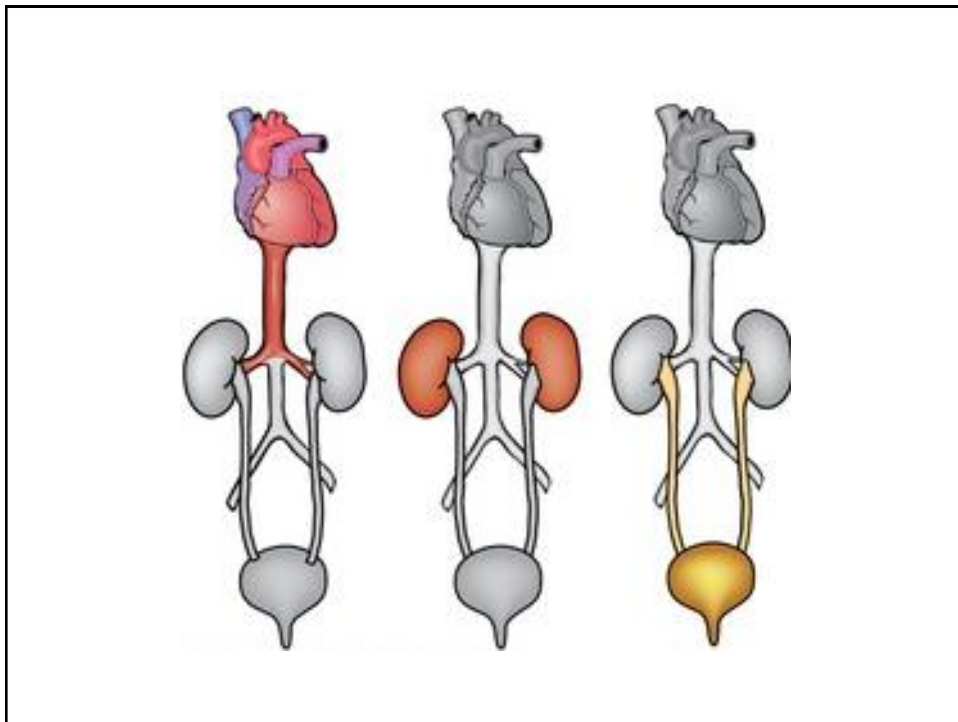
Functions of the Kidney

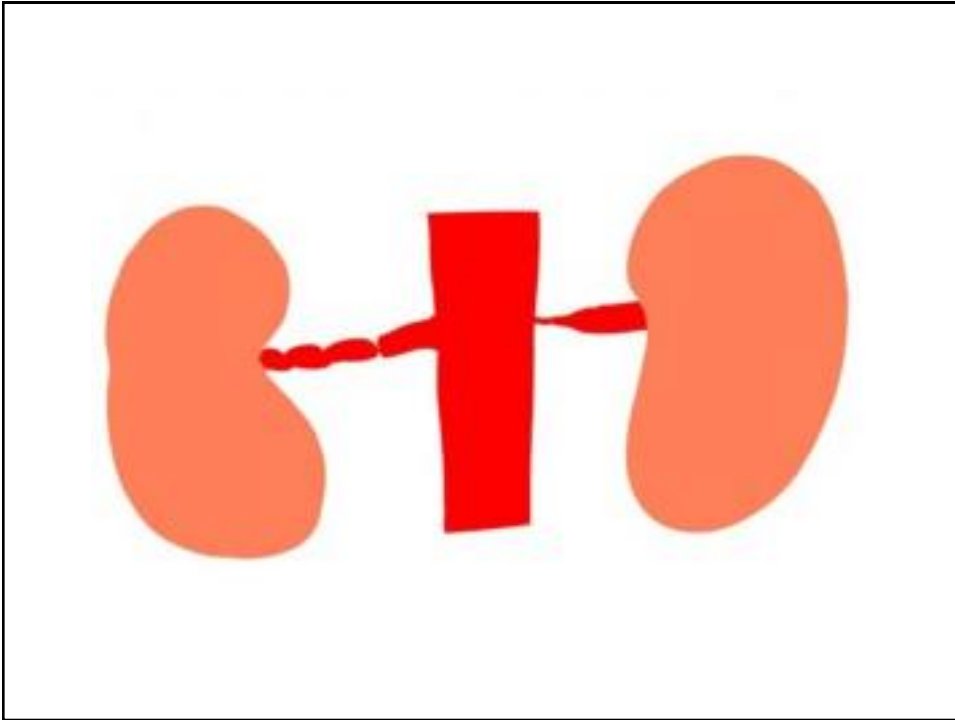
- Filtering the blood of certain toxins / waste products / drugs
- Control of certain mineral levels in blood – potassium, calcium, phosphate
- Control of blood pressure
- Control of the number of red blood cells

