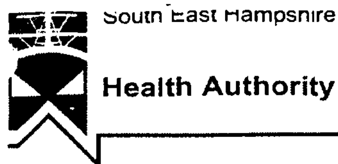

PORTSEA ISLAND PRIMARY CARE GROUP

AGENDA

Board Meeting : 16th June 1999 at 7:15 pm at the Horizon Centre, Cosham

PART I

1. Apologies

2. Chairman's Report and answers to questions from the public

3. Minutes of last meeting (attached)	White
4. Matters Arising	
4.1 Register of interests – updated version (attached)	Salmon
4.2 Citizen's jury action plan (attached)	Blue
4.3 Beacon practices – verbal update	
5. PCG Development	
5.1 PCG leaflets (attached)	White
5.2 Business plan (attached)	Grey
5.3 Proposal to involve Local Representative Committees (attached)	Peach
5.4 Nursing Developments (attached)	
5.4.1 Network	Green
5.4.2 Team integration	Yellow
5.4.3 Leg ulcer project	Cream
6. Health Improvement (no items)	
7. Commissioning Issues	
7.1 Coronary Heart Disease – LEAP project (attached)	Pink
7.2 Coronary Heart Disease - local service review verbal update	
8. Primary Care Development - Model annual practice report (attached)	White
9. Financial update – protocol for funding allocations between meetings (attached)	Lilac
10. Clinical Governance and Quality (notes of subgroup attached)	Gold
11.1 Prescribing	Buff
11.2 Practice Prescribing Incentive Scheme	Green
11.3 Quality Targets for Practice Prescribing	Pink

12. Date and venue for Next Meeting; 18 August 1999, Wesley Centre

13. Resolution to exclude the Press and Public from the rest of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted

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PORTSEA ISLAND PRIMARY CARE GROUP

