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Fareham and Gosport

Primary Care Trust

FAREHAM AND GOSPORT PRIMARY CARE TRUST

A meeting of the Gosport G.P Group will be held at 12.30 – 2.00pm on Thursday 8th May 2003 in the Georgian Room, Thorngate Hall, Bury Rd, Gosport

(Lunch Provided)

AGENDA

12.30 Apologies for absence

Presentations:

12.35 Provision of radiology and pathology services for Gosport residents (Paper to follow)

Code A

12.50 Inpatient policy – Portsmouth Hospitals NHS Trust

Code A

1.05 Minutes of the meeting held on Thursday 6th March 2003 (attached)

1.10 Matters arising:

- General physician enquiry
- Guidelines for assessment and admission to GP Beds (Sultan Ward) – discussion (previously circulated)

Dr Pennells

Code A

1.20 Update – GP beds (GWMH)

Code A

1.25 Prescribing:

- Prescribing budgets 2002/03 (paper attached)
- Prescribing budgets 2003/04 (paper attached)
- Prescribing incentive scheme 2003/04
- District formulary
- Top-sliced drugs

Code A

Code A

1.55 A.O.B

2.00 Date of next meeting:

Thursday 3rd July 2003, 12.30 – 2.00pm

FAREHAM AND GOSPORT PRIMARY CARE TRUST

GOSPORT GP GROUP

Minutes of the Meeting held on **Thursday 8 May 2003**
at Thorngate Hall, Gosport

PRESENT:

Dr Bob Pennells
Dr David Young
Dr Peter Lacey
Dr John Bassett
Dr Tony Knapman

Code A

Dr Stuart Morgan

Code A

Margaret Smith

Code A

Dr Nic Allen

Code A

IN ATTENDANCE:

Code A

APOLOGIES FOR ABSENCE:

John Grocock

Code A



1 Minutes of the Meeting held on **Thursday 6th March 2003**

These were agreed.

2 Matters Arising

General Physician enquiry

BP agreed to collate the responses, which will be circulated to all members of the group for information.

Guidelines for assessment and admission to the GP Beds

Guidelines for assessment and admission to the GP Beds (Sultan Ward) have been circulated to all members of the GP Group. The guidelines were agreed and will be actioned immediately. **Code A** reported that

ACTION

BP

there is currently capacity of approximately 5 to 6 beds on Sultan Ward for GP admissions.

3 Provision of Radiology and Pathology Services for Gosport Residents

Code A gave a short presentation on the future proposed plans for Radiology and Pathology Services. For pathology, it is proposed that specimens from Gosport and Fareham practices should be sent to Haslar Hospital instead of Queen Alexandra Hospital. The potential advantages are, the quicker transportation of results to the laboratory and decreased deterioration of specimens due to quicker analysis as a result of lighter workloads in comparison to QAH. The transfer of work to Haslar will also enable the department to retain accreditation. The department will ensure that a biochemist is available during normal hours to address GP queries.

Code A

The GPs queried the availability of results via GP links. **Code A** confirmed that this issue is currently being explored but that if tests cannot be provided through GP links, then the transfer of work will not occur. The GPs also queried the impact on the availability of phlebotomy services. It was confirmed that the proposal would have no impact on the current phlebotomy services. Dr Stuart Morgan also raised the issue that Haslar could not maintain the anti-coagulation service over the Christmas period. It was agreed that prior to the transfer occurring, this issue needs to be addressed.

For radiology, **Code A** explained that the Trust wanted to increase the provision of imaging services within the community to utilise of spare capacity at Gosport War Memorial Hospital, (as a result of the introduction of the IRMER guidelines) and the the X-Ray Department at Haslar. The service will be provided for Gosport residents and the patients of some Fareham practices who choose to attend Gosport War Memorial Hospital or Haslar, instead of St Mary's Hospital. Either an appointment system or a walk-in service can be operated. There is potential to also provide MRI and ultrasound services from Haslar. Confirmation would be required that the quality of the service would be guaranteed prior to the proposal being accepted by the PCT. It was noted that information sheets detailing the venues and times that the services were available would also be required, to enable GPs to promote the usage of the service to their patients.

Code A reported that a paper is to be produced outlining the proposals for the future provision of Radiology and Pathology Services for consideration by the PCT Professional Executive Committee. If the proposals are approved by the PCT, and the issues regarding the reporting of results resolved, implementation could occur in September 2003.