Measuring kidney function

- Amount of fluid filtered by the kidneys = glomerular filtration rate (GFR)
- Usually measured by a blood test giving the estimated GFR (eGFR)

Kidney Failure





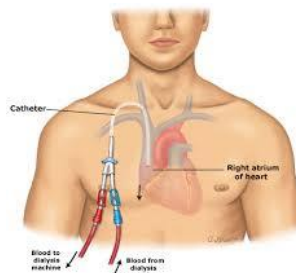
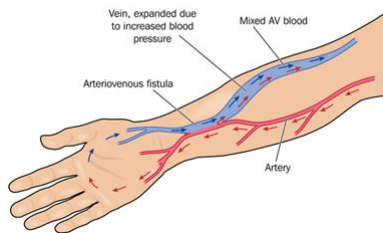
Kidney Failure

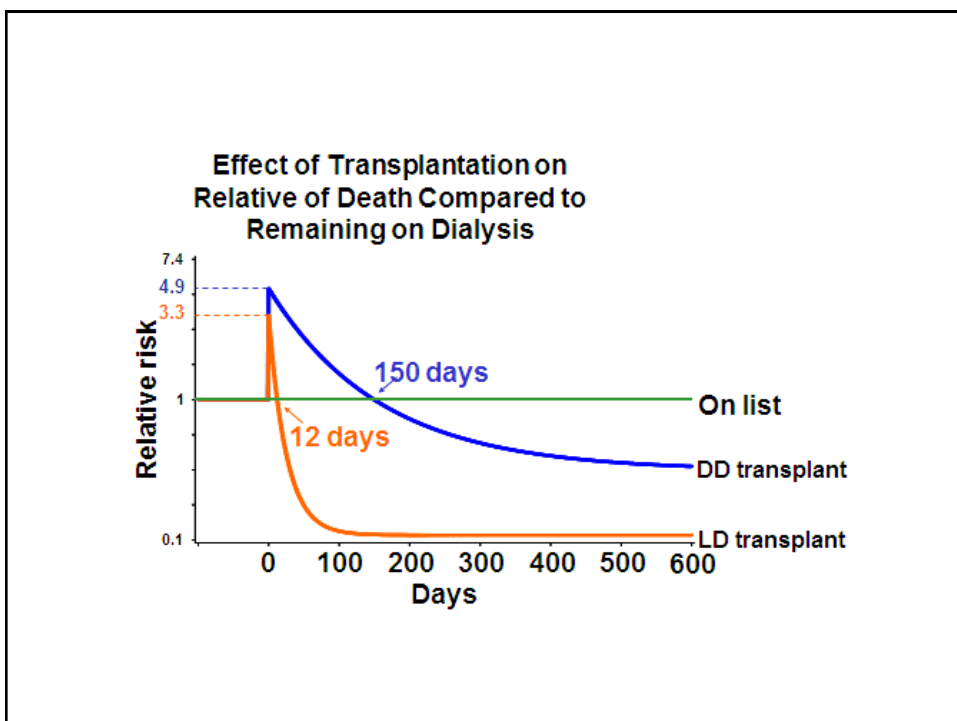
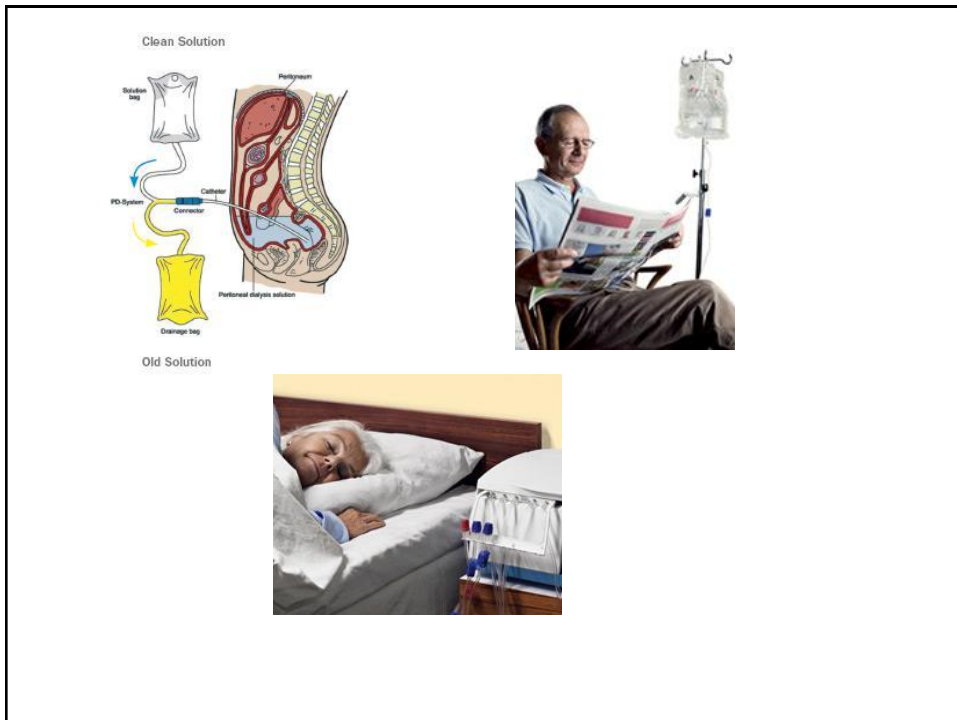
- Sudden (AKI)
 - Hours and days
 - Acute kidney injury
 - Sick patient – usually in hospital
 - Reversible
- Slow (CKD)
 - Months and years
 - Chronic kidney disease
 - Less unwell
 - Not reversible / progressive
- Patients with CKD or who have had AKI have a reduced life expectancy and increased risk of dialysis