PUBLIC

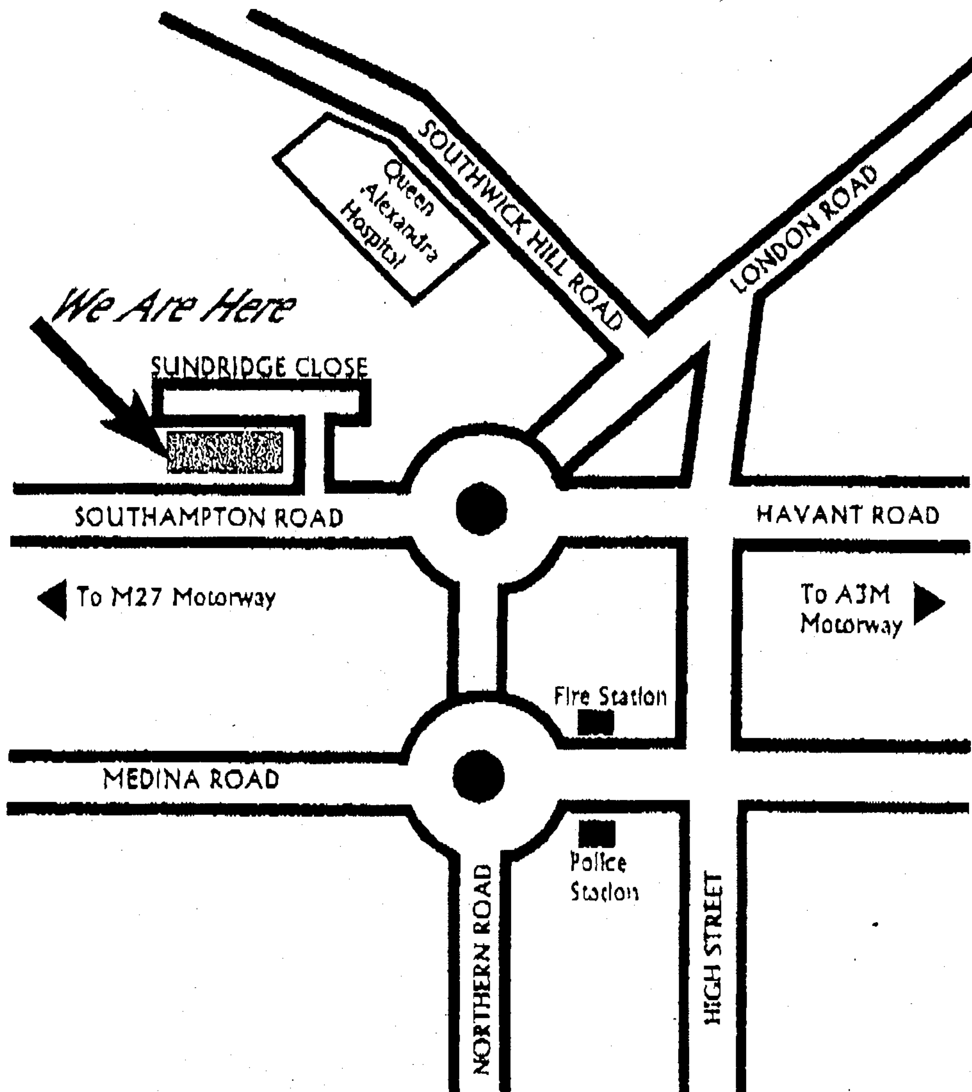
BOARD MEETINGS

DISTRIBUTION LIST

1	Code A	Pharmaceutical Adviser	PI PCG	Part I and II
2	Barton J Dr	Chair	Gosport PCG	Part I Only
3	Barton J Mr	Chair, Copnor	Portsmouth Neighbourhood Forum	Agenda Only
4	Bishop D Mr	Chief Executive	Portsmouth Hospitals Trust	Part I Only
5	Breton L Mr	Chair, North End	Portsmouth Neighbourhood Forum	Agenda Only
6	Burgess M Mr	Chair, Anchorage Park	Portsmouth Neighbourhood Forum	Agenda Only
7	Burkinshaw J Mrs	Chair, Milton	Portsmouth Neighbourhood Forum	Agenda Only
8	Cameron-Davies R Mr	Chairman	Portsmouth LOC	Part I Only
9	Clark S Mrs	Chief Executive	PI PCG	Part I and II
10	Coles C Mr	Chair, Portsea	Portsmouth Neighbourhood Forum	Agenda Only
11	Cullen J Mrs	Nurse Representative	PI PCG	Part I and II
12	Daley P Mrs	Community Librarian	Portsmouth City	Part I Only
13	Doyle G Mr	Chair, West Southsea	Portsmouth Neighbourhood Forum	Agenda Only
14	Fellows E Dr	GP Board Member	PI PCG	Part I and II
15	Fuller R Mr	Chair, Central Southsea	Portsmouth Neighbourhood Forum	Agenda Only
16	Green T Miss	Finance & Info Mgr	PI PCG	Part I and II
17	Gurney N Mr	Chief Executive	Portsmouth City Council	Part I Only
18	Harris S Dr	GP Board Member	PI PCG	Part I and II
19	Hogan J Dr	Vice Chair	PI PCG	Part I and II
20	Hooper J Professor	Non Exec	PI PCG	Part I and II
21	Hudson P Mr	Chair, Buckland	Portsmouth Neighbourhood Forum	Agenda Only
22	Hughes J Dr	Chair	East Hants PCG	Part I Only
23	Hutchinson R Mr	Social Services	Portsmouth City	Part I and II
24	Jackson M Cdr	Chair, Old Portsmouth	Portsmouth Neighbourhood Forum	Agenda Only
25	Johnson Tanya	Health Correspondent	Portsmouth Evening News	Part I Only
26	Jones C Mrs	Chair, Stamshaw & Tipner	Portsmouth Neighbourhood Forum	Agenda Only
27	Kirtley J Mr	Chief Executive	Fareham & Gosport PCG	Part I Only
28	Leppard P Mr	Chairman	Portsmouth LPC	Part I Only
29	Lewis C Dr	Chair	PI PCG	Part I and II
30	Lovell M Mrs	Chief Executive	Community Health Council	Part I Only
31	McKenning S Dr	Chairman	Portsmouth LMC	Part I Only
32	Millett M Mr	Chief Executive	Portsmouth HealthCare NHS Trust	Part I Only
33	Murray P Mr	Chair, South Somerstown	Portsmouth Neighbourhood Forum	Agenda Only
34	Newcombe S Ms	Chief Executive	Portsmouth City Community Service	Part I Only
35	Olford C Dr	Vice Chair	PI PCG	Part I and II
36	Painter T Mr	Chair, Landport	Portsmouth Neighbourhood Forum	Agenda Only
37	Percy K Miss	Service Dev Manager	PI PCG	Part I and II
38	Pollard H Mr	Chairman	Portsmouth LDC	Part I Only
39	Potter M Mrs	Lay Member	PI PCG	Part I and II
40	Robinson P Mrs	Nurse Representative	PI PCG	Part I and II
41	Robson S Mrs	Chief Executive	East Hants PCG	Part I Only
42	Samuels R Mr	Policy & Performance	Portsmouth Health Authority	Part I Only
43	Smith J Ms	Chair, Baffins	Portsmouth Neighbourhood Forum	Agenda Only
44	Smithson M J Mr	Chair, North Somerstown	Portsmouth Neighbourhood Forum	Agenda Only
45	Sommerville G Dr	Chair	Fareham PCG	Part I Only
46	Steger-Lewis B Mr	Chair, East Southsea	Portsmouth Neighbourhood Forum	Agenda Only
47	Tarrant D Mrs	Service Dev Manager	PI PCG	Part I and II
48	Thorne V Mrs	Chair, Fratton	Portsmouth Neighbourhood Forum	Agenda Only
49	Thornton J Dr	GP Board Member	PI PCG	Part I and II
50	Wellman J Mr	Chair, Eastney	Portsmouth Neighbourhood Forum	Agenda Only
51	Wilkinson T Dr	GP Board Member	PI PCG	Part I and II

HORIZON RESOURCE CENTRE
SUNDRIDGE CLOSE
COSHAM
PORTSMOUTH
P06 3LP

TEL: 01705 380455



PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
PORTSEA ISLAND PRIMARY CARE GROUP

NOTES OF PUBLIC BOARD MEETING HELD ON 14 APRIL 1999 AT THE CENTRAL LIBRARY, GUILDHALL SQUARE

Present:

Dr Charles Lewis (Chair)	Dr Jim Hogan	Dr Colin Olford
Dr John Thornton	Dr Tim Wilkinson	Dr Elizabeth Fellows
Dr Simon Harris	Prof Jean Hooper	Marie Potter
Rob Hutchinson	Julie Cullen	Pauline Robinson
Sheila Clark		
Katrina Percy (in attendance)		

No.	Discussion	Action

1 Apologies for Absence

There were no apologies for absence.

2 Chairman's report and answers to written questions from the public

Dr Charles Lewis welcomed the public to the first Board Meeting and then introduced the Board members to the public. No written questions had been received from the public.

Dr Charles Lewis outlined the way in which the public could become involved in the Portsea Island PCG public board meetings. These meetings will be advertised 7 days in advance and there will be an invitation for written questions to be posted to Code A P.C.G. Administrator. These questions can then be answered at the beginning of the Board meeting. At the end of Part One of the Board Meeting, Dr Charles Lewis and Sheila Clark (Chief Executive) will be available to answer questions and take comments.

3 Minutes of Last Meeting

The minutes of the previous meeting were approved as accurate by the Board and Dr Charles Lewis formally signed them.

4 **Matters Arising**

4.1 **Constitution**

The constitution has been presented to the Health Authority Board and approved. Portsea Island's values and principles' section was particularly commended by the Health Authority. One section may need further amendment.

4.2 **Relationships with commercial organisations**

The Health Authority format is to be adopted by the PCG with minor changes to make it more appropriate. KHov

5 **PCG Development**

5.1 **Register of Members' Interests**

This document is now complete and was approved by the Board. Dr Charles Lewis asked that if any of the Board's circumstances change that they should inform Sheila Clark. If a conflict of interest should occur at the meeting, Board members should notify Dr Charles Lewis in advance and withdraw for that item. It was noted that this will be the standard procedure for all future Board meetings. All

The PCG Board approved the Register of Interests.

The PCG Board noted the procedures if a conflict of interest arose.

Citizens' Jury

Dr Charles Lewis gave the background to the Citizens' Jury. He pointed out that resources are finite in the NHS and that we will have to face the fact that some rationing will be necessary. He said that Board had decided that the fairest way to start looking at this issue was through a Citizens' Jury. Fourteen members of the public considered two questions over two and a half days as part of the Citizens' Jury. The draft document with the recommendations from the Citizens' Jury was included in the papers and it is currently being sent to all Jury members for comments and changes. Dr Charles Lewis then went through each of the recommendations and invited comments from the Board members.

Recommendations 1, 2, 3 –Should GPs be involved in health care rationing?

The Board discussed how to involve all GPs on Portsea

Island and came up with the following ideas:

Continuation of the Steering Group
Practice visits
Newsletter
Website
Links with the constituency representatives

Rob Hutchinson suggested that the Board checked with other PCGs around the country to see if Portsea can learn from other best practices.