4 Inpatient Policy – Portsmouth Hospitals NHS Trust

Code A circulated a copy of the Inpatient Policy to the group. The policy covers the following key areas: -

- Adding patients to the waiting list
- Suspending patients from the waiting list

Patients are suspended because the patient is medically unfit or for a social reason. Trusts are allowed to suspend patients for a maximum of 6 months and then review, (exceptions are pregnancy and deployment).

- Selection of patients for treatment

Patients are selected based on clinical urgency and then in turn.

- Cancelled operations

If a patient is cancelled on the day of admission, the hospital has a responsibility to recall that patient within 28 days. PHT is achieving this target. If a patient cancels the appointment on 2 occasions, then the standard policy is to refer the patient back to their GP.

- DNAs

If a patient DNAs, then the patient can be removed from the waiting list. In reality, each case is reviewed by the consultant and a decision taken. The GP is informed of this decision.

The importance of having a clear review process when a patient was on the suspended list was stressed. This needs good communication between the Trust and the patient's GP.

If GPs have any further queries regarding the Inpatient Policy, Code A can be contacted on Code A Code A

5 Prescribing

Prescribing Budgets 2002/03

Peter King reported that based on month 11 data, the PCT was showing an overspend of £1,055,121 across Fareham and Gosport Practices. The forecast overspend for 2002/03 is £1,156,987.

Prescribing Budgets 2003/04

Peter King explained the rationale between the three models proposed for setting the 2003/04 practice prescribing budgets. It was agreed that model 3, incorporating equity and historical spend, was the preferred model for calculating practice prescribing budgets. It was agreed that the split should be 20% equity, 80% historical spend.

PK

Prescribing Incentive Scheme 2003/04

Sue Halewood outlined the proposed Incentive Scheme for 2003/04. The following 3 targets have been suggested:

- Individual Antibiotics Prescribing – volume of antibiotics prescribed
- Antibiotics Prescribing – cost of antibiotics prescribed
- Practice Targets (linked to practice prescribing variances).

It was noted that the PCT is currently exploring whether practices that deliver the targets but still overspend, can still receive an incentive payment.

Code A reported that information regarding performance against the 3 targets can be provided by practice and GP, if required. Practices were asked to inform Code A if the information is not required by GP. It was noted that the Prescribing Incentive Scheme payment is £400 per partner per target.

ALL

District Formulary

Code A reported that the District Formulary is available under <http://www.ports.nhs.uk>. The formulary can be accessed through clinical

information/district formulary.

6 **Any Other Business**

Emergency Planning Policy

The PCT Emergency Planning Policy was distributed to the group. This will be discussed at the next meeting of the Gosport GP Group. Any queries regarding the policy can be raised with Caroline Harrington prior to the meeting.

7 **Date of Next Meeting**

Thursday 3 July 2003, 12.30 – 2.00 p.m., Seminar Room, Gosport War Memorial Hospital.

GOSPORT GP GROUP

Minutes of the Meeting held on **Thursday 9 January 2003**
 At Gosport War Memorial Hospital

PRESENT:

Dr Evelyn Beale

Dr Bob Pennells

Code A

Dr Tony Evans

Dr David Young

Dr Peter Lacey

Dr John Bassett

Margaret Smith

Dr Declan Lynch

Dr Tony Knapman

Dr Richard Try

Code A

Dr John Grocock

Code A

Peter King

IN ATTENDANCE:

Code A**Code A**1 **Minutes of the Meeting held on Thursday 7 November 2002**

These were agreed.

2 **Matters Arising**

- General Physician enquiry.

BP requested GPs to respond to the recent letter aimed to collate and address individual issues.

3 **Speech and Language Provision**

Code A reported on changes in the way the Speech and Language Therapy Department is working with pre-school children presenting with language difficulties. There is a move away from seeing the children on review in clinic to offering courses to parents/carers to learn appropriate ways of helping their child to develop communication skills. This programme is evidenced-based with positive outcomes from children and good feedback from parents (summary attached (a)).

4 **Update – GP beds (GWMH)**

Code A reported that agreement had been reached with Elderly Medicine

ACTION

All

to utilise the 6 beds on Sultan unless filled by GP patients from the bed fund. The beds will remain available to GPs but should more than 2 beds become free, then Elderly Medicine will use this capacity and accept medical responsibility for the patient. It was agreed to confirm the current situation with each practice regarding their position with the bed fund.