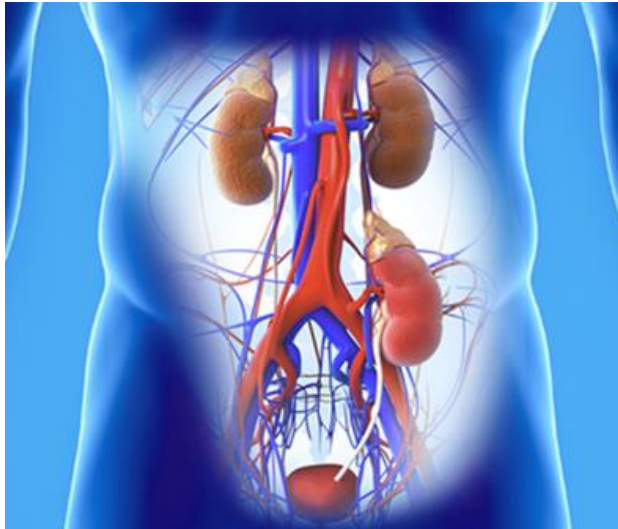
Acute Tubular Necrosis

- ATN
- A 'reaction' to a life threatening illness
 - Low blood pressure
 - Severe infection
 - Major surgery
- AKI may need dialysis; kidneys in 'shock'
- Usually recover but an element of CKD often remains

Dialysis and Transplantation in End-Stage Renal Disease (ESRD)







