

GP

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EXCLUSIVE GP's Valuing General Practice campaign highlights opposition to DoH reform

One in seven practices face closure

Valuing GENERAL PRACTICE

By Neil Durham

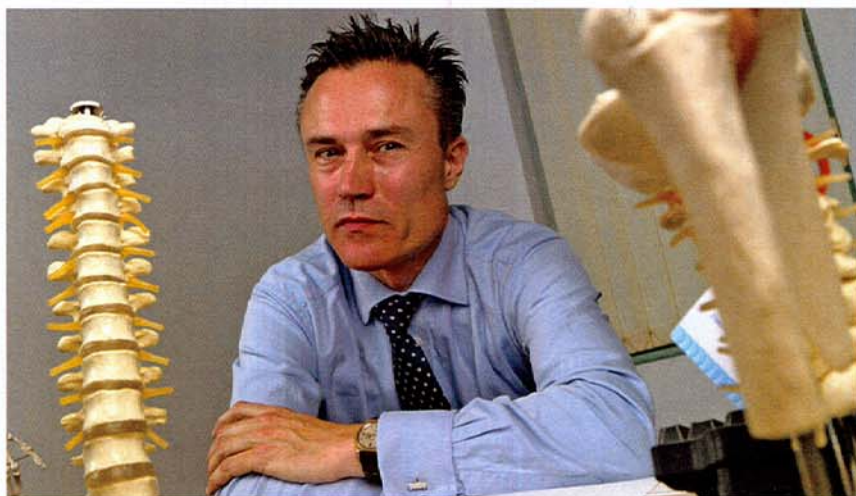
One in seven practices are threatened with closure or relocation to a polyclinic, GP can reveal.

A survey of 276 GPs for our Valuing General Practice campaign found that 15 per cent face uncertainty.

Widespread GP opposition to government reform is also revealed by the survey. The majority of GPs called for polyclinics to be piloted, and opposed the DoH policy of opening one in every PCT (see below).

They warned that continuity of care would be undermined by the move to larger primary care centres.

Dr Paul Harris, a partner at Belmont Medical Centre, Hereford, said Herefordshire PCT was planning a walk-in service at the County Hospital, just four miles away. He estimated that his 8,000-patient practice could lose up to a quarter of its list.



Hereford GP Dr Paul Harris could lose up to a quarter of his patient list as government reforms kick in

'Patients have the right to register with the walk-in service. Although it won't be providing full GMS at least to begin with, who knows what will happen in the future,' he said.

'The reason it affects us particularly is that we serve

patients in the most deprived areas, who are clinically most likely to use this.'

The walk-in centre could serve 11,000 patients. 'If it took 2,000 of our patients, that would seriously destabilise the practice,' he said.

'This is the Labour party version of what Thatcher did to the miners. It will destroy the power base of independent contractors in the NHS.'

He said the DoH was putting private company services and the needs of shareholders above the needs of patients.

GPC chairman Dr Laurence Buckman said: 'GPs have to resist pressure to shut down their practices. I hope that they will encourage patients to fight closures.'

A DoH spokesman said: 'It is not and has never been the government's policy to introduce "polyclinics". We are investing £250 million in new GP services, not to replace existing GP surgeries, but to provide extra access to GP services and extra choice.'

WIDESPREAD GP OPPOSITION TO REFORM



This is the Labour party version of what Thatcher did to the miners

Dr Paul Harris

'Continuity of care is an NHS strength. It does not prevent the NHS offering other care models.'

Shadow Conservative health secretary Andrew Lansley said: 'Why won't the government listen to us, and to GPs, and develop GP services based on local needs and circumstances, rather than imposing polyclinics using dictates from Whitehall?'

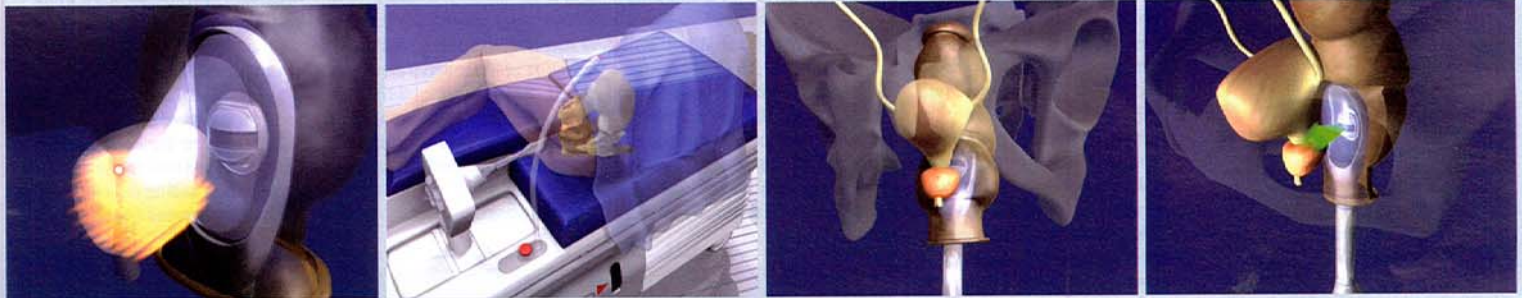
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● Mr Brown, do you value general practice? Page 23

