

Dr Robert William Howe MD FRCGP

General Practitioner Expert Witness

Woodclose, 21 North Street, Lostwithiel, Cornwall, PL22 0EF

Tel: 01208 873787(h) / 07860801899(m), e-mail: willhowe@btinternet.com

GMC No. 3249501 MDU No. 239069F

Current Post

I am currently a locum GP and GP Expert Witness having worked as a GP partner full time at Lostwithiel Medical Practice, Cornwall, for 28 years from 1995 to 2023.

Lostwithiel Medical Practice provides general medical services for 5000 patients in a rural setting in south east Cornwall. There are a range of clinical staff employed and there is a dispensary. We were inspected by the CQC in 2018 and rated as outstanding.

Lostwithiel Medical Practice works in collaboration with four other practices locally as part of the Bosvena and Three Harbours Primary Care Network serving a population of 42,000 patients.

Having worked as a GP partner providing clinical care to registered patients in hours and out of hours I am familiar with a wide range of clinical issues presented to the GP.

A range of NHS reforms have provided the practice with the opportunity to improve the quality of patient care and provide out-patient clinics in orthopaedics from the surgery and a practice dementia project, shortlisted for the BMJ practice award 2013.

The surgery has been a GP training practice since August 2015, and I have supervised undergraduate medical students since 2005. I am a recognised GP trainer.

I have worked for two local Out of Hours companies providing GP clinical care in Devon and Cornwall.

Medical Qualifications

BM Southampton University (1987)

DRACOG (1991)

MRCGP (1992)

FP cert (1992)

MD Southampton University (1998)

Diploma in Urology (2006)

Honorary Research Fellow, Exeter Medical School, 2016-2019

FRCGP (2018)



Royal College of
General Practitioners

Medico-legal Experience

Inspire Medilaw two day course, Oxford (November 2018).

This course is accredited by the Royal Society of Medicine and covered: Expert evidence - the law and practice; Report writing; Data protection for medico-legal experts; GMC workshop on acting as an expert witness; Addressing the legal issues in a claim and in a report; Expert witness meetings.

Seminar with Enable Law 2018, Plymouth (November 2018)

Inspire Medilaw Update 2020, 2021, 2022 & 2023

Within the last 3 years I have written in excess of 75 reports for the following clients; the Medical Protection Society, the Medical Defence Union, Hill Dickinson, Blake Morgan, Kennedys, Shoosmiths, Weightmans, Enable Law, Capsticks, Bevan Brittan, DAC Beachcroft, Browne Jacobson and NHS Resolution.

I gave evidence in the High Court of Justice King's Bench Division in February 2024. Neutral Citation Number : [2024] EWHC (KB). Case No: G90CH330

I am an expert witness for the GMC.

<https://newa.expert/expert-members/dr-will-howe/>

Medical Experience

Birmingham Accident Hospital, UK (1987)

A six month house officer job with front line exposure to trauma of all types.

Queen Alexandra Hospital, Portsmouth, UK. 1988

A six month medical house officer job with general medical and eldercare experience.

Norman Bethune Medical School, Jilin Province, China (1988)

A six month teaching post in a Chinese medical school teaching physiology, English and aspects of clinical epidemiology to Chinese medical students.

Family Medical Services, Brisbane, Australia (1989)

A six month attachment to an after hours locum service in a large urban area providing experience in practicing medicine in a business setting.

Mater Hospital, Brisbane Australia (1989-1991)

18 months of senior house officer posts in a teaching hospital with rotations to A/E, intensive care, gynaecology, obstetrics and cardiology.

Flinders Medical Centre, Adelaide, Australia (1991)

A 12 month post with general paediatric experience, and neonatal work.

General Practice Registrar Year, Lostwithiel, Cornwall (1992)

An attachment to a rural practice with two partners.

General Practice locum work, Port Isaac Practice, Cornwall (1993-1994)

A regular summer locum job in a large rural practice.

Collaborative Projects

GP Prescribing Facilitator (1997)

Established One Stop Prostate Assessment Clinic (1998)

NHS R&D Research Practice (1999-2004)

Practice-Based Commissioning locality group (2004 – 2019). Achievements of service re-design include:

- Direct access ultrasound
- Direct access echocardiography
- Practice-based dementia nurse
- Visiting orthopaedic and gastroenterology consultants

Cancer Research UK – Sandpit workshop December (2015)

National Awareness and Early Diagnosis Initiative (NAEDI), small project grant.

