Surgi-Call Locums
Metropolitan House
Building 900
321 Avebury Boulevard
Milton Keynes, MK9 2GA
Telephone: 01908 304091
Email:

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[redacted]

QUALIFICATIONS:

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[redacted]

REGISTRATION:

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[redacted]

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Milton Keynes, MK9 2GA
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EXPERIENCE:

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[redacted]

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[redacted]

- INTERNSHIP:

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[redacted]

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OVERVIEW OF MY EXPERIENCE & INTERESTS:

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[redacted]

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Telephone: 01908 304091
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[redacted]

ACADEMIC ACTVITIES:

A) SHORT COURSES (Recent 5 years) :

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[redacted]

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[redacted]

B) Exam preparatory Courses:

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[redacted]

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[redacted]

C) SHORT COURSES (Older than 5 years) :

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[redacted]

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Milton Keynes, MK9 2GA
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[redacted]

D) PRESENTATIONS & Publications:

TITLE OF PRESENTATION	CONFERENCE	VENUE	DATE

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[redacted]

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321 Avebury Boulevard
Milton Keynes, MK9 2GA
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[redacted]

E) Research & Audit:

Personal Information redacted by the USI

[redacted]

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Telephone: 01908 304091
Email: [redacted]

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[redacted]

F) AREAS of INTEREST:

Personal Information redacted by the USI

[redacted]

References:

Personal Information redacted by the USI

[redacted]

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[redacted]

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321 Avebury Boulevard
Milton Keynes, MK9 2GA
Telephone: 01908 304091
Email: [redacted]

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Personal Information redacted by the USI

[redacted]

Checked by	Personal Information redacted by the USI
End client's name	Personal Information redacted by the USI
Engagement job title	Consultant Radiologist
Reference	Personal Information redacted by the USI

The intermediaries legislation does not apply to this engagement

Based on the information you've given the working practices of this engagement fall outside the scope of the intermediaries legislation.

The worker should pay tax and National Insurance as a self-employed person.

You should reassess the status of the role if there are changes to the engagement or the way the work is done.

You should now do the following:

If you're the worker you should be paid a gross amount and follow this guidance about your taxes. (https://www.gov.uk/browse/business/business-tax)

If you're the fee payer you can pay this worker a gross amount without deducting tax or National Insurance.

About this result

HMRC won't keep a record of this transaction for security reasons.

HMRC will stand by the result given unless a compliance check finds the information provided isn't accurate.

HMRC won't stand by results achieved through contrived arrangements designed to get a particular outcome from the service. This would be treated as evidence of deliberate non-compliance with associated higher penalties.

HMRC can review your taxes for up to 20 years

Your answers

1. **Which of these describes you best?**

   The end client is the public body, corporation or business that the worker is providing services to.

   > The worker

---

2. **Has the worker already started this particular engagement for the end client?**

   > Yes

---

3. **How does the worker provide their services to the end client?**

   > As a limited company

---

4. **Will the worker (or their business) perform office holder duties for the end client as part of this engagement?**

   Being an office holder isn't about the physical place where the work is done, it's about the worker's responsibilities within the organisation. Office holders can be appointed on a permanent or temporary basis.

   This engagement will include performing office holder duties for the end client, if:

   - the worker has a position of responsibility for the end client, including board membership or statutory board membership, or being appointed as a treasurer, trustee, company director, company secretary, or other similar statutory roles
   - the role is created by statute, articles of association, trust deed or from documents that establish an organisation (a director or company secretary, for example)
   - the role exists even if someone isn't engaged to fill it (a club treasurer, for example)

   If you're not sure if these things apply, please ask the end client's management about their organisational structure.

   > No

---

5. **Has the worker's business arranged for someone else (a substitute) to do the work instead of them during this engagement?**

   This means someone who:

   - was equally skilled, qualified, security cleared and able to perform the worker's duties
   - wasn't interviewed by the end client before they started (except for any verification checks)
   - wasn't from a pool or bank of workers regularly engaged by the end client
   - did all of the worker's tasks for that period of time
   - was substituted because the worker was unwilling but not unable to do the work

   > No - it hasn't happened

---

6. **If the worker's business sent someone else to do the work (a substitute) and they met all the necessary criteria, would the end client ever reject them?**

   The criteria would include:

   - being equally skilled, qualified, security cleared and able to perform the worker's duties
   - not being interviewed by the end client before they start (except for verification checks)
   - not being from a pool or bank of workers regularly engaged by the end client
   - doing all of the worker's tasks for that period of time
   - being substituted because the worker is unwilling or unable to do the work

   We need to know what would happen in practice, not just what it says in the worker's contract.

