

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PORTSEA ISLAND PRIMARY CARE GROUP

**NOTES OF THE PUBLIC BOARD MEETING
PART TWO**

Held on Wednesday 16 June 1999 at the Horizon Centre, Portsmouth

Present:	Dr Charles Lewis (Chair)	Professor Jean Hooper
	Dr Jim Hogan	Code A
	Dr Colin Olford	Pauline Robinson
	Dr Tim Wilkinson	Code A
	Dr John Thornton	Code A (in attendance)
	Dr Elizabeth Fellows	

No	Discussion	Action
1.	Minutes of previous meeting	
	The minutes of the previous meeting held 14 April 1999 were approved by the Board and Dr Charles Lewis formally signed the minutes as an accurate record.	
2.	Matters Arising	
2.1	Prescribing Budget Expenditure Report	
	Dr Colin Olford ran through the provisional year end report, outlining the five practices who had overspent. It was noted that these five practices had experienced a decrease in their growth rates from the previous period. Four of the five practices had requested, and will be receiving prescribing advisor support.	
	Dr Colin Olford reported that it would not be possible to set individual practice budgets for the split Barron/Bennett practice until a quarter's data had been received. The practices would be treated as one unit in the interim. The practices would be written to explaining the situation.	C Olford
	It was confirmed that pharmacy support could be made available to other practices should funds allow. Kathryn Alder would be asked to identify current commitments against the £36,000 allocation and identify how many sessions would be free for commitment to other practices.	C Olford and K Alder
	The Board noted the report.	
2.2	Confidentiality	
	Dr Charles Lewis presented the current status of practice's agreement to share data. Dr Charles Lewis noted that already one practice had elected to make an amendment, not yet reflected in the paper, and it was anticipated that over time others would follow.	
	The Board noted the current position	

3. GMS Allocation

3.1 Priorities for non-recurring GMS Funding 1999/2000

Due to a potential conflict of interests Dr Jim Hogan and Dr Colin Olford were asked to leave the meeting for the first part of this agenda item.

Dr Charles Lewis outlined the current commitments against the non-recurring GMS allocation. He went on to explain that the Board were being asked to consider bids against these funds for IT and investment in premises.

Four practices had been identified as requiring significant investment to become year 2000 compliant. Dr Charles Lewis noted that it was proving difficult to obtain accurate costings from suppliers and that Dr S Mitchell and partners bid had now been uplifted to £6,000 full cost, £4,500 PCG pick up. This increased the total funding required to £60,750. In addition Dr B Mitchell and partners were still trying to obtain an accurate estimate. It was felt the final estimates could be some £7-8,000 lower than the £50,000 quoted.

Dr Robinson and partners bid only included a server, however it had since been identified that terminals would also require updating which would increase the funding required from the PCG by as much as £10,000. The PCG was also advised that the system had a very short lifetime anticipated and was in need of updating. It was anticipated that the cost of this would be £26,000 to the PCG. Two options therefore existed, either to approve the server and terminals at an estimated cost of £15,000 and face the issue of a replacement system next year, or to fund the replacement system at £26,000 now.

Code A asked how sure the PCG was that these were the only practices in this position. Dr Charles Lewis responded that to the PCG's best knowledge these four practices were the only practices in this position, but could not be sure that there were not others. It was noted that this uncertainty was not due to practices not co-operating but due to difficulties obtaining information from suppliers.

The Board agreed that Dr S Mitchell and partners, Dr B Mitchell and partners and Dr Olford practices bids be approved to proceed. The Board approved Dr Robinson and partners to replace their system at a maximum cost of £26,000 but to request the practice to consider all alternatives including the use of alternative suppliers to test the most effective solution.

Dr Jim Hogan and Dr Colin Olford returned to the meeting.

Professor Jean Hooper left the meeting.

Two bids had been received from practices for investment in premises. Dr Charles Lewis noted that an invitation to all practices to bid had not been given and therefore there may be other bids of equal or greater priority. The group examined a historical list identifying possible practice requests. This list was regarded as inaccurate and it was agreed to disregard this list and to recreate a revised list from the bid forms due back with the annual practice plan in August/September. There was also some question raised as to whether the Shrivasta practice had already been given formal approval from the Health Authority, although no evidence had been presented to confirm this.

Dr Charles Lewis proposed two options for consideration by the Board:

- Approve the two bids presented, and then review all remaining bids in September in light of available funds
- Hold these two bids and review them in September along with other bids when all practices had the opportunity to bid against any available funds

The Board agreed that, unless the practices concerned could demonstrate that they could not continue to operate without these investments, the PCG would hold the bids until all practices have had the opportunity to bid.

Code A agreed to ensure that both practices were spoken to and explained the situation and apologise for the additional delay.

Code A

Jim Hogan confirmed to Elizabeth Fellows that practices are able to fund their contribution to any investments funded from GMS using their savings from incentive schemes, subject to the approval of the PCG.

3.2 Practice Split – Funding Implications

Code A outlined the financial arrangements for the split of Dr Bennett from Dr Barron and partners. There were three elements to the arrangements.

Firstly, after the transfer of some existing resource from Dr Barron practice, an additional investment of £9,400 from GMS practice staff was required for reception and practice nurse staff. In addition a commitment had been given to Dr Barron to non-recurrently continue to fund 5 hours of practice nurse time at a cost of £2,170 per annum, this is to enable Dr Barron time to arrange the reduction of hours into the practice. This arrangement is to be reviewed at the end of the calendar year.

Dr Colin Olford stated that he felt the staffing levels might be too low to support a single-handed practice and may need to be reviewed at a future date.

The Board ratified the staffing cost implications of the practice split

Secondly, IT new system costs of £7,452 had been agreed but to be funded from funds carried forward. Therefore the impact to the PCG was nil.

The Board noted the investment in IT

Thirdly, premise alteration to reception and the consulting room was required totalling £2,742. At current PCG reimbursement rates this equated to £1,097. The Board was asked to consider the approval of this reimbursement. Dr Jim Hogan stated that under the red book any improvement grants were subject to the practices staying in the premises for five years. If either practice moved then the grant would be repayable during this period.

The Board approved the improvement grant of £1,097 subject to the Red Book regulations.

4. Any Other Business

4.1 Replacement Member for Board Meetings

Dr Charles Lewis noted that meetings must be quorate with a greater number of GPs at a Board meeting than other members. Therefore provision had to be made for occasions when Board members where unable to attend.

Dr Charles Lewis proposed that:

- All GPs, as outlined in the Constitution, should nominate deputies to attend both parts of Board meetings but with no voting rights.
- Other Board members should be able to send a representative as an observer to attend part one of the Board meeting only, with no voting rights.

GP
Members

The Board approved the proposal.

It was also agreed to avoid school holiday periods, if possible, when planning next year's Board meetings.

Signed: _____ **Date:** _____
Chair