Rob Hutchinson asked Dr Charles Lewis about potential conflict of interests of GPs being both purchasers and providers. Dr Charles Lewis pointed out that GPs are very aware of this and asked Rob Hutchinson how the Local Authority tackles such issues. He said that the different members of staff working as purchasers or as providers did work very closely together but that a management group kept an overview of all work that was going on. He felt that the PCG Board could fulfill this function.

Recommendation 4 - PCG Board needs to obtain views of other organisations.

The Board debated the ways in which this could be achieved and highlighted the fact that the CHC has a very important role. Rob Hutchinson suggested writing to some specific groups and asking their views on the best ways of them inputting their views. It was recognised that not all organisations would need to be involved in all debates but only those in which they have specific interest.

Simon Harris pointed out to the Board that they needed to consult more widely than just local organisations e.g. The Royal Colleges. Julie Cullen pointed out the importance of the nursing network.

JC/PR

Recommendation 5 – The work of the PCG needs to be communicated to other organisations.

The Board decided that the best way that this could be achieved would be through the website, HealthCheck, practice leaflets and other agencies' newsletters, e.g. Flagship, Community News, Rant, or the educational publications.

Professor Jean Hooper pointed out that there is a lack of understanding about PCGs amongst the general public and she suggested that the PCG undertake face to face presentations with groups, e.g. the neighbourhood forum. Everybody

agreed this was a valuable idea.

Progress is already in hand to develop a website and the University have offered to undertake the work free. It was agreed that the consultation should involve the jurors and other organisations in order to decide what the most appropriate information is on the website.

Recommendation 6 – Regular review of PCG operation.

It was agreed that the annual accountability agreement with the Health Authority would fulfill this need. — GP Board Members

Recommendation 7 – There should be a majority of GPs on the PCG Board

There is a permanent majority of GPs on the PCG Board. However, if the PCG moves on to PCT status then this may change. If GPs are unable to attend a board meeting, they are able to send a deputy. However that deputy is not able to vote.

Recommendations 8 and 9 – The work of the PCG should be open and transparent

Dr Charles Lewis said that he hoped that this was happening already but asked if anybody had any further suggestions on how this could be improved. Rob Hutchinson suggested reviewing this after six to twelve months. — PCG Board

Recommendation 14 – Code of Conduct

The outside interests of Board members have already been noted in the Register of Members' Interests. The Board meets in public and has strict voting rules. Rob Hutchinson offered to send Sheila Clark copies of other Codes of Conduct to see if any of these would be of assistance to the PCG Board. — RH

The PCG Board therefore approved all the draft recommendations of the Citizens' Jury.

Dr Charles Lewis will now write to the jurors to outline the Board's approval of their recommendations. Some of the jurors have offered to formulate a panel that could be convened at specific times to give advice to the PCG Board as appropriate. This was accepted as a very good way of involving local people and engaging public opinion. — CL

Dr Charles Lewis then thanked the jurors for the hard work and effort which they had put in to the Citizens'

Jury, making it a great success. CL

5.3 **Beacon Practices**

Dr Charles Lewis outlined the background to the Beacon Practice bids. The PCG will be submitting two bids – firstly a bid from a local practice on educational activities to improve the quality of patient care, and a second application by the PCG focussed on patients as partners.

The Board approved the submission of the two bids to the Regional Office. SC

Dr Charles Lewis thanked Anne White and Sheila Clark for all the work they had put into these bids.

5.4 **Communications**

Sheila Clark went through the main points from the sub board group on communications. These involved drawing together a work programme for the following year. She then thanked Mary Stratford, Patient Partnership Manager from the Health Authority for all work and support she had put into this programme. The six main areas are:

- HImp (public education)
- Patient/public conference
- Citizens' Panel
- First Class Service – care pathways
- Annual Patients' Survey
- Ethnic minorities

Pauline Robinson said that she was pleased to see that a nurse representative and practice manager representative will be invited to the next Communications sub board group.

The Board noted the paper.

5.5 **Development Half Day**

A half day has been booked for the Board on 30 April. Code A Code A is currently organising this and Charles Lewis thanked her for the work she has put into it.

The Board noted the date.

6. **Strategic Planning & Partnerships**

This is a small sub board group involving a wide range of organisations. Sheila Clark outlined the actions from the

meeting. It is intended that this should be a high level strategic group to oversee health priorities alongside those of other agencies. The group will commission specific task groups to take forward additional work. It is noted that one particularly important aspect of this group is that there is an East Hampshire PCG representative. This is to overcome the issues of the lack of coterminosity of the PCGs with the Local Authority boundaries and to ensure that patients within the Local Authority area retain a smooth and integrated service between health and social care. Particular projects for the next few years will be – mental health, older persons, asthma, coronary heart disease and stroke rehabilitation. The top priorities, however, will be mental health and older persons. Rob Hutchinson echoed the support for having a Cosham representative at this meeting and that the need for partnership is very real, especially around areas such as SRB funding. He informed the Board that Code A would be delighted to take up the invitation to join this group. Jean Hooper pointed out that the Board are very keen to continue the debate over a community hospital as this could provide very big opportunities for patients on Portsea Island. Simon Harris asked that the elderly be dropped from the strokes title. Strokes can affect patients of all ages and are just as devastating whether you are under or over 65. SC

The Board noted the minutes of this meeting.

7. **Financial Update**

Dr Charles Lewis ran through the financial situation of the Health Authority and the PCG pointing out for this year that the situation is very difficult. There is new money coming down to the Health Authority but this is very specifically targeted by Government towards waiting lists and the modernisation fund.

There are big cost pressures affecting the PCGs/Health Authority, for example the nurses' pay award which have not been fully funded centrally and this gap will need to be closed.

Dr Charles Lewis drew the Board's attention to the unified budget for the PCG which is in the range of £88 million. However, a percentage of this will be blocked back to the Health Authority for centrally commissioned services, leaving the PCG with direct responsibility for £60 million budget. Rob Hutchinson asked Dr Lewis if a contingency fund had been held back. Dr Lewis said that there is a contingency fund for both prescribing and GMS. However for HCHS services, block contracts have been set up with

providers. Marie Potter asked if the press were aware of the financial situation. Dr Lewis said that there had been an article in the News the previous day by Code A Sue Robson and himself.

The Board noted the overall financial position.

8. **Clinical Governance and Quality**

This is another sub board group of the PCG. Work has been progressing to find a co-ordinated way forward and each practice now needs to nominate a clinical governance and quality lead. The first piece of work will be to undertake a stocktake of practices to find out where we are currently. It is hoped that clinical governance will be a way of combining all the work which is currently going on. The stocktake will then be followed with an action plan to be taken to the next clinical governance and quality sub board group outlining the work for the next three years. It is hoped that on Portsea Island the approach to clinical governance will be multi-professional and centred around education and learning as a practice base.