   > Yes - the end client has the right to reject a substitute for any reason, including if it would negatively impact the work

---

7. **Has the worker's business needed to pay a helper to do a significant amount of the work for this engagement?**

   A helper is someone who does some of the job the worker is hired to do, either for or with them.

   For example - if a lecturer was hired by a university to write and deliver a study module:

- a researcher hired to source information could be classed as doing a significant amount of the lecturer's work
- a company the lecturer pays to print and bind materials for the module would not be classed as doing a significant amount of the work

> No

---

8. **Can the end client move the worker to a different task than they originally agreed to do?**

   This includes moving project or location, or changing to another task at the same location.

   > Yes - but only with the worker's agreement

---

9. **Once the worker starts the engagement, does the end client have the right to decide how the work is done?**

   This doesn't include general induction, or the need to follow statutory requirements like health and safety.

   > Partly - the worker and other people employed or engaged by the end client agree how the work needs to be done

---

10. **Can the end client decide the schedule of working hours?**

    > Partly - the worker and the end client agree a schedule

---

11. **Can the worker choose where they work?**

    > Partly - some work has to be done in an agreed location and some can be done wherever the worker chooses

---

12. **What does the worker have to provide for this engagement that they can't claim as an expense from the end client or an agency?**

    > Vehicle – including purchase, fuel and all running costs (used for work tasks, not commuting)

> Other expenses – including significant travel or accommodation costs (for work, not commuting) or paying for a business premises outside of the worker's home

---

Decision Service Version: 1.5.0-final

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 24 August 2017 10:08
To: Sam Knight
Subject: RE: [redacted] Radiology Query

General radiology – CT, plain film reporting. US or MRI available dependent on expertise.

Particular needs for urology and breast sub speciality interests.

Regards

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

From: Sam Knight [redacted]
Sent: 24 August 2017 09:53
To: Gracey, David
Subject: RE: [redacted] Radiology Query

Hello David,

Apologies, I will find out what happened.
Please can you confirm your requirements for radiology and I can look to see if we have other suitable candidates.

Many thanks

Sam

From: Gracey, David [redacted]
Sent: 24 August 2017 09:15
To: Sam Knight [redacted]
Subject: RE: [redacted] Radiology Query

Sam

[redacted] did not come to Craigavon Hospital on Tuesday afternoon as far as I am aware.

Regards

David

Dr David Gracey, FRCR
Consultant Radiologist

Personal Information redacted by the USI
office [redacted] (internal)
[redacted] (external)

From: Sam Knight Personal Information redacted by the USI
Sent: 23 August 2017 15:04
To: Gracey, David
Subject: RE: Personal Information redacted by the Radiology Query

Hello David,

I was wondering if you managed to meet up with Personal Information redacted by the USI yesterday afternoon?

Many thanks

Marcus

From: Gracey, David Personal Information redacted by the USI
Sent: 21 August 2017 09:38
To: Sam Knight Personal Information redacted by the USI
Subject: RE: Personal Information redacted by Radiology Query

Sam

Certainly

Reception will be able to point him in the correct direction.

Kind regards

David

From: Sam Knight Personal Information redacted by the USI
Sent: 17 August 2017 09:14
To: Gracey, David
Subject: RE: Personal Information redacted by the Radiology Query

Hi David,

Just had an email form Personal Information redacted by the he confirmed he plans to come on the 22nd.

I hope this is still ok.

Sam

From: Sam Knight
Sent: 08 August 2017 10:08
To: 'David.Gracey [redacted] ' [redacted]
Subject: RE: [redacted] Radiology Query

Good morning David,

[redacted] will hopefully be able to visit on either the Tuesday 22nd (pm) or Tuesday 29th (pm).
He is just checking with his work colleagues and will come back to me shortly.

Best wishes

Sam

From: Gracey, David [redacted]
Sent: 07 August 2017 15:04
To: Sam Knight
Subject: RE: [redacted] Radiology Query

Sam

Just back from leave. I can accommodate:

Monday 14th.