Code A

5 GP Contract

Code A requested GP representation on a working party in relation to the possible new GP Contract (summary attached (b)). Dr Richard Try agreed to represent Gosport GPs.

6 Provision of an Occupational Health Service for GPs and Primary Care Staff

Code A outlined current proposals in the development of an occupational health service (attached (c)).

7 Out of Hours Provision

Code A provided an update on the potential for Out of Hours provision should the new GP Contract come into force. In addition, **Code A** outlined the procedure to develop a structure to enable all organised providers for Out of Hours care to be assessed and accredited by March 2004 (paper attached (d)).

8 Provision of Dental Services in Fareham and Gosport

Following the resignation of 2 Dental Assistants in Gosport, **Code A** detailed the procedures for supporting patients to access dental care (attached (e)). With the increased potential for patients to approach doctors for pain relief, it has been decided to operate the dental prompt system to monitor demand. Letters have been sent to all practices with copies of the proforma. Following a request for information regarding access to the Community Dental Service, **Code A** agreed to send out the current leaflet containing this information (attached (f)).

Code A

9 Primary Care Security Arrangements

Code A outlined the development of additional services to help address the problem of violent and disruptive patients (attached (g)). A letter outlining the practical details of the scheme has been sent to all Practices. Positive feedback was given in relation to the scheme.

10 Prescribing

- I. Peter King tabled the prescribing spend by practice to October 2002, noting that the projected year end forecast was slightly improved but was still standing at £767,462 (attached (h)). Work is underway to investigate the use of the low income scheme index (LISI). This a practice-based measure of deprivation based on a sample of prescriptions, which are exempt on the grounds of low income as a percentage of the cost for all prescriptions. There is evidence of a correlation between a high LISI score and high prescribing costs. It may be possible to analyse prescribing budgets more accurately in this way, although it would only be one possible measure (attached (i)).
- II. **Code A** reported that prescribing budget proformas were being developed within which practices can detail any new developments

which will affect prescribing and issues such as the number of patients over 65 in care homes etc.

Code A outlined the need to develop an incentive scheme for next year and requested ideas. Suggestions were based on quality outcomes, such as diabetes or the percentage of people on statins but it was noted that the requirement of the scheme may determine a link to savings.

- III. The Medicines Management Strategy is required by 2004. To date, 2 practices have signed up to the Pharmacy Intervention Scheme Trial (PIST).
- IV. Work is underway with Social Services to develop training for domiciliary care to reduce the need for monitored dosing of medications. This project is supported by the CES and is therefore aimed at the over-65s and is being run as a pilot initially.
- V. The CES Pharmacist is also implementing post-discharge checks for patients on discharge from Daedalus Ward.
- VI. Prescribing Support Pharmacists are now all placed in practices and undertaking over-75s reviews. Practices were requested to READ code all reviews, as these figures will be the subject of audit by the Strategic Health Authority (attached (j)).

All

12 Any Other Business

Child & Family Therapy

Dr Richard Try reported that a reply from the Child & Family Therapy Service to a referral of 2 patients was that they would accept 1 but not the other due to resource problems. This was as a result of GPs being unwilling to see their patients. To be investigated.

RT

Physiotherapy Provision

Dr Try requested whether the current provision of physiotherapy sessions could be reviewed in light of the addition of 2 GPs. Current waiting lists were distributed for information and it was noted that a number of practices had similar waiting times (attached (k)). It was also noted that there was an agreement to review the allocation of physiotherapy sessions on an annual basis and that this was due in March. It was agreed to re-visit this issue then.

13 Date of Next Meeting

Thursday 6 March 2003, 12.30 to 2.00 pm.

Venue: Music Room, Thorngate Hall, Bury Road, Gosport

FAREHAM AND GOSPORT PRIMARY CARE TRUST

GOSPORT GP GROUP

Minutes of the Meeting held on Thursday 6 March 2003
at Thorngate Hall, Gosport

PRESENT:

Dr Evelyn Beale
Dr Bob Pennells
Dr Tony Evans
Dr David Young
Dr Peter Lacey
Dr John Bassett
Dr Declan Lynch
Dr Tony Knapman
Dr Richard Try
Jayne Coulborne
Dr John Grocock

Code A

Dr Nic Allen

Code A

ACTION

1 **Minutes of the Meeting held on Thursday 9 January 2003**

These were agreed.