The Board noted the paper.

9 **Prescribing**

Dr Colin Olford outlined the current situation with the prescribing budget, predicting an underspend of £116K for 1998/99.

The Board noted this encouraging position.

10. **Date of Next Meeting**

The dates of the next five Board meetings were noted.

11. **Resolution to exclude the Press and the Public**

Dr Charles Lewis read out the resolution to exclude the press and public. Press and public to be excluded from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Agenda Item No:

PART I : 4.1

Register of Board Members Interests

Background and Summary:

HSC 1998/207 " Opening up NHS Board meetings to the Public" was discussed at the shadow board meeting on 17 February 1999. It was agreed that the PCG would draw up a formal Register of Interests for its Board Members using the format that the Health Authority currently use.

The Register has been updated and is attached.

Members are reminded that should there be any potential conflict of interest during Board meetings that they should alert the chairman beforehand and withdraw from relevant discussions. Should the chairman have a potential conflict of interest he should request that the vice chair take over the chair and then withdraw for the relevant discussion(s).

Recommendations:

1. Replace original Register of Interests with updated copy

Date: 1 June 1999

Paper prepared by: Maria Smith

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PORTSEA ISLAND PRIMARY CARE GROUP

REGISTER OF INTERESTS

CHAIR

DR CHARLES LEWIS

Interests Declared:

General Practitioner, Co-owner surgery premises at 150 Fratton Road, Portsmouth
Clinical Assistant (ENT), Portsmouth Hospitals NHS Trust
Medical Examiner for Benefits Agency
Provider of Secondary Care services in Primary Care, (Portsmouth Community Microsuction Ear Project)
Member of Portsmouth Primary Care Research Group

Married to a Physiotherapist who works in the Private Sector (Mountbatten Centre)

CHIEF EXECUTIVE

MRS SHEILA CLARK

Interests Declared:

None

VICE CHAIR

DR JIM HOGAN
GP practising from Lake Road Practice, Portsmouth

Interests Declared:

None

VICE CHAIR

DR COLIN OLFORD
GP practising from Chichester Road Practice, Portsmouth

Interests Declared:

Executive member of Local Medical Committee

CONSTITUENCY REPRESENTATIVE

DR E FELLOWS
GP practising from Goldsmith Avenue Practice, Portsmouth

Interests Declared:

None

CONSTITUENCY REPRESENTATIVE

DR S HARRIS
GP practising from Landport Terrace Practice, Portsmouth

Interests Declared:

Medical adviser to Zurich Insurance Company
Committee member of Hampshire Forum (Stroke Association)

CONSTITUENCY REPRESENTATIVE

DR J THORNTON
GP practising from Copnor Road Practice, Portsmouth

Interests Declared:

None

CONSTITUENCY REPRESENTATIVE

DR T WILKINSON
GP practising from Derby Road Practice, Portsmouth

Interests Declared:

None

NON-EXEC MEMBER

PROFESSOR JEAN HOOPER

Interests Declared:

Member of Council/Trustee, King Edward VII Hospital, Midhurst
Trustee, Methodist Homes for the Aged
Voluntary Worker/Member of Ethical Committee, Rowans Hospice
Trustee, General Nursing Council Trust
Governor, Portsmouth College

LAY MEMBER

MRS MARIE POTTER

Interests Declared:

Director and Chair to Trustees, Personal Choice Ltd Independent Care Advisers to the Elderly (Charity)
Director, Direct Financial Services (Sco) Limited
Director and Debt Counsellor, Portsmouth Inner City Christian Credit Union
Member of Debt Forum, Portsmouth City Council
Southsea East Neighbourhood Forum Assistant Secretary, Portsmouth City Council
Church Leadership Team, Oasis Church Arundel Street (Charity)
Drop in Management Team, Oasis Church Arundel Street (Charity)
Assistant Treasurer, Oasis Church Arundel Street (Charity)

NURSE REPRESENTATIVE

MRS JULIE CULLEN
Practice Nurse, Lake Road Practice, Portsmouth

Interests Declared:

Member of St Cuthberts & St Aidens Parish Church Council

NURSE REPRESENTATIVE

MRS PAULINE ROBINSON
Health Visitor, Fratton Road Practice, Portsmouth

Interests Declared:

None

SOCIAL SERVICES REPRESENTATIVE

MR ROBERT HUTCHINSON
Director, Portsmouth Social Services

Interests Declared:

Member of Portsmouth City Council
Chair of Children and Families Committee of Association of Directors of Soc. Services
Board member of International Initiatives on Children's Services

Agenda Item No:
PART I : 4.2

Citizens Jury Action Plan

Background and Summary:

The Citizen's Jury sat on March 18th, 22nd and 23rd 1999. It considered the questions:

- What role should GPs have in local healthcare rationing?
- How should Portsea Island PCG make decisions about healthcare rationing?

The Jury made a total of 15 recommendations (attached) which have been grouped into six main topic areas to facilitate action planning.

The proposed action plan has been discussed at the PCG Steering Group and received their approval. The action plan follows along with a summary of progress made to date on the recommendations.

Recommendations:

The PCG Board is asked to approve the action plan and note progress to date.

Date 1/6/99

Paper prepared by: Sheila Clark

Citizen's Jury Action Plan and Progress Statement:

The Citizen's jury sat on March 18th, 22nd and 23rd 1999. It considered the questions:

- What role should GPs have in local healthcare rationing?
- How should Portsea Island PCG make decisions about healthcare rationing?

The Jury made a total of 15 recommendations (attached) which can be grouped into six main topic areas to facilitate action planning as follows:

1. GPs on the PCG Board should be involved in local healthcare rationing and formally consult with all Portsea Island GPs. This will require effective communications between the Board and all PCG constituent members. (Recs 1, 3)

Actions : whenever healthcare rationing becomes a potential area for discussion the PCG Board will

- Use the newsletter to canvas opinion and feedback later decisions and underlying rationale
- Discuss the matter at Steering group
- Request constituency GPs and nurses to elicit local opinions
- Use the website bulletin board when developed to supplement communications

Progress: the Steering Group discussed and accepted the above actions to ensure that GPs are involved whenever healthcare rationing issues are raised .