Monday 21st, Tuesday 22nd (pm), Friday 25th (am).

Tuesday 29th (pm).

I am sure one of my colleagues would be able to accommodate if these dates are unsuitable.

Another locum has just started with us so he may wish to chat to him when he is here.

Kind regards

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

From: Sam Knight [redacted]
Sent: 01 August 2017 14:33
To: Gracey, David
Subject: RE: [redacted] Radiology Query

Good morning Dr Gracey,

I was wondering if we could set up a convenient time for [redacted] to visit the department, when would be suitable over the next few weeks?

Many thanks

Sam

From: Gracey, David [redacted]
Sent: 25 July 2017 09:36
To: Sam Knight [redacted]
Subject: Automatic reply: [redacted] Radiology Query

I am on leave.

If you have an urgent clinical query please direct it to one of my colleagues. Thank you.

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For more information please visit http://www.mimecast.com

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 31 August 2017 15:25
To: Sam Knight
Subject: RE: [redacted] Radiology Query

Sam

I have just heard that [redacted] did visit Daisyhill (I am based at Craigavon) and met with Dr Imran Yousuf (one of my colleagues).

The opportunity currently remains for a 3 day position as his was requesting. 2 in Daisyhill – plain film/CT. 1 in Craigavon MRI/ urology MDT.

I would be grateful if you could come back to me and Karen Haugh as soon as possible as we have other interested parties.

Kind regards

David

From: Sam Knight [redacted]
Sent: 24 August 2017 09:53
To: Gracey, David
Subject: RE: [redacted] Radiology Query

Hello David,

Apologies, I will find out what happened.
Please can you confirm your requirements for radiology and I can look to see if we have other suitable candidates.

Many thanks

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Sent: 24 August 2017 09:15
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Consultant Radiologist

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[redacted] (external)

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Subject: RE: [redacted] Radiology Query

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Subject: RE: [redacted] Radiology Query

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David

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I hope this is still ok.

Sam

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To: [redacted]
Subject: RE: [redacted] Radiology Query

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Subject: RE: [redacted] Radiology Query

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Tuesday 29th (pm).

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David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

From: Sam Knight [redacted]
Sent: 01 August 2017 14:33
To: Gracey, David
Subject: RE: [redacted] Radiology Query

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Many thanks

Sam

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Sent: 25 July 2017 09:36
To: Sam Knight [redacted]
Subject: Automatic reply: [redacted] Radiology Query

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Stinson, Emma M

From: Gracey, David [redacted]
Sent: 01 September 2016 17:15
To: Gareth.Loughrey [redacted]
Cc: O'Brien, Aidan
Subject: Urology MDM

Gareth,

Re: Urology MDM, Thursday 2:15 to 4/5:00

As you will know the Southern Trust Urologists cover the southern half of the Western Trust. Dr Vasileios Sotiropoulus reports a significant volume of urology imaging, in particular prostate MRI – all of which is greatly appreciated. They would be keen that he has an input into the MDM. Would he be interested? This would of course be facilitated by telelink.

Kindest regards

David

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 02 September 2016 09:45
To: Loughrey Gareth
Subject: RE: Urology MDM

Gareth

Many thanks for considering. Only Marc Williams takes part in the meeting here and Urology are pushing for more radiology input, though I did say that I doubted Vasileois would have free time. I agree that the meeting is too long and that time would be best spent only on relevant cases. The opportunity will be there for Vasileois if things change and his time becomes available.

We are struggling with a large CT backlog at present. IS do not have capacity. Our MD has approached some of the other NI Trusts who also have issues with reporting. Hopefully the radiology issue is coming to the fore with all the MDs and CEs.

Will the new Omagh hospital put further pressure on your services?

Kind regards

David

From: Loughrey Gareth [redacted]
Sent: 02 September 2016 07:39
To: Gracey, David
Cc: Sotiropoulos Vasileios
Subject: RE: Urology MDM

This e-mail is covered by the disclaimer found at the end of the message.
David
Thanks. It would of course be appropriate for Vasileios to be part of the MDT discussion. Cancer MDT guidelines are clear on this. From a practical point of view, it is the time constraints which will be the most challenging part of this for us. We have a small pool of radiologists covering two sites in TCH & SWAH. Vasileios already attends the gynaecology MDTM on Tuesday mornings.
I'm not sure if it would be possible for Vasileios to link into part of the meeting or on a periodic basis. A 2-3 hour meeting seems a big commitment which will stretch us as one of our team doesn't work on Thursday afternoons. If there was some thought given to this, I'm sure Vasileios would be willing to attend to maybe discuss only those cases which he has reported. I'll have a chat with him later this morning.
Hope you are well.
Regards.
Gareth
[redacted]