Glomerulonephritis

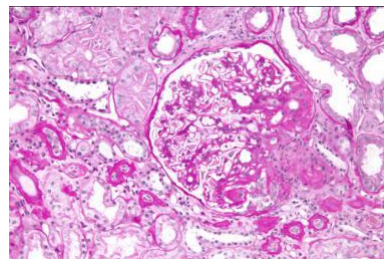
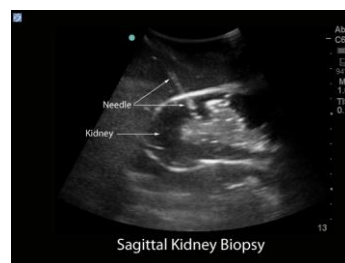
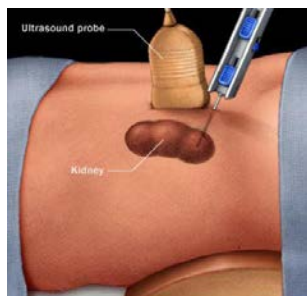
- Blood and or protein in the urine
- Chronic Kidney Disease
- Acute kidney injury
- Nephrotic syndrome
- Diagnosis; kidney biopsy
- Often responds to specific treatment



Nephrotic Syndrome

- A triad of
 - Lots of protein in the urine
 - Reduced albumin (protein) in the blood
 - Swelling of the legs (oedema)
- Usually caused by glomerulonephritis

Kidney Biopsies



Medico-Legal Cases

- Nephrologists are rarely sued
- Almost all my work is failure to diagnose kidney disease in a timely fashion
- Surgical damage to, or removal of, a kidney

Failure to Diagnose Glomerulonephritis

- Patient presents to GP
- Unwell
- Aches and pains
- Ankle swelling
- Treated symptomatically / for heart failure
- Urine not tested

ATN Complicated Another Illness

- Patient presents with an acute illness that is misdiagnosed / mistreated
 - Infection
 - Heart attack / stroke
- Becomes critical unwell
- Develops AKI with partial recovery
- Affects of kidney failure on future prognosis

Life expectancy in Claimants with CKD

- Patient with CKD has another illness which is mistreated / misdiagnosed
- In assessing damages court needs life expectancy estimation with respect to kidney function

Surgical Error

- During surgery a kidney is damaged or injured requiring removal
- Affect on life expectancy / chance of requiring dialysis / transplantation in the future.



Predicting Life Expectancy in Kidney Disease

- Most patients / claimants with kidney disease have other diseases (comorbidities)
- The effect of the reduction in life expectancy of kidney disease partially overlaps with these
- Medical literature doesn't fully take account of this

Thank You



"...And seven years ago I donated one of my kidneys to him. I want it back."

Please complete your details:

Name: _____
Job Title: _____
Company: _____
E-mail: _____
Head of Training: _____

DELEGATE EVALUATION FORM

Dear Delegate

We value your opinion on all aspects of this conference and use this information to improve the quality and content of our forthcoming events. We would be grateful if you would spare a few moments to complete the following and either return it to the registration desk before you leave or send it to AvMA at your earliest convenience.

1. What was the major factor in the decision to attend this conference?

Interesting programme	<input type="checkbox"/>	Networking Opportunities	<input type="checkbox"/>	Cost	<input type="checkbox"/>
Location of conference	<input type="checkbox"/>	AvMA's reputation	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify: _____

2. Please rate our speakers using the following scoring system.

	Excellent	Good	Satisfactory	Poor	Comments
Chair – Dr Kevin Naylor					
Time-Keeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1) Dr Paul Miller					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Dr John Caplin					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Dr Christopher Warburton					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Gill Edwards					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Dr John English					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Dr Matthew Howse					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. How clear were the course aims and objectives? Very clear Quite clear Not very clear Not at all clear

4. How well did the course meet the objectives? Completely Quite well Fairly well Not that well Not at all

5. What did you find MOST useful about the Conference and why?

6. What did you find LEAST useful about the Conference, and why?

7. Do you expect that you will use the learning from this event in your work? Yes ☐ No ☐

If Yes, please say how you think you will use the learning in your work:

8. What could AvMA have done to make this conference a better event?

9. What topics were omitted from the programme that you feel should have been included in the course?

10. Please give your opinion of the following:

	Excellent	Good	Satisfactory	Poor	Comments
Conference Rooms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Meals & Refreshments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Audio-visual facilities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
AvMA Administration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

11. FINALLY - How did you rate the conference overall?

Excellent ☐ Good ☐ Fair ☐ Disappointing ☐

Comments:

12. On what topics would you like AvMA to organise conferences?

1.

 2.

3.

 4.