2. PCG should call on other expert advice in healthcare rationing. (Rec 4, 5a, 5b, 5c)

Actions: The PCG Board will involve appropriate other groups by:

- Using Healthcheck, the media and the website to raise public awareness and nurture realistic expectations
- Consulting as early as possible on specific issues with user groups, service providers and appropriate voluntary organisations
- Creating opportunities for groups and individuals to make suggestions and proposals for healthcare rationing when this may have an impact on them
- Keeping people informed of progress and decisions
- Establishing an information and liaison officer

Progress: Following discussion at Steering Group it was decided to take up all the above suggestions regarding involving others in decision makings. The establishment of a liaison officer will be decided at mid year.

3. There should be open and regular reviews of the PCG operation in this area.(Recs 6,7,8,9)

Action: The HA will be reviewing the performance of the PCG through its accountability framework. In addition the PCG Board will

- Ensure that there is a majority of GPs on the Board
- Ensure that all sub groups report regularly to the public Board meeting
- Continue to make its members available on both a formal and informal basis (e.g. at end of Part 1 Board meeting)
- Receive written questions for discussion at the beginning of every Board meeting
- Ensure that its website is used to disseminate PCG information (e.g. papers, minutes, consultations etc)

Progress: All of the above are being actioned. The website is being planned and should be operational by mid year.

4. Potential conflict of interest by GPs. (rec 2, 14)

Action: The PCG will

- Be aware of the "moral dilemma" facing GPs as patients advocates when making Healthcare rationing decisions
- Consider developing a code of conduct for all Board members

Progress: The first of these actions is agreed and will be borne in mind. The second is being researched.

5. Wider communications issues. (Rec 10, 11, 12, 13)

Action: the PCG will

- Develop an interactive website in consultation with users and other interested parties
- Establish an information/liaison officer
- ensure that Healthcheck includes regular PCG news updates
- use opportunities of working with local groups (e.g. neighbourhood fora) to publicise PCG and raise awareness of PCG role with the general public
- make information widely available to the public including GP surgeries

Progress: all of the above are being actioned. There is an agreement that Healthcheck will contain regular PCG news and practice leaflets have been developed. A programme of visits to neighbourhood fora is being piloted and other invitations have been accepted (e.g. PCCS and Ethnic Minorities Social Inclusion workshop)

6. Consulting with local people. (Rec 15)

Action: the PCG will

- run a patients/citizens conference to determine how best to involve local people in all aspects of healthcare services – including general and specific issues

- involve earlier jury members if they so wish in consultation exercises

- participate in service specific district wide patient consultations

Progress: The patients/citizens' conference is planned for September 1999 . The chairman is writing to all previous Jury members to ask if they are interested in continuing their involvement with the PCG. The Health Authority patient partnership manager has been involved in designing an annual programme of work for District wide patient involvement which includes PCG priorities. She will continue to support PCG efforts in this area of work. The lay member of the PCG Board has agreed to drive this agenda and also to ensure that Citizen's Jury recommendations are followed up.

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Agenda Item No:

PART I : 5.1

PATIENT INFORMATION LEAFLET

Background and Summary:

The Patient Information Leaflet has been designed to give information about the Portsea Island Primary Care Group. It explains who the Board Members are, who is representing their Constituency and how to contact members.

Two versions of the leaflet are available.

One for Practice Use outlining contact numbers etc of Board members and Constituency representatives. One for Patient Use, describing the PCG, how to contact Board Members and how to become involved themselves by attending Public Board Meetings.

Recommendations:

The Board is asked to approve:

1. The content of the two leaflets
2. The distribution of the leaflets to all GP practices for use by patients and staff

Date: 28 May 1999

Paper prepared by:

Maria Smith, Administrator

PORTSEA ISLAND PRIMARY CARE GROUP

Information for GP Practices in Portsea Island Primary Care Group

The structure of the PCG ...

The Board is made up as follows:

Chair: Dr Charles Lewis ***Chief Executive:*** Mrs Sheila Clark ***Non Executive:*** Professor Jean Hooper	***Vice Chairs:*** Dr Jim Hogan Dr Colin Olford ***Social Services Rep:*** Mr Rob Hutchinson ***Lay Member:*** Mrs Marie Potter	***Constituency Reps:*** Dr E Fellows Dr S Harris Dr J Thornton Dr T Wilkinson ***Nurse Reps:*** Mrs Julie Cullen Mrs Pauline Robinson

Meetings : Who, When and Where ...

The Board will meet in public six times a year. These meetings will start at 7.15 p.m. Dates for 1999 are as follows:

17 February 1999	Lake Road Health Centre
14 April 1999	Room F, Central Library, Guildhall Square
16 June 1999	Horizon Centre, Sundridge Close
18 August 1999	Wesley Centre, Fratton Road
20 October 1999	To be Advised
15 December 1999	To be Advised

The dates and venues of Public Meetings will be advertised in the local press and the libraries on Portsea Island.

Members of the public are invited to submit questions to the Board 7 days before the meeting via Maria Smith, Administrator, Portsea Island Primary Care Group, Finchdean House, Milton Road, Portsmouth, PO3 6DP.

Portsea Island PCG Steering Group ...

Will continue to meet on alternate months. The Steering Group consists of all Board Members, GP representatives from all practices on Portsea Island and members of the Management Team. The Steering Group meetings are NOT open to the Public. The meeting dates for 1999 are:

20 January 1999	Northern Parade Clinic
17 March 1999	Room F, Central Library, Guildhall Square
19 May 1999	Wesley Centre, Fratton Road
14 July 1999	Wesley Centre, Fratton Road
15 September 1999	To be Advised
17 November 1999	To be Advised

There is also a Practice Managers Group which meets on a monthly basis. For more information contact Lesley Barton at Hanway Road Surgery.
A nursing network is in the process of being established. For further details contact either of the Nurse representatives.

