

## HEALTH SCRUTINY PANEL

6 OCTOBER 2010

### END OF LIFE CARE – A GENERAL PRACTICE PERSPECTIVE

#### PURPOSE OF THE REPORT

1. To introduce representation from the Cleveland Local Medical Committee, in attendance to discuss a General Practice perspective on End of Life Care.

#### RECOMMENDATIONS

2. That the Panel notes the evidence presented by the Cleveland Local Medical, asks any questions felt appropriate and incorporates the evidence gathered into the overall review.

#### CONSIDERATION OF REPORT

3. Members will recall that a great deal of evidence has already been collected by the Panel pertaining to its investigation into End of Life Care in Middlesbrough. A vital part of that work is to speak to representatives of General Practitioners regarding their views on End of Life Care. General Practice has considerable experience on contributing towards the delivery of End of Life Care and its views are valuable to the Panel's work.
4. As such, the Chair of Cleveland Local Medical Committee<sup>1</sup> will be in attendance at the meeting today to provide a General Practice perspective on End of Life Care. The following questions were provided to Cleveland LMC, to

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<sup>1</sup> A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in the Health Authority, including Primary Care Organisations. An LMC is structured to support all NHS GPs whatever their contractual status, including GMS, PMS and APMS GPs, sessional and freelance GPs and GP Registrars. An LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice. PCTs have a statutory responsibility to recognise local practitioner committees. This covers GPs (LMCs), Dentists (LDCs), Pharmacists (LPCs) and Optometrists (LOCs). An LMC is an independent, self-financing body with statutory functions. It is not a trade union. Please see [http://www.clevelandlmc.org.uk/what\\_is\\_an\\_lmc.htm](http://www.clevelandlmc.org.uk/what_is_an_lmc.htm)

provide guidance as to the sorts of themes that the Panel is particularly interested in exploring.

- 4.1 The Panel has heard from a number of contributors that a significant number of people at the end of their life, die unnecessarily at James Cook University Hospital. Is that a picture that General Practice recognises?
- 4.2 Research undertaken for the 'A Good Death' work would indicate that a majority of people would prefer to die at home, or in a hospice environment. From a General Practice perspective, is there currently service capacity to allow for those wishes to be met?
- 4.3 Does the LMC have a view on the role played in EOLC by General Practice? Are there aspects of General Practice's involvement with EOLC that could be developed?
- 4.4 What, in the view of General Practice, is good about EOLC in Middlesbrough presently?
- 4.5 What areas of EOLC should be priorities for improvement?
- 4.6 Mindful of the White Paper contents, where should PCTs prioritise commissioning activity in EOLC before April 2013? Does the LMC have a view on where GP Commissioning Consortia should seek to develop EOLC?
5. It is anticipated that representatives from the Cleveland Local Medical Committee will initially outline their views relating to the themes outlined above, ahead of addressing questions from the Scrutiny Panel.

## **BACKGROUND PAPERS**

6. No background papers were used in the preparation of this paper.

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