From: Gracey, David [redacted]
Sent: 01 September 2016 17:15
To: Loughrey Gareth
Cc: O'Brien, Aidan
Subject: Urology MDM

Gareth,

Re: Urology MDM, Thursday 2:15 to 4/5:00

As you will know the Southern Trust Urologists cover the southern half of the Western Trust. Dr Vasileios Sotiropoulus reports a significant volume of urology imaging, in particular prostate MRI – all of which is greatly appreciated. They would be keen that he has an input into the MDM. Would he be interested? This would of course be facilitated by telelink.

Kindest regards

David

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 06 January 2017 17:43
To: Reddick, Fiona
Cc: Glenny, Sharon; Trouton, Heather
Subject: RE: Urology MDM

Marc Williams

From: Reddick, Fiona
Sent: 03 January 2017 11:44
To: Gracey, David
Cc: Glenny, Sharon; Trouton, Heather
Subject: FW: Urology MDM

David

Please see below email trail as below re Radiology input into the Regional Urology Specialist MDT.

Can we discuss this further.

Regards

Fiona

Fiona Reddick
Fiona Reddick
Head of Cancer Services
Southern Health and Social Care Trust
Macmillan Building
[redacted]

From: Lee, Davinia [redacted]
Sent: 29 December 2016 12:50
To: Glenny, Sharon; Reddick, Fiona
Subject: RE: Urology MDM

Hi Both

Hope you had a lovely Christmas - Just following up on the below email?

Thanks
Davinia

From: Lee, Davinia
Sent: 14 December 2016 11:29
To: 'Glenny, Sharon'; 'Reddick, Fiona'
Subject: FW: Urology MDM

Hi Sharon & Fiona

See email below – can you advise on radiology input to your local MDM? Without advance notice of cases our radiologists can not give an opinion on scans and in that case a radiologist needs to be present from Craigavon – would you look into this for me?

Thanks
Davinia

From: Flynn, Peter
Sent: 13 December 2016 17:11
To: Vallely, Stephen; Cassidy, Caitlin; Lee, Davinia
Cc: Mitchell, Darren; Grey, Arthur; Ramsey, John
Subject: RE: Urology MDM

Dear all
It is not good practice as per RCR guidelines to undertake complex imaging review at MDM without the opportunity to review prior to the meeting.

Davinia
Can we review the CAH and WHSCT role in this MDM? Are they funded to attend and present? Funded to attend only? Or not funded at all? Given the enormous pressure BHSCT imaging is currently under with respect to MDMs it would be a significant advance if DGH radiologists who do attend are instructed to present their imaging.

Thanks
peter

From: Vallely, Stephen
Sent: 13 December 2016 14:54
To: Cassidy, Caitlin
Cc: Mitchell, Darren; Grey, Arthur; Ramsey, John; Flynn, Peter
Subject: RE: Urology MDM
Importance: High

Darren

This is a longstanding problem that I have raised many times. I can count on one hand the number of times there has been radiology cover there for this meeting. The same thing happens every week with Altnagelvin where we are not even given advance notice of the patients we are expected to discuss. I think it is incumbent on CAH to provide a radiologist for the meeting. It is not safe practice to expect me to present these cases blind and base clinical decision on this. I am happy for their cases to be presented but as I have indicated I will have had no opportunity to review imaging beforehand. If you, as Chair, are content with the risks that presents they can be presented but the decision must be yours as I have made my position clear. I have copied in the CD of Radiology and my Clinical Lead for their advice

Stephen

From: Cassidy, Caitlin
Sent: 13 December 2016 14:01
To: Vallely, Stephen
Cc: Mitchell, Darren
Subject: RE: Urology MDM

Hi Stephen

Craigavon have no radiologist this week. Can any of their patients be discussed?