The GP Surgeries …

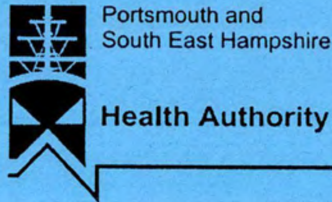
There are 24 surgeries in the Portsea Island Primary Care Group and these are split into four constituencies as follows:

NORTH	Constituency Representative: ***Dr T Wilkinson*** ☎ 01705 663024	Dr Collins & Partners Hanway Road; Dr Hill & Partner, London Road; Dr McLaughlin & Partners, Derby Road; Dr Olford, Chichester Road; Dr Riley & Partners, Queens Road; Dr Shrivasta & Partners, Buckland Medical Centre
CENTRAL	Constituency Representative: ***Dr J Thornton*** ☎ 01705 614555	Dr Glasgow & Partners, Copnor Road; Dr S Mitchell & Partners, Baffins Road; Dr D Raw & Partners, Fratton Road; Dr G Robinson & Partners, Lake Road Health Centre
SOUTH WEST	Constituency Representative: ***Dr S Harris*** ☎ 01705 736006	Dr Barron & Partners, Somers Town Health Centre; Dr Dale & Partner, Campbell Road; Dr Harris & Partners, Landport Terrace; Dr McConnell & Partner, Queen Street; Dr B Mitchell & Partners, Osborne Road; Dr Parkin & Partners, Victoria Road South Dr Tompkins & Partners, Somers Town Health Centre
SOUTH EAST	Constituency Representative: ***Dr E Fellows*** ☎ 01705 732578	Dr Pearson & Partners, Salisbury Road; Dr Pryce & Partners, Devonshire Avenue; Dr Randle & Partner, Goldsmith Avenue; Dr Schofield & Partner, Milton Road; Dr Sissons & Partners, Waverley Road; Dr Tyrell & Partners, Eastney Health Centre; Dr White & Partners, Heyward Road

PCG Management Structure…

The PCG is a sub committee of Portsmouth & South East Hampshire Health Authority and is supported by a Management Team based at Finchdean House. The Management Structure is as follows:

Title	Name	Contact Number
Chief Executive	Sheila Clark	01705 835019
Finance & Information Manager	Tracy Green	01705 835162
Service Development Managers	Katrina Percy Debbie Tarrant	01705 835116 01705 835034
Assistant Service Development Manager	Jackie Charlesworth	01705 835039
Pharmaceutical Advisor	Kathryn Alder	01705 835066
Information Analyst	Code A	01705 835017
Administrator		01705 835020
Secretaries	Code A	01705 835164 01705 835015



For General Enquiries or comments on the future content of this fact sheet please contact Maria Smith, Administrator on 01705 835020

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1

JUNE 1999

Edited and Produced by Maria Smith, Administrator, Portsea Island PCG, Finchdean House, Milton Road, Portsmouth, Tel: 01705 835020, Fax: 01705 835030

All information is correct at the time of print.

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Portsea Island Primary Care Group

Information for Patients

What is a Primary Care Group?...

On 1 April 1999 the way the NHS is run changed. Primary Care Groups (Gs) were set up to help manage local health services. PCGs bring together family doctors, community nurses, social workers and others. The aims of PCGs include:

- to develop health services
- to improve the health of local people
- to reduce inequalities

Each PCG will be allocated its share of the NHS budget to pay for a wide range of services for its patients – from prescription medicines to open-heart surgery. The reason the Government has set up PCGs is so that decisions about health care are taken by the professionals who are closest to patients. PCGs will work with NHS Trusts and local councils to promote healthy living and improve diagnosis and treatment.

There are four PCGs in Portsmouth and South East Hampshire and each PCG is a sub-committee of the Health Authority. As your doctors surgery is on Portsea Island, you are one of 150,000 patients of the Portsea Island Primary Care Group.

Who runs the Portsea Island PCG?...

The Portsea Island PCG is run by a Board which is made up as follows:

Chair: Dr Charles Lewis, GP ***Chief Executive:*** Mrs Sheila Clark ***Non Executive:*** Professor Jean Hooper ***Lay Member:*** Mrs Marie Potter	***Vice Chairs:*** Dr Jim Hogan, GP Dr Colin Olford, GP ***Social Services Rep:*** Mr Rob Hutchinson Director of Social Services, Portsmouth City Council	***Constituency Reps:*** Dr E Fellows, GP Dr S Harris, GP Dr J Thornton, GP Dr T Wilkinson, GP ***Nurse Reps:*** Mrs Julie Cullen Mrs Pauline Robinson

When does the Board meet and where?...

The Board will meet in public six times a year starting at 7.15 p.m. For 1999 the dates are as follows:

17 February 1999	Lake Road Health Centre
14 April 1999	Room F, Central Library, Guildhall Square
16 June 1999	Horizon Centre, Sundridge Close
18 August 1999	Wesley Centre, Fratton Road
20 October 1999	To be Advised
15 December 1999	To be Advised

DOH900005-0026

All public meetings will be advertised in the local press. Agendas and papers will be available fron[illegible]blic Libraries in Portsea Island one week prior to the meeting.

How is my GP surgery represented on the Board?

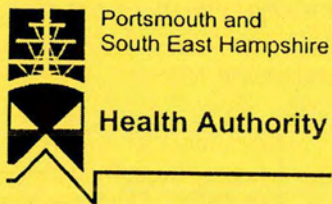
The 24 practices on Portsea Island have been split into 4 constituencies. Each constituency has elected a GP to represent practices as follows:

NORTH	Constituency Representative: ***Dr T Wilkinson*** 01705 663024	Dr Collins & Partners Hanway Road; Dr Hill & Partner, London Road; Dr McLaughlin & Partners, Derby Road; Dr Olford, Chichester Road; Dr Riley & Partners, Queens Road; Dr Shrivasta & Partners, Buckland Medical Centre
CENTRAL	Constituency Representative: ***Dr J Thornton*** 01705 614555	Dr Glasgow & Partners, Copnor Road; Dr S Mitchell & Partners, Baffins Road; Dr D Raw & Partners, Fratton Road; Dr G Robinson & Partners, Lake Road Health Centre
SOUTH WEST	Constituency Representative: ***Dr S Harris*** 01705 736006	Dr Barron & Partners,,Somers Town Health Centre; Dr Dale & Partner, Campbell Road; Dr Harris & Partners, Landport Terrace; Dr McConnell & Partner, Queen Street; Dr B Mitchell & Partners, Osborne Road; Dr Parkin & Partners, Victoria Road South Dr Tompkins & Partners, Somers Town Health Centre
SOUTH EAST	Constituency Representative: ***Dr E Fellows*** 01705 732578	Dr Pearson & Partners, Salisbury Road; Dr Pryce & Partners, Devonshire Avenue; Dr Randle & Partner, Goldsmith Avenue; Dr Schofield & Partner, Milton Road; Dr Sissons & Partners, Waverley Road; Dr Tyrell & Partners, Eastney Health Centre; Dr White & Partners, Heyward Road

How can patients get involved?

Patient's views about health services are important to doctors – and what they hear in the consulting room doesn't tell them everything they need to know. The PCG will be looking at various ways of involving and informing the public through patient participation groups, patient surveys and fact sheets such as this. In addition, the PCG Board will allow Portsea Island residents to pose questions at the start of each public board meeting. These questions must be submitted in writing to Maria Smith, Administrator, at least 7 days in advance of the meeting. The address and contact telephone number of the PCG offices is listed on the back page.

