

Cleveland Local Medical Committee

Middlesbrough Health Scrutiny Panel: Cardiovascular disease

Background and Introduction

Cleveland LMC established under the NHS Act 2006 as the representative committee for general medical practitioners in Middlesbrough.

The National Health Service is essentially a sickness service and whilst there are significant elements of health promotion and screening in its work the vast majority of its work is managing established illness and preventing foreseeable consequences. It is widely recognised that major changes in the health of communities are related more to socio-economic factors than the healthcare system, although the two are necessarily linked

The panel has posed 3 questions which are addressed here from the view of general medical practice. General Practitioners prime focus is on the needs of individual patients set into the context of their family, lifestyle, beliefs and we endeavour to address patients' health needs in a holistic approach.

What are the current challenges the NHS faces in Commissioning for CVD?

The challenges for primary care include:

- Continued secondary prevention of CVD; the main focus of this is through the nationally commissioned Quality and Outcomes framework.
- Addressing non ischaemic cardiovascular disease: There is a need to provide better access for GPs to investigate patients with abnormal heart rhythms without the need for referral to secondary care for uncomplicated cases.
- Management of heart failure: although heart failure is an element of the QOF it can be difficult to identify and manage; the possibility of community based investigations and treatment advice should be explored further.
- Balancing evidence needs-based care with service demands (e.g. 18 week wait).
- Proper utilisation of the diagnostic and therapeutic skills of individual clinicians.
- Ensuring that a strong list based primary care sector is maintained, including recruitment of GPs and practice nurses.
- The loss of the wider Primary Health Care Team

Where should Commissioning for CVD be in 3 years?

- There is a danger that changes to commissioning of primary medical services will remove the long term personal list based care and replace it with long term record based care. British General Practice has built its reputation, and its ability to manage referral to secondary care efficiently and safely on the practice patient list and it would be costly both in human and financial terms to interfere with that link.

- Commissioning for CVD should be firmly based in Practice Based Commissioning supported by a strong public health service which includes public health physicians.
- Every effort should be made to ensure the redevelopment of a primary health care team.
- Any primary screening programme should be part of a properly resourced national arrangement.
- Improved GP access to appropriate investigations.
- A careful assessment of the benefits of an aortic aneurism screening programme.

Aside from Commissioning, what can the town, and partners, do to tackle CVD?

- As set out in the introduction the role of the NHS is principally in healthcare. The opportunity for the NHS to work with the local authority and others to achieve improvements in social-economic areas is welcome.
- The more attractive Middlesbrough is to highly skilled professionals the better will the NHS and other providers be able to recruit.
- Areas to address include
 - Smoking: The single most significant objective in managing and preventing CVD is stopping smoking. Whilst the banning of indoor smoking is important other measures are needed including work with HMRC to tackle the prevalence of cheap untaxed cigarettes and appropriate enforcement of the new higher age for cigarette purchase.
 - Diet: Experience reveals that the diet of many local people is poor, especially in its fat, fruit and vegetable content.
 - Transport: easier access to public transport may increase the exercise taken by many people who currently drive to work.

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Declaration of interests

- Partner, Endeavour Practice, Middlesbrough; (one partner is a board member of the British Heart Failure Society)
- Secretary, Cleveland Local Medical Committee
- Chairman, BMA Professional Fees Committee
- Member, BMA General Practitioners Committee
- Member, Medical Advisory Board of Wesleyan Assurance
- Member FHSAU Panel of "Persons Appointed"