Thanks

Caítlin

From: Vallely, Stephen
Sent: 13 December 2016 12:55
To: Cassidy, Caitlin
Cc: Mitchell, Darren
Subject: RE: Urology MDM

Caitlin

There is a massive amount of Belfast Trust radiology this week so can you try to ensure that Craigavon have a radiologist present as I will not have time to review their cases before Thursday

Thanks

Stephen

From: Cassidy, Caitlin
Sent: 13 December 2016 12:08
To: Alexander, Juliea; 'Brian Duggan'; Burgess, Elizabeth; Carser, Judith; 'Claire Cassels'; Clayton, Alison; Corcoran, Bernie; Crowther, Karen; Cunningham, Wendy; Eakin, Ruth; Elliott, Kelly; Gray, Moyra; Grey, Arthur; Hagan, Chris; Harney, Jacqui; Harvey, Barbara; Hegarty, Shauna; Hetherington, Stacey; Hurwitz, Jane; Hynds, Sharon; Jain, Suneil; 'John McKnight'; Johnston, Margaret; Keane, John; Keane, Patrick; Lindsay, Richard; 'Lois Mulholland'; Lyons, CiaraA; McAleese, Jonathan; McCusker, Sara; McEvoy, Teresa; McGuigan, Jim; McLaughlin, Michelle; McNally, Mel; Milligan, Gail; Mills, Karen; Mitchell, Darren; Morrow, Michelle; Murray, StaceyV; Napier, Hazel; neville ; Norwood, Gillian; ODonnell, Adrina; OKane, Hugh; Oladipo, Bode; O'Malley, Sharon; ORourke, Declan; OSullivan, Joe; Parkinson, Melanie; Parsons, Karen; Hegarty, Shauna; 'Patricia Thompson'; 'Peter Ball'; 'Peter Blair'; 'Sam Gray '; Shum, Lin; 'Stephen Hamilton'; Stewart, David; Thompson, SamanthaE; Thwaini, Ali; Totten, Grace; Turner, Philip; Vallely, Stephen; Venney, Cara; 'Vicki Graham'; Walker, Jennifer; Warren, Pamela; White, Kate; 'Wlosinski, Marie'
Subject: Urology MDM

Good afternoon,

Please see the link below with patients for discussion at Thursdays Urology MDM

[redacted]

thanks

Caítlin

Caítlin Cassidy
Patient Navigator/ MDT Co-ordinator (HPB)
Royal Victoria Hospital
Ground Floor
West Wing

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 13 October 2017 12:18
To: MacKenzie Niall
Subject: RE: MSK US

Thanks.

One crisis to the next. HSCB trying to progress MSK US but my colleagues understandably not keen, some of which may be due to other interests.

Any interest in a joint urology MDT? Our single handed MRI practice is still problematic.

Any takers for your positions on the sunny north coast or down in the wet lakes?

Hopefully see you at the next MRCN.

David

From: MacKenzie Niall [redacted]
Sent: 13 October 2017 10:56
To: Gracey, David
Subject: Re: MSK US

This e-mail is covered by the disclaimer found at the end of the message.

No, is the short answer to that, David!
Hope all is well with you.
Niall.

From: Gracey, David [redacted]
Sent: 13 October 2017 10:47:11
To: MacKenzie Niall
Subject: MSK US

Niall

Have you been progressing with sonographer MSK US? If so is it working, do you or your colleagues object?

Thanks

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)

Personal Information redacted by the USI (external)

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 15 November 2017 12:50
To: MacKenzie Niall; McKillen, Jacqueline; Patterson, Barry [redacted]
Subject: Urology MDT and prostate MRI

Niall, Barry, Jackie,

We are struggling with MRI prostate reporting and our urology MDT – single reporter, increasing workload, IS discrepancies. Would any of your colleagues who are involved in urology be interested in a joint MDT or additional reporting (re numeration still to be discussed)? This is tentative query at this time and I would be grateful if you would keep your enquiries discrete. If there is no potential interest then we will look to see what other options are available.

Many thanks for your help.

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

Stinson, Emma M

From: MacKenzie Niall [redacted]
Sent: 15 November 2017 12:56
To: Gracey, David
Subject: RE: Urology MDT and prostate MRI

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David, I wouldn't have thought so to be honest. Struggling to cope with our own expanding numbers of MRs.. We are currently looking at expanding numbers of reporters in-house but obviously that's at least a year's project.
Hopefully see you tomorrow.
Niall

_____

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Sent: 15 November 2017 12:50
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Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

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Southern Health & Social Care Trust IT Department [redacted]

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Stinson, Emma M

From: Gracey, David [redacted]
Sent: 15 November 2017 13:00
To: MacKenzie Niall
Subject: RE: Urology MDT and prostate MRI

Niall

Thanks. I think in house expansion is probably the only way to go for us to at present, but can't see anyone putting their hand up. IS have a discrepancy rate of about 5% which is not bad - put they are not happy with the way feedback is being given. NI network reporting would give us some depth if we could get sufficient numbers.