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High intensity focused ultrasound (HIFU) as prostate cancer therapy



Introduction

Prostate cancer is the commonest male cancer in the UK with around 35,000 cases diagnosed each year. Most of these are localised prostate cancer cases, of which many, if caught early enough, are curable. Despite this, around 10,000 men die from the disease each year.

Standard practice when treating localised prostate cancer involves a period of active surveillance before, in those cases that warrant it, the clinician chooses between radical prostatectomy or radiotherapy. Both procedures are serious surgical operations with significant side effects and long recovery times. There are, however, other options available to the urologist when treating localised disease. These include robotic HIFU® or high-intensity-focused ultrasound, delivered through an automated device called the Ablatherm, a treatment which has been performed over 16,500 times around the world and has recently been recommended as a standard therapy for men aged over 70 by the French Urological Association.

HIFU

HIFU is a minimally-invasive procedure which ablates the cancerous tissue in the prostate. A TURP is first performed in order to remove calcifications and minimise the post-HIFU catheterisation time. While the patient is lying on his right side an ultrasound probe is inserted through the anus into the straight intestine. The urologist first produces and examines 3-dimensional visual information to plan the operation. The same probe is then used to generate a succession of ultrasound shots to a precise focal point within the prostate where temperatures of 90 degrees celsius are produced for a very short time. The area surrounding the prostate gland is cooled with the help of a cooling agent contained within a latex balloon applied over the probe.

HIFU is a repeatable and highly reproducible treatment which can be used either as a primary or salvage (radiation-failure) treatment for prostate cancer. The procedure is conducted under general or spinal anaesthesia and takes between one and three hours. The patient is generally able to walk again around five hours after treatment and can usually be discharged the next day.



Long-term efficacy

In long-term studies of up to 8 years follow-up, negative biopsy rates of 80-90% were achieved in patients treated with HIFU.¹² Furthermore, the prostate-specific antigen (PSA) nadir, which is an important independent and predictive marker of treatment success, was under 0.5 ng/ml in 68.4% of patients and was reached within three to four months postoperatively.¹ The cancer-specific survival at 8 years was 98%.²

NICE

In February 2008, NICE published its Clinical Guideline for Prostate Cancer noting that while HIFU was a safe and efficacious treatment (as per its 2005 technical guidance) it should only be used in the NHS under the context of clinical trials. This led some PCTs and insurers to reconsider funding HIFU treatments. However, NICE has since updated its implementation advice and HIFU should be freely available provided clinicians capture patient data. The manufacturer of robotic HIFU® EDAP-TMS has recently set up an online HIFU registry, called the @-REGISTRY, to facilitate this. The registry enables clinicians to collect and analyse data on patients treated with HIFU. The web address for the registry is www.@-registry.com.

Conclusion

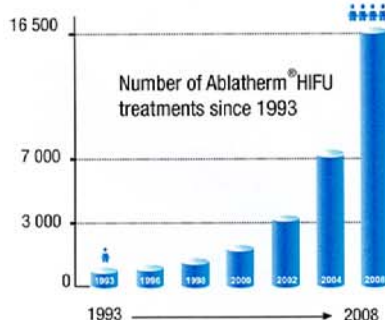
Prostate cancer is curable if detected early enough. While radical prostatectomy, radiation therapy and active surveillance remain the standard treatments there is an alternative treatment option - HIFU. HIFU can be used as either a primary or salvage therapy, is minimally invasive, has a good side-effect profile and results in a shorter stay in hospital than radical treatment. HIFU has NICE support for use in the NHS in the context of a clinical data registry, and this should clear the way for many more men with prostate cancer to benefit from the treatment.

References:

¹ Blana A, Murat F, Walter B, et al. First analysis of the long-term results with transrectal HIFU in patients with localised prostate cancer. *European Urology* 2008; 53(6):1194-201.

² Rebillard X, Soulié M, Chartier-Kastler E, et al. High-intensity focused ultrasound in prostate cancer: a systematic literature review of the French Association of Urology. *British Journal of Urology International*, 2008 e-publication.

Figure 1: Treatments



For more information, go to HIFU Planet: http://www.hifu-planet.com/2_English/accueil.html