



21st September 2016

Mrs Louise Hunt
Senior Coroner
Birmingham & Solihull Districts Coroners Court
50 Newton Street
Birmingham,
B4 6NE

Birmingham South Central CCG
Second Floor
Bartholomew House
142 Hagley Road
Edgbaston
Birmingham
B16 9PA
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Dear Mrs Hunt

Sydney Mya Neil (deceased)

Following receipt of your previous correspondence in respect of this unfortunate incident, the CCG has reviewed the current GP contract, the national guidance and best practice available from the Care Quality Commission (CQC), the General Practitioner's Committee (GPC), the Local Medical Committee and the Resuscitation Council (UK). The CCG view would be that the following would be the basic equipment requirement for General Practice in relation to the management of cardiorespiratory arrest:

*List taken from the Resuscitation Council (UK) Equipment and drug lists - Primary Care - Minimum suggested equipment.

Protective equipment - gloves, aprons, eye protection.
Pocket mask (adult) with oxygen port (may be used inverted in infants).
Oxygen cylinder (with key where necessary).
Oxygen tubing.
Automated external defibrillator (AED) (Preferably with facilities for paediatric use as well as use in adults).
Adhesive defibrillator pads (Spare set also recommended).
Razor.
Stethoscope.
Absorbent towel (To dry chest if necessary).

All organisations providing primary care should also have appropriate equipment and drugs for managing other life-threatening emergencies (e.g. anaphylaxis). The CCG would expect all GP staff to be trained to deliver basic CPR to patients, to have this training updated on a regular basis and have appropriate protocols in place to deal with such emergencies. The CCG has a programme of contract visits where we will ensure that practices are adhering to the guidance provided above

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In respect of suction being available, the CCG view would be that there would be no requirement for GP practices to have suction available on a regular basis since the use of such equipment would be extremely rare and it would be difficult for GPs to maintain their competence in using this type of equipment. Similarly the CCG would not expect a GP to be able to intubate a patient or to have the equipment available to undertake this procedure as this would not be within the regular skill set of a GP. This view is based on the Resuscitation Council (UK) guidance that identifies these equipment and competencies are required for GPs having an extended role in aspects such as urgent and emergency care rather than generic general practice.

The CCG has been assisting the practice involved in this incident to identify and address issues that have been highlighted by this unfortunate incident and it is the intention of the CCG to circulate any learning from this incident across all GP practices that we are responsible for commissioning. We will also circulate this learning to surrounding CCGs so that they may also disseminate these lessons to their practices.

If you have any queries regarding the above please do not hesitate to call me or e-mail me.

Yours sincerely

Diane Reaves


Chief Accountable Officer
Birmingham South Central CCG

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