See you tomorrow.

David

-----Original Message-----
From: MacKenzie Niall [redacted]
Sent: 15 November 2017 12:56
To: Gracey, David
Subject: RE: Urology MDT and prostate MRI

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David, I wouldn't have thought so to be honest. Struggling to cope with our own expanding numbers of MRs.. We are currently looking at expanding numbers of reporters in-house but obviously that's at least a year's project.
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tentative query at this time and I would be grateful if you would keep your enquiries discrete. If there is no potential interest then we will look to see what other options are available.

Many thanks for your help.

David

Dr David Gracey, FRCR
Consultant Radiologist

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office (internal)
(external)

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 04 December 2017 13:18
To: Wright, Richard
Cc: Tariq, S; Trouton, Heather
Subject: RE: from ruth

Richard

I have asked Jackie McKillen but have not received a reply (second time of asking). Peter Ball leaves SET at the end of this month - leaving Michael Hyland as there sole reporter. There numbers seem to be a lot lower than ours - 3 in the last 30 days compared to 26 in ST. I will ask again.

Niall McKenzie, WT, said no. ST urology includes the southern part of the WT as you know.

Regards

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

-----Original Message-----
From: Wright, Richard
Sent: 04 December 2017 13:12
To: Gracey, David
Cc: Tariq, S; Trouton, Heather
Subject: Re: from ruth

Hi I think they have some room for misinterpretation due to poor history and apparent movement artefact. The double read seems quite helpful. My only question would be is there any way we could do a deal with ? SE trust to do these between us. We are already helping them with the urological surgery, so it seems a natural place to try, it might be more acceptable than [redacted]. Regards Richard

Sent from my iPad

> On 4 Dec 2017, at 12:17, Gracey, David [redacted] wrote:
>

> Dear All,
>
> Please see final comment from [redacted] on returned discrepancy form. I would be grateful of your formal comment before I respond to [redacted] CD.
>
> Regards
>
>
> David
>
>
> Dr David Gracey, FRCR
> Consultant Radiologist
>
> [redacted]
> office [redacted] (internal)
> [redacted] (external)
>
>
>
>
> -----Original Message-----
> From: Watt, Ruth
> Sent: 04 December 2017 12:12
> To: Gracey, David
> Subject: FW: from ruth
>
>
>
> -----Original Message-----
> From: Kate Cooper [redacted] On Behalf Of Clinical Governance
> Sent: 04 December 2017 09:07
> To: Watt, Ruth
> Cc: Clinical Governance
> Subject: FW: from ruth
>
> Good Morning Ruth,
>
> Please find attached the completed [redacted] Discrepancy form. An addendum has also been completed.
>
> Kind Regards,
>
>
> Kate Cooper
> Quality and Governance Manager
> [redacted] | [redacted] | News
>
> Join us on: Twitter | LinkedIn
>
> T : [redacted] | M : [redacted]
>

> [redacted]
>
>
>
>
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>
> [redacted]
>
>
>
>
> <[redacted] Discrepancy Form 3856249176 final.docx>

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 18 December 2017 08:37
To: Trouton, Heather; Tariq, S
Subject: FW: Urology MDT and prostate MRI

FYI

Reply from SE Trust CD

David

From: McKillen, Jacqueline [redacted]
Sent: 17 December 2017 09:55
To: Gracey, David
Subject: Re: Urology MDT and prostate MRI

Hi David
No one interested in MR prostate and we are looking to outsource.
Call me mon aftnoon if u have a miner re an update of the other matter we had discussed.

