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SOUTH STAFFORDSHIRE LMC NEWS

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GP CONTRACT IMPOSITION

Dr Richard Vautrey from the GPC met with a large number of Staffordshire GPs at Stafford Showground on 6th February. Richard was asked what can GPs do?

- **Protect your patients**
  - don't chase targets that put your patients at risk or treats them inappropriately;
  - speak to the commissioner - say NO to un-resourced workload shift from secondary care.
- **Prioritise your practice**
- **Think 2013 - times have changed since 04**
- **Start to plan for the changes**
  - look at the bottom line of your accounts not the top line and consider the cost of your services and work, especially high funded practices.
- **Do not allow Government to divide and rule - GMS/ PMS, locums/practices**
- **Engage all members of your practice, involve all GPs**
- **Be fair to your locums - pay promptly**
- **Keep up to date on the BMA website bma.org.uk/ gpcontract**
- **ACT NOW to stop this happening again**
- **Complete the BMA survey**
- **Contact the Department of Health by 26 February**
- **Write to your MP if your services will be affected**
- **Tell your CCG**

FRANCIS ENQUIRY ON MID STAFFORDSHIRE HOSPITAL

The Francis Enquiry on Mid Staffordshire Hospital reported on 6 February 2013. Please note the following:

South Staffordshire Local Medical Committee expresses regret at the suffering patients endured. It supports quality patient care and whistle blowing.
It is disappointed that the pursuit of targets by management led to the lowering of standards of patient care in Mid Staffordshire Hospital.
It is our view that it was the pressure of budgetary requirements that led to poor management. It was a system failure rather than due to individuals.

The BMA have commented:

- It is deeply saddening to hear again how a series of failures at Mid Staffs resulted in such a terrible tragedy for many patients and their families.
- It is clear that there were a number of failures within the current systems that allowed this tragedy to occur.
- It is not enough to say lessons need to be learnt, a new culture is needed to prevent similar catastrophes in the future.
- Medical staff and management must jointly promote an ethos where raising concerns is seen as a positive thing.
- A system obsessed with top down targets can lead to excessive pressure on medical staff and there is a risk clinical care is lost in the race to meet deadlines, this needs to be addressed.

Recommendation 123 of the report is **Responsibility for monitoring delivery of standards and quality**:

GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of

service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.

TREATMENT AND CARE TOWARDS THE END OF LIFE: GOOD PRACTICE IN DECISION MAKING (DNR FORMS)

Do not resuscitate forms (DNR) have previously been discussed by the LMC. The LMC advice is clear that GPs should not feel compelled to complete DNR forms. However whenever clinically appropriate DNR forms are a useful way of recording patient wishes. If required GPs may need to take legal advice before completing them. Most patients dying in the community are not going to be as a result of a cardiac arrest. The LMC view is that the term Allow Natural Death (AND) is preferred.
The LMC would like to draw your attention to two sections of the GMC document on Treatment and Care towards the end of life: good practice in decision making.

The Benefits of Advance Care Planning (paragraph 50)

As treatment and care towards the end of life are delivered by multi-disciplinary teams often working across local health, social care and voluntary sector services, you must plan ahead as much as possible to ensure timely access to safe, effective care and continuity in its delivery to meet the patients' needs.

When to consider making a Do Not Attempt CPR decision

If cardiac or respiratory arrest is an expected part of the dying process and CPR will not be successful, making and recording an advance decision not to attempt CPR will help to ensure that the patient dies in a dignified and peaceful manner. It may also help to ensure that the patient's last hours or days are spent in their preferred place of care by, for example, avoiding emergency admission from a community setting to hospital. These management plans are called Do Not Attempt CPR (DNACPR) orders, or Do Not Attempt Resuscitation or Allow Natural Death decisions. Also please note that when completing the DNR forms used in South Staffordshire that the GP does not have to be the only signatory.

MEDICAL REPORTS FOR CONTINUING HEALTH CARE FUNDING

Some of us have been in receipt of a request for a medical report from the PCT who are considering Continuing Health Care Funding for our patients. This is not a contractual activity and a fee is required. The PCT has offered £50 per report. It will be up the individual GPs to decide whether they wish to provide the report for this fee or decline the work. The GPC advises that if we decline we should consider the needs of the patient and their family.

CQC WORKLOAD

Please note that it is not the intention of the process for practices to be spending many hours of staff time on preparing policies and protocols. The CQC have stated that they will look at what is happening with staff and patients rather than multisource policies. Outcomes are being observed rather than a series of protocols.
Please note that practices are given 48 hours notice to provide policies.

NHS HEALTH CHECKS

The LMC is aware that many practices have decided not to provide NHS Health Checks on behalf of Public Health. These practices will be aware that Public Health are requesting patient identifiable information in order to pass it onto a private company who will be carrying out the health checks.

It is the view of the LMC that owing to problems with Information Governance that practices do not co-operate with the provision of patient identifiable information to Public Health for the purposes of NHS Health Checks. Discussions are ongoing between Public Health and the LMC. The LMC is seeking advice from the GPC. Please note that Public Health are able to access patient information via the Exeter system.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

7 March	Samuel Johnson Community Hospital (Meeting Room 2)	**PCT**
21 March	Samuel Johnson Community Hospital (Meeting Room 1)	**LMC**

The meetings with the **LMC** are for the full committee of LMC members without the PCT.

The meetings with the **PCT** are for the LMC Executive and the PCT alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member)	01283 845555
Dr A Burlinson and Dr O Barron (job share)	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr A Elalfy	01785 252244
Dr C McKinlay (Treasurer)	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 413207