For General Enquiries or comments on the future content of this fact sheet please contact Maria Smith, Administrator on 01705 835020



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Edited and Produced by Maria Smith, Administrator, Portsea Island PCG, Finchdean House, Milton Road, Portsmouth, Tel: 01705 835020, Fax: 01705 835030

All information is correct at the time of print.

Agenda Item No:
PART I : 5.2

Portsea Island PCG Business Plan 1999/2000

Background and Summary:

The first business plan for the Portsea Island Primary Care Group (PCG) is attached . It sets out intentions for 1999/2000 in a longer-term context. The Business Plan draws from a number sources and is intended to be a comprehensive framework guiding the work of the PCG. It is a natural development of previous collaborative activity across the PCG which arose from the earlier GP commissioning pilot, practice visits, an active multi agency steering group, and several educational and organisational development initiatives over the last 18 months.

The PCG hopes to involve all partners effectively in its work - developing a programme of patient and public involvement as well as creating additional opportunities to work with other agencies. Aspirations are to streamline health and social care services wherever this will deliver improved patient centred services. The PCG wishes to contribute to the city wide priorities of partner organisations – particularly the City Council. Opportunities exist for collaborative work with all local service providers. This includes more obvious partners like service users and their representatives, NHS Trusts, the city council, voluntary organisations and the CHC, but also some groups less obviously involved at present like the independent sector providers and carers.

Priorities for this first year of operation include :

- Improving health and reducing inequalities – more detailed actions under this heading are given in the Health Improvement Programme (HImP). Coronary heart disease, strokes, cancers, accidents, suicides, perinatal mortality and asthma are high priority this year.
- Commissioning services – in addition to monitoring the current Service and Financial Framework (SFF) agreements the PCG wishes to develop services outlined in the HImP and integrate services for older people and those with mental health problems.
- Developing primary/community services – the PCG will develop its Primary Care Investment Plan (PCIP) to maximise the service development opportunities offered to the PCG as a new collaborative organisation. The PCG will continue work on collaborative projects involving community nursing, older persons and mental health services.
- Organisational Development – the PCG is a new organisation and recognises a need to develop its communications and support infrastructure. Early priority will also be given to establishing arrangements for sound financial performance, developing quality and clinical governance, human resources issues and performance monitoring.

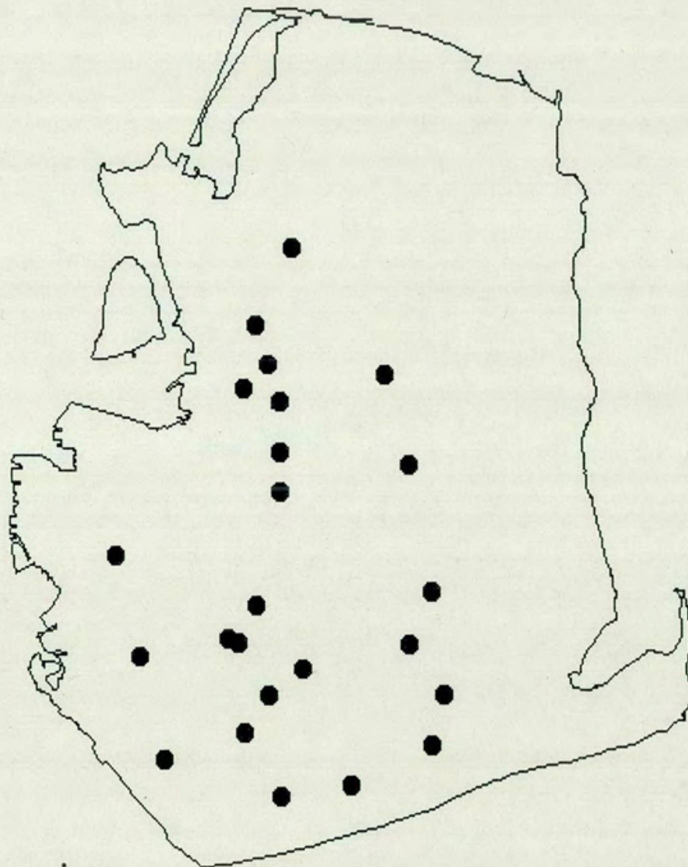
Recommendations: The PCG Board is asked to approve the Business Plan.

Date 1/6/99

Paper prepared by: Sheila Clark

DOH900005-0029

PORTSEA ISLAND PRIMARY CARE GROUP



BUSINESS PLAN 1999/2000

Final Copy, 7 June 1999

W:\GP_Pilot\PIPCG Business Plan 1999.doc

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1. Introduction and Executive Summary

This is the first business plan for the Portsea Island Primary Care Group (PCG). It sets out our intentions for 1999/2000 in a longer-term context. The Business Plan draws from a number of important national and local sources and is intended to be a comprehensive framework guiding the work of the PCG from April 1st 1999. It can be regarded as a natural development of previous collaborative activity across the PCG which arose from the earlier GP commissioning pilot, practice visits, an active multi agency steering group, and several educational and organisational development initiatives over the last 18 months.

The PCG will build an inclusive culture and hopes to involve all partners effectively in its work - developing a programme of patient and public involvement as well as creating additional opportunities to work with other agencies. Our aspirations are to streamline health and social care services wherever this will deliver improved patient centred services and we are keen to contribute to the city wide priorities of partner organisations – particularly the Departments of the City Council. Opportunities exist for collaborative work with all local service providers. This includes more obvious partners like service users and their representatives, NHS Trusts, the city council, voluntary organisations and the CHC, but also some groups less obviously involved at present like the independent sector providers and carers.

This first year will be a challenging one financially with little in the way of "un-earmarked" new monies available to develop services. This makes partnership working even more important and necessitates increasing attention to setting and resetting investment priorities to ensure that all finances are used in the most efficient and effective ways to meet the health needs of the local population. Service quality must not be undermined and the delivery of "A First Class Service" has influenced us in drawing up this business plan.

We have four groups of priorities for this first year of operation:

- Improving health and reducing inequalities – more detailed actions under this heading are given in the Health Improvement Programme (HImP). Coronary heart disease, strokes, cancers, accidents, suicides, perinatal mortality and asthma are all conditions for priority consideration this year.
- Commissioning services – in addition to monitoring the current Service and Financial Framework (SFF) agreements the PCG wishes to develop services outlined in the HImP and find ways of integrating services for older people and those with mental health problems (in terms of commissioning provision)
- Developing primary and community services – the PCG will develop its Primary Care Investment Plan (PCIP) to maximise the service development opportunities afforded to the PCG. This detailed plan for the next three years will be available in September 1999. The PCG will also continue work on collaborative projects involving community nursing, older persons and mental health services.
- Organisational Development – the PCG is a new organisation and recognises a need to develop its communications and support infrastructure. Early priority will also be given to establishing arrangements for sound financial performance, developing service quality and clinical governance, human resources issues and performance monitoring.