Thanks.
Jackie

Sent from my iPhone

On 15 Nov 2017, at 12:50, Gracey, David [redacted] wrote:

> Niall, Barry, Jackie,
>
> We are struggling with MRI prostate reporting and our urology MDT – single reporter, increasing workload, IS discrepancies. Would any of your colleagues who are involved in urology be interested in a joint MDT or additional reporting (re numeration still to be discussed)? This is tentative query at this time and I would be grateful if you would keep your enquiries discrete. If there is no potential interest then we will look to see what other options are available.
>
> Many thanks for your help.
>
> David
>
> Dr David Gracey, FRCR
> Consultant Radiologist
>
> [redacted]
> office [redacted] (internal)
> [redacted] (external)
>
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Stinson, Emma M

From: Trouton, Heather [redacted]
Sent: 28 November 2017 13:57
To: James, Barry; Gracey, David
Subject: RE: Urology reproting

Barry , our current main deficits are Nuclear medicine, Cardiology and Urology. Gynae was also a single handed service with Ann but Ciara has specialised in Gynae so that is much better now.

David , are there any others?

Heather

From: James, Barry
Sent: 25 November 2017 22:48
To: Williams, Marc
Cc: Trouton, Heather
Subject: RE: Urology reproting

Not sure how the Surgical directorate can occupy nearly an entire day of one radiologists time, without paying our directorate for your services!

Baby steps Marc – first this should be offered to the whole consultant body in the interests of fairness.
Whoever it is would first learn how to read the images. This will take time on it's own. As part of the teaching you can feedback or supply the minutes of the meeting (I presume they exist) to allow integration of the clinical component if he/she cannot attend due to current job plan.
Future MDTs can be tailored to cluster the prostate cases if required, or separate the prostate component into a separate meeting all together – all viable options that can be explored down the road once the initial training is complete. Who knows, he/she may fall in love with GU imaging and fulfil your every desire!
Just start and let it develop organically. We will never know unless we try. Don't scare people off before they even start.
Recruitment of a full blown GU radiologist in NI is unlikely as I think the role does not exist – do you know anyone else that has a similar job to you? Most who report GU also report all forms of body MRI (Arthur, Peter Blair/Ball, Andrew, Myles, Scott etc).
So Marc – if we get a volunteer at the weeking meeting and there is appropriate provision in your job plan would you at least start the process? Hell I might even sign up if the terms are favourable!

Heather to progress this you need to secure time limited funding for training for both parties and additional study leave/budget to facilitate – eg ARRS course is $400 and you can do from home.

Out of interest Heather – do we have any other 'at risk' areas? Is cardiac CT one of them? SPRs in their later stages of training have asked and I have always said GU, nuclear and chest – that right?

Barry

From: Williams, Marc
Sent: 25 November 2017 10:17
To: Porter, Simon
Cc: Trouton, Heather; James, Barry
Subject: Urology reproting

Simon

I hear on the grapevine that you may be interested in reporting prostate MRI? I wanted to let you know what this will involve.

The European Society of Uroradiology recommend that anyone reporting prostate MRI attends a urology MDT and this should be regarded as compulsory. Patient management is decided based on the imaging and perceived clinical risk and there are for example some patients with terrible disease with comparatively normal MRIs. It is imperative to have knowledge of all this i.e. the role of MRI in prostate cancer and the potential management of patients. Fortunately there are a number of documents that I have collated over the years that will help and PIRADS v2 is very useful.

The ESUR recommends that any individual reporting prostate MRI reports a minimum of 50 cases per year. The future of the service involves TRUS/US fusion ie targeting lesions that have been identified on MRI with real time US and MRI image fusion. We currently do this cognitively and have been prohibited taking this any further given the quality of the outsourced reports and their inability to provide any meaningful information on where lesions are (urologists need images marking up). Outsourcing also has resulted in patient harm due to significant discrepancies but the trust seems very keen on taking the cheapest reporting option rather than for example weighting cases appropriately so that they can be reported as WLI.

The urology MDT is on a Thursday afternoon and lasts 3-4 hours. I find the preparation arduous and it can take over 4 hours. There are often 40 patients on the meeting, spanning 30 pages of A4. If you wished to partake in contributing to the MDT rather than just reporting prostate MRI we deal with all sorts of cases including what to do with indeterminate renal lesions and renal MRI plus various other pathologies (bladder, upper tract TCC etc). Like at other MDTs, a second review of the imaging can identify additional findings or change interpretations. This happens fairly frequently (the difference between a nephrectomy or a nephroutetercomy in a renal tumour for example or the a report of a locally advanced prostate tumour in fact being an anatomical variant or seminal vesicular haemorrhage – all recent examples). Indeterminate renal lesions and complex cysts are a significant workload.