Primary Care Network – Bosvena and Three Harbours PCN 2019 to present

CQC rating Outstanding 2018

GP Patient Satisfaction Survey 2022 – the highest ranking in Cornwall

Academic and Educational Contribution

General Practice Research Fellow, Bristol University (1993-1995)

A thorough grounding in research methodology with responsibility for designing, executing and analysing a randomised controlled trial to examine the effectiveness of antibiotic in the treatment of sore throats in general practice.

My MD thesis *A study of sore throats in general practice* was published at the end of this post, 1998

Undergraduate clinical teacher (2003-2011)

Community Sub-Dean, Peninsula Medical School (2011)

Part of the senior management team within the medical school with responsibility for quality and performance of community teaching placements in Cornwall.

GP trainer (2015 – present)

General Practice Improvement Leaders Programme (Autumn 2016)

Supervision of a practice nurse to gain prescribing responsibilities (2017)

Poster RCGP conference 2022 and Quality & Safety in Health Care Copenhagen 2023

The unidentified risks associated with prescribing long-term nitrofurantoin in general practice (see below)

Publications

Howe RW, Going, going, gone. *BMJ* 1989;Volume 299(6715):1611-1614

Howe RW, Prescribing antibiotics in general practice. (letter) *BMJ* 1994;308:1511

Howe RW, A study of sore throats in general practice. University of Southampton 1998 MD thesis

Howe RW, et al, A randomised controlled trial of antibiotic on symptom resolution in patients presenting to their general practitioner with a sore throat. *BJGP* 1997;47:280-284

Howe RW, Sore throats and biased evidence.(letter) bmj.com/cgi/eletters/319/7203/173

Wilt TJ, Howe RW, Rutks IR, et al, Terazosin for benign prostatic hyperplasia. *Cochrane Database Syst Rev* 2002;(4):CD003851

Wilt TJ, Howe RW, MacDonald R, Nelson D. Terazosin for treating symptomatic benign prostatic obstruction; a systematic review of efficacy and adverse effects. *BJU International* 2002;89:214-225

Howe RW, Haematuria (letter) *Br.J.Gen.Pract.*2002;52(479):498

Howe RW, Newport R, The management of Men with lower urinary tract symptoms in general practice; a quantitative and qualitative study. *Remedy* 2002;10:27-29

MacDonald R, Wilt TJ, Howe RW. Doxazosin for treating lower urinary tract symptoms compatible with benign prostatic obstruction; a systemic review of efficacy and adverse effects. *BJU International* 2004;94(9):1263-70.

Howe RW, Campbell J. A review of the Current Evidence and Interventions to Raise Awareness and Promote Early Diagnosis of Lung Cancer. Sept 09. A review commissioned by the Peninsula Cancer Network from the department of Primary Care, Peninsula Medical School.

Practice based dementia project

<http://www.rcgp.org.uk/clinical-and-research/bright-ideas/dr-will-howe-dementia-service-quality-and-care-in-primary-care.aspx>

GPs: needs, wants, and bonds. R William Howe
Br J Gen Pract 2015; 65 (638): 452. DOI: <https://doi.org/10.3399/bjgp15X686737>

Access to primary care Robert William Howe
Br J Gen Pract 2016; 66 (643): 68. DOI: <https://doi.org/10.3399/bjgp16X683809>

Bad medicine: Spence and his spells. Robert William Howe
Br J Gen Pract 2017; 67 (656): 111. DOI: <https://doi.org/10.3399/bjgp17X689569>

Current management of suspected sepsis in primary care. Motta, M., Wilcock M., Howe, W Sheehan R. *Prescriber* Volume 34, Issue 6 June 2023

<https://wchh.onlinelibrary.wiley.com/doi/epdf/10.1002/psb.2073>

Reducing unnecessary preoperative testing by asking doctors to do their own phlebotomy Howe, W. *letter BMJ* 2022; 379 :o2698

<https://www.bmj.com/content/379/bmj.o2698.full>

The Unidentified Risks Associated with Prescribing Long-term Nitrofurantoin in General Practice

Sheehan R¹, Howe RW²

¹Bosvena and Three Harbours PCN, Fowey, Cornwall, UK; ²Lostwithiel Medical Practice, Lostwithiel, Cornwall, UK.