2 **Matters Arising**

General Physician enquiry.

BP agreed to collate the responses, which will be discussed at the next meeting of the Gosport GP Group. RT reported that he had received a response from the Child & Family Therapy Service. It was noted that the department was in the process of reducing the length of time for follow up appointments and was seeking to appoint a GP Specialist in ADHD in order to address current capacity issues.

BP

3 **Update – GP beds (Gosport War Memorial Hospital)**

Code A reported that approximately 3-4 beds have been vacant on Sultan Ward over the last couple of weeks, and that the bed pressures experienced by the Acute Trust had decreased slightly. A document has been produced to clearly define the use of the GP beds and the process for admission and assessment. It was agreed the document should be circulated with the minutes and comments sent to **Code A** (e-mail address:

Code A The document will be discussed at the next meeting of the Gosport GP Group.

All

It was noted that patients currently requiring IV therapy cannot be admitted to Sultan Ward. Further discussion is required with the Gosport GPs, as well as nurse training in the administration of IV therapy prior to this being able to occur.

It was noted that the issue regarding out of hours cover had been clarified with the out of hours providers.

4 Prescribing

Prescribing budgets 2002/03

Code A reported that as at the end of December 2002, the Gosport practice prescribing overspend was £553,608. The forecast outturn for the end of March 2003 for both Fareham and Gosport practices is £1,181,179.

Prescribing budgets 2003/04

NA reported that practice prescribing budgets are currently being modelled for 2003/04 and will be presented at the next meeting of the Gosport GP Group. The modelling will incorporate the use of the low income scheme index (LISI). It was agreed that further information regarding LISI will be circulated to the Group.

Code A

Prescribing Incentive Scheme 2003/04

The Prescribing Incentive Scheme for 2003/04 was discussed. It was agreed that the development of practice specific targets should be explored and presented to the next meeting of the Group.

NA/SH

The Group agreed that the incentive payment will be based on the performance of individual practices against the quality/cost targets and therefore will remain practice based.

It was noted that the Fareham and Gosport practices are high prescribers of asthma drugs and have high levels of admissions. It was agreed that comparative asthma data should be circulated to practices.

SH

District Prescribing Formulary

The draft District Prescribing Formulary was presented to the Group. Comments regarding the Formulary should be sent to Code A. The Formulary will be circulated to all practices and placed on the extranet for reference.

5 Personal Medical Services

Code A reported that 175 practices had become PMS practices in Wave 5b and had received a total of 10.5 million gross funding. A key advantage of practices moving from GMS to PMS, is the potential funding a practice can receive for additional GPs and nurse practitioners. Under PMS, a practice could potentially receive approximately £60,000 for a GP and £30,000 for a nurse practitioner.

Code A reported that PMS Wave 5b will commence in October 2003, and that interested practices must submit an outline proposal of interest by the end of March 2003. Practices who submit an expression of interest can withdraw their application prior to the commencement of Wave 5b in October 2003. Practices who are interested in PMS Wave 5b should contact Margaret Smith. It was noted that a further PMS Wave 6 is likely to commence in April 2004.

Code A reported that the proposed GP contract had been launched last week. Copies can be obtained from the BMA website. Practices were encouraged to compare the advantages and disadvantages of the new GP contract and PMS.

6 Any Other Business

GP Appraisals

Code A reported that new national guidance stated that all GPs must be given a date for their appraisal by the end of March 2003. Appraisal dates will therefore be allocated to all Fareham and Gosport GPs over the next couple of weeks. All Fareham and Gosport GPs will have been appraised by the end of March 2004. Further information regarding the appraisal process was circulated to the Group.

Child Care

Code A reported that a questionnaire is to be distributed to practices regarding child care. It was noted that the benefits of child care, for example, financial assistance with emergency child care, should also be available to primary care, as well as acute and community staff.

Non-Executive Directors

MS reported that the Non-Executive Directors are keen to be involved with primary care. It was proposed that each Non-Executive Director is allocated a certain number of practices with which they can develop a close working relationship and a joint understanding of current issues. The proposal was supported by the Group.

7 Date of Next Meeting

Thursday 8 May 2003, 12.30 pm to 2.00 pm. Venue: Georgian Room, Thorngate Hall, Bury Road, Gosport.