What we really need in the trust is the recruitment of a radiologist with an interest in GU. Someone that can partake in the GU service and attend and take the MDT. The only way to achieve this is to make a real attempt to recruit by putting out interesting job plans that offer more than the bare minimum. Mentions of flexibility, off site SPA, more than 1.5 SPAs, recruitment and retention premia etc. I remain unclear why the trust does exactly the opposite and how it expects to recruit in the circumstances, which leaves me as a sole practitioner which is not safe and not recommended by the college.

If you wish to input into the GU service I would be happy to help discuss how this may work in practice as it will be a significant commitment to us both with time required in job plans and other considerations.

Marc

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 28 June 2016 10:09
To: Trouton, Heather
Subject: FW: WLI Query regarding Dr Marc Williams
Attachments: SKMBT_C45216062809490.pdf; Guiding Principles for WLI.pdf

For your info.

Marc has stopped WL pending job plan review. I am meeting with Martina tomorrow. I can foresee this having the same response as previous with an effect on the urology service and urology MDM.

Thanks

David

From: Montgomery. Ruth
Sent: 28 June 2016 09:51
To: Gracey, David
Cc: Barr, Jill
Subject: WLI Query regarding Dr Marc Williams

Dr Gracey,

With regard to the attached x4 WLI claims for Dr Marc Williams, which were authorised by yourself, can you please see the attached '**Guiding Principles for Waiting List Initiative Work for Medical Staff'.**

Can you please clarify if Dr Williams is a part time or full time member of staff to allow us to know how to proceed with his claim? If you look at sections 7 and 8 of the attached guidelines it references the minimum PAs required from all medical staff prior to being able to claim WLI sessions. Part time is 10 PAs and full time is 11 PAs, and as Dr Williams has stated on his form that he works 10.5 PAs, we would need clarification if he has reached the minimum to allow us to proceed with the claim.

We have been advised that the restriction on these guidelines had been lifted temporarily but that it is now back in place and applied to any claims dated after 31/03/16 so unfortunately we have to query any forms where they state that less than 11PAs have been worked.

Kind Regards

Ruth

Ruth Montgomery
Medical Directorate
Southern Health & Social Care Trust
Trust Headquarters
College Of Nursing
68 Lurgan Road
Portadown
BT63 5QQ

☎ [redacted]

Personal Information redacted by the USI

From: Personal Information redacted by the USI
Sent: 28 June 2016 10:50
To: Montgomery. Ruth
Subject: Message from KMBT_C452

SHSCT LOCAL AGREEMENT

APPROVAL & CLAIM FORM FOR WAITING LIST INITIATIVE PAYMENTS (MEDICAL STAFF)

Section 1: Personal details:

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[redacted]

										No
										No
										No

As waiting list payments are paid in accordance with the principle that a consultant cannot be paid twice for the same period of time - please confirm the following:

TOTAL PA's in your existing job plan (DCC, ON-CALL, SPA, External PA's): 10.5

Does any of the extra contractual work in the table above take place at a time you are paid for by the Trust in your existing Job Plan?

No

If YES, you must provide full details what the extra contractual work displaces, why it is undertaken during normal paid hours and when the paid work will be redelivered:

If any of the above work displaces an SPA session, Please state the nature of the SPA activity and how and when this will be redelivered. The alternative time and method of delivery of the work within this SPA must be endorsed by the AMD/Director.

Section 1: EWTD DECLARATION:

1. Please confirm, considering all your Trust and non HPSS commitments, if by undertaking the extra contractual work outlined above, you will be working above an average of 48 hours per week (averaged over a 52 week period)? (Please circle) — **1. NO**
2. If Yes – Will you be working greater than 56 hours in this working week? (Please circle)

Are you over 48? - A signed derogation form must be completed and forwarded to the Medical Staffing Manager, confirming your agreement to opt out of the EWTD maximum 48 hours per week (averaged over a 52 week reference period). A copy of the opt out form can be obtained from the Trust Intranet: http://shsctintranet.hpss.n-i.nhs.uk/HTML/HR/Information.html

Are you over 56? – In addition to the above, The Director of Service/AMD must give explicit approval– so the form must be signed and their comments included in section 2. — **2. YES/NO**

26/5/16.