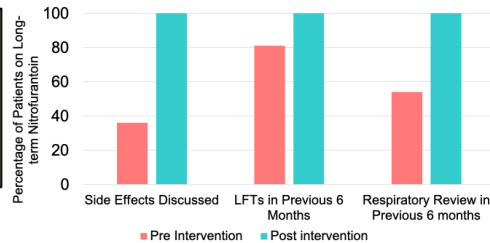
Nitrofurantoin 50mg Tablets

Adverse reactions associated with long-term use:

- Hepatotoxicity
- Pulmonary Toxicity

28 Tablets

Serious side effects associated with long-term nitrofurantoin use which should be discussed with patients before prescribing



GMC guidance on good prescribing advises that when starting any medication prescribers should discuss all common and serious side effects with patients (1). Prior to commencing long-term nitrofurantoin prophylaxis there should be a discussion with the patient of the risks - the risk of antibiotic resistance, the possible adverse effects (common and serious), and the monitoring required (liver function and signs of pulmonary adverse effects). Our study points to some deficiencies in following this advice. It also highlights that more formal monitoring and guidance would help prevent patients developing these serious complications and demonstrates the role primary care network (PCN) clinical pharmacists can have on improving patient safety.

Background

Long-term prescribing of nitrofurantoin for urinary tract infection prophylaxis can result in pulmonary and hepatic toxicity (2). Current guidelines lack clarity on frequency of monitoring required for detection of these side effects (3). There is a potential risk to patient safety which has been demonstrated by known medico-legal implications, resulting in the UK Medical Protection Society identifying negligence in nitrofurantoin monitoring as a significant cause of litigation (4). To date no defendants have been successful in the defence of any case, with claims ranging from £40,000 to £250,000 depending on severity. Recent analysis of long-term nitrofurantoin prescribing in primary care highlighted a clear shortfall in awareness and monitoring amongst clinicians (3).

Aims

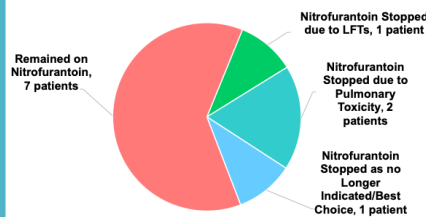
- 1) To review all patients in the PCN on nitrofurantoin for longer than a two week course to assess them for pulmonary or hepatic toxicity.
- 2) To share and discuss the risks associated with long term treatment with these patients, assess their ongoing need for treatment and carry out any outstanding monitoring

Methods

We identified 11 patients who had received a prescription for more than 2 weeks of nitrofurantoin. These patients received a consultation from a PCN clinical pharmacist or GP to assess them for signs of pulmonary toxicity and have liver function tests (LFTs) done. All patients were also reviewed to identify if prophylactic antibiotics were still indicated.

Results

Prescribing Decision Post Review



Conclusion

Over a third of patients had their nitrofurantoin stopped either due to adverse effects or it no longer being indicated, highlighting the importance of regular review. This review is now repeated every six months by the PCN clinical pharmacist to ensure nitrofurantoin continues to be safely prescribed throughout the PCN. This safety check has been made part of the clinical pharmacy team's regular workload, with the aim making medication safety monitoring consistent and removing any variation between practices across the PCN.

Implications on Future Practice

This project highlights the positive impact PCN clinical pharmacists have on improving safe prescribing and ensuring appropriate drug monitoring. It will be used as a foundation to build pharmacist-led prescribing reviews into everyday practice in the PCN, with the aim of incorporating high risk drugs and medications with rare serious side effects into these reviews.

References

1. General Medical Council. Good practice in prescribing and managing medicines and devices. 2022.
2. British National Formulary (online). Nitrofurantoin. <http://www.bnf.nice.org.uk/nitrofurantoin>. [Accessed 10/6/22]
3. Spiers T. et al. Long-term nitrofurantoin: an analysis of complication awareness, monitoring, and pulmonary injury cases. BJGP Open 2021; 5 (6)
4. Medical Protection Society. Complications of Nitrofurantoin, 2017 <https://www.medicalprotection.org/uk/articles/complications-of-nitrofurantoin> [Accessed 10/6/22]



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