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SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

CONTENTS

BMA DAY OF ACTION — 21 JUNE

Around 30 out of 97 practices in South Staffordshire took part in industrial action. The PCT has reported that there was no disruption to patient care. There was also minimal involvement by our hospital colleagues in local trusts.

The GPC has commented:

"At the LMC Conference the delegates were almost united in their desire for industrial action, and the result of the ballot pointed that way too. But on the day of action the involvement was less than the voting had indicated, probably from a natural reluctance to damage or inconvenience patients. Many people, medical and lay, have differing opinions about the recent day of industrial action called by the BMA. It was, perhaps, inevitable that Treasury pressure on the Health Secretary to force doctors to pay more into a scheme that was in positive balance would come up against understandable opposition from many in the profession. All that doctors, and indeed all that NHS workers in general want, is fairness. Many voted in favour of "strike" action, though many will have had serious misgivings about taking any action at all for all sorts of reasons. (And what an unfortunate term "strike" is, but necessary for legal reasons.)

The decision to carry out a day of industrial action less than a strike was made with a heavy heart and after much thought. The matter is very complex, but the BMA now feels that it has got the message out there. The action was as harmless to patients as it could ever be; GPs were all rightly determined not to harm patients. Cancellation of secondary care operations may have affected patients more.

Not surprisingly, GPs fell into several groups: those who took action as a whole practice, those who took action as individuals in a practice where some did not, those whose practice did not take action at all. Those who did not take action were variously angry and supportive but felt morally obliged to work normally, or feared the possible consequences, or else they genuinely believed that they should have nothing to do with industrial action of any kind. Certainly fewer took action than the voting might have indicated.

Criticism from the Press was inevitable, but was not as bad as might have been expected. Even if the public does not sympathise with doctors, at least they may now understand what doctors are getting at. The main thing is that the government has been given a message and patients have not been significantly inconvenienced. We wait to see what the BMA advises next."

NHS STRUCTURE

Attached at the back of the newsletter is the proposed new NHS structure.

NH local will take over from the Staffordshire PCT Cluster and will become the Staffordshire and Shropshire NHS Local Area Team.

Our sector will be the Midlands and East Strategic Health Authority Cluster. This means we will have links with colleagues right across to East Anglia.

Senates will take over from the PEC (Professional Executive Committee) but their final structure is yet to be determined.

The GPC has repeatedly reiterated that CCGs should have no role in the commissioning or administration of primary care contracts and will not be able to interfere in the contractual duties of practices. The latest information from the NHS Commissioning Board 'Securing Excellence in Primary Care' does state that the NHSCB's Local Area Teams (LATs) will liaise with CCGs regarding practice performance, but CCGs will have no role in performance management or have any contractual sanctions to apply to practices.

LMC STRUCTURE/CCGS

Following the suspension of the two sub committees it is clear that CCGs have a role for quality monitoring and therefore GPs need to feed concerns into their CCG. The four CCGs have well defined portals for dealing with GP concerns but there is a need for the CCGs to ensure they have robust structures to acknowledge, deal with and feed back to GPs.

The LMC Executive have the following members with key areas for which they are leads:

Dr Gulshan Kaul - QOF, LESs, PCT Health Centre Premises

Dr Phil Needham - Out of Hours and 111

Dr Peter Gregory - CCG Liaison

Dr Vijay Singh - GP Performance Management

SOUTH STAFFORDSHIRE GP VISITING GUIDELINES

The PCT has suggested the LMC update the South Staffs Visiting Guidelines which were originally formed in 1995.

They have been adopted by the National Association of GP Co-operatives and widely used throughout the UK since.

Professor Ruth Chambers has helped the Secretary update them and Dr Fay Wilson also provided a modern OOH perspective.

They can be accessed at the LMC website on sslmc.co.uk under Documents.

NHS HEALTH CHECK LES

The LMC has been involved in discussion with public health about the Staffordshire wide LES to deliver the NHS Health Check. We gave our views about the funding offered by public health and would advise colleagues to consider the workload involved and the deliverability of the LES. It will be the decision of practices whether they offer the LES or not.

GUIDANCE FOR DOCTORS COMPLETING MEDICAL CERTIFICATES OF CAUSE OF DEATH - OLD AGE AS SOLE CAUSE

This is an extract from the Office for National Statistics' Death Certification Advisory Group, revised July 2010 which is at www.gro.gov.uk/images/medcert_July 2010.pdf

5.3 Avoid 'old age' alone

Old age should only be given as the sole cause of death in very limited circumstances. These are that:
• You have personally cared for the deceased over a long period (years, or many months)
• You have observed a gradual decline in your patient's general health and functioning
• You are not aware of any identifiable disease or injury that contributed to the death
• You are certain that there is no reason that the death should be reported to the coroner

You should bear in mind that coroners, crematorium referees, registrars and organisations that regulate standards in health and social care, may ask you to support your statement with information from the patient's medical records and any investigations that might have a bearing on the cause of death. You should also be aware that the patient's family may not regard old age as an adequate explanation for their relative's death and may request further investigation.
It is unlikely that patients would be admitted to an acute hospital if they had no apparent disease or injury. It follows that deaths in acute hospitals are unlikely to fulfil the conditions above. You can specify old age as the underlying cause of death, but you should also mention in part one or part two, as appropriate, any medical or surgical conditions that may have contributed to the death.
Examples:
Ia. 1Pathological fractures of femoral neck and thoracic vertebrae
Ib. Severe osteoporosis
Ic. Old age
II. Fibrosing alveolitis 8
Ia. Old age Ib. Ic.
II. Non-insulin dependent diabetes mellitus, essential hypertension and diverticular disease
Ia. Hypostatic pneumonia
Ib. Dementia
Ic. Old age
II.
When the Chief Medical Statistician first advised, in 1985, that old age or senility would be accepted as the sole cause of death in some circumstances, he recommended a lower age limit of 70 years. There is no statutory basis for this limit and some crematorium referees have set higher limits for accepting applications for cremation when the only cause of death is old age. Some coroners ask registrars to report to them all deaths under the age of 75 or 80, or at any age, certified as due to old age alone. The average life expectancy at birth for men in 2009 was about 77 years and for women 82 years. After much discussion, the ONS Death Certification Advisory Group has recommended that deaths certified as due to old age or senility alone should be referred to the coroner, unless the deceased was 80 or older, all the conditions listed above are all fulfilled and there is no other reason that the death should be referred. Similar terms, such as 'frailty of old age', will be treated in exactly the same way.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

6th Sept South Staffordshire LMC **LMC**
South Staffordshire PCT, Edric House, Wolseley Court, Towers Plaza, Rugeley

20th Sept South Staffordshire LMC **PCT**
Mid Staffordshire Postgraduate Medical Centre, Stafford

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 S Dey	01889 582244
Dr J Eames	01785 815555
Dr A Elalfy	01785 252244
Dr C McKinlay	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr C Pidsley (Treasurer)	01283 500896
Dr P Reddy	08444 770924
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 413207