Charles Lewis. (Chairman) ***Sheila Clark (Chief Executive)***

2. CONTEXT

2.1 Emergence of Primary Care Groups

Primary Care Groups (PCGs) are being established nationally from April 1st 1999. They comprise natural communities of General Practices (and their attached staff) and encourage collaboration between practices. The Portsea Island PCG builds upon recent experiences of the majority of local practices working together in a GP commissioning pilot scheme. The reorganisation of the Health Authority has enabled a dedicated management team to be recruited to support the PCG. This first business plan covers the year April 1999 – March 2000 but encompasses many longer term aims.

2.2 PCG Composition

Portsea Island is one of four Primary Care Groups (PCGs) in the Portsmouth and South East Hampshire Health Authority District. It comprises twenty-four general practices and includes eighty-eight general practitioners. The practices range from a single handed one to three six-partner ones. Geographically the PCG covers Portsea Island south of the M27. Whilst all current PCG practices lie within the boundary of Portsmouth City Council coterminosity is not mutual as a small number of practices lie within the neighbouring East Hants PCG boundary.

2.3 Patients

The PCG covers a population of just under 150,000. The city is largely urban and densely populated. There are significant numbers of unemployed people and single parent families living here and pockets of the city are sufficiently deprived to warrant eligibility for Social Regeneration Budget funding. The city has a particularly high incidence of certain health problems – low birth weight babies, breast and lung cancers, long term limiting illnesses (especially in over 65s), coronary heart disease and accidents.

2.4 Partners

This business plan concentrates on the healthcare priorities of the PCG . It can be seen that the majority of the aspirations in this document will only be realised in collaboration with partners – not least patients, their carers and the general public. Other significant partners include the city council, voluntary organisations and colleagues in local healthcare service providers.

Partnership is seen as a reciprocal relationship with the PCG contributing to the aspirations and achievements of their agendas too.

3. Principles and Aspirations:

The group envisages great benefits to patients arising from the closer collaboration of participating practices. It is a group which is democratic in nature and which has identified nine underlying principles and aspirations to its work:

- to improve the health of all patients in PCG area
- to provide equality of health care for all PCG area residents irrespective of their registered practice
- to encourage closer collaboration between member practices
- to negotiate service requirements directly with hospital clinicians

- to continue to improve the quality of primary care services by developing and sharing best practice
- to be centrally involved in discussions over the planning of future local NHS services
- to provide a vehicle for improving morale within primary health care teams and other health care providers
- to improve the quality of health care which can be provided within participating practices by working together as a commissioning group
- to remain independent of commercial, party political and other sectional interests in pursuit of a fair and stable National Health Service

4. Improving Health and reducing inequalities

4.1 Inequality and deprivation

PCGs are tasked to improve the health and address the health inequalities of their population. Portsmouth City has a dense population and is one of the most deprived local authorities in the South East. It has pockets of deprivation, including two wards, which are among the most under privileged in the country. 6.5% of the population is under 5 years old which is slightly higher than the proportion for the Health Authority. 16% of the population is over 65 years of age; this is in line with the Health Authority (16.1%) but greater than that for England and Wales as a whole (15.8%). A third of the elderly live alone, some 3% more than that for South East Hampshire. The number of households classed, as "single parents" is 4.7% compared to 3.8% for the district.

Against this deprived background the city has higher than average levels of unemployment (5.5% compared with 3.8% for the district), higher rates of smoking (26% of the population over 16 years smoke compared with 22% of residents in Portsmouth and South East Hampshire), higher levels of alcohol abuse by both sexes and poorer diets. Deprivation and poor lifestyles lead to higher morbidity and mortality from cancers, coronary heart disease, strokes and accidents. In 1997 there were 2180 deaths in the city, this equates to 11.6 per thousand compared with 10.95 per thousand for the entire district, 331 of which were people aged under 65 (1.76 per thousand compared with 1.6 for the district) - most of these latter deaths were from preventable causes.

4.2 Improving Health

The Health Improvement Programme (HImP) is the vehicle with which the PCG will begin to make a concerted effort to tackle these issues in partnership with healthcare providers and the local authority. It is hoped that this can be achieved through joint planning and resultant joint strategies/action plans. The HImP formally expresses our aspirations to improve prevention and care for local people in the following areas

- coronary heart disease and stroke
- cancers
- accidents
- suicides
- perinatal mortality
- asthma

People in the PCG area have historically had similar levels of serious illnesses for clinical heart disease, cancers and accidents to National levels but levels of suicide, perinatal mortality and asthma are much higher than figures for the rest of the District or nationally.

4.3 Financing health improvements

In order to reduce health inequalities it is important that there is an awareness of the difficult challenges that face the NHS and the PCG financially as well as in involving patients and the public in taking some responsibility for their health and well being. The Health Authority has devolved much of its healthcare commissioning role to Portsea Island and the other PCGs at a time when there is little new un-earmarked money to invest in services and Portsea Island finds itself 5% below equity for 1999/2000 in its unified historic budget. With minimal growth monies and a national pledge not to lower service levels, the pace of change towards equity is likely to be slow. This will mean that any developments will have to be made through reviews of existing services and possible resources shifts in conjunction with the Health Authority, Trusts and other PCGs by robustly reviewing all current spending and service effectiveness.

It is hoped that, as well as targeting earlier diagnosis and improving the appropriate management of illness and diseases, prevention of disease will feature highly on health education and promotion agendas of all partners and with all age groups. The principal risk factors to overcome for most preventable deaths are smoking, poor diets, alcohol consumption and lack of exercise – all of these are included in the HImP and the city health plan.

5. Commissioning services

5.1 Service and Financial Framework (SaFF)

The PCG has been involved in the district wide production and development of the SaFF for the local health economy for 1999/00. This has formed the basis for the negotiation of Service Level Agreements with providers. It has also been the vehicle for agreeing across the local health economy the utilisation of modernisation and growth funding and the identification of district wide service development priorities.

For 2000/01 the PCG will, in conjunction with the Health Authority, other PCGs and Trusts, develop a new approach to the SaFF process and give further consideration to the establishment of longer term service agreements.

5.2 Service Level Agreements (SLA)

From 1 April 1999 the PCG will commission services for the majority of Hospital and Community Services (HCHS) for its population. The Health Authority will continue to manage and commission a range of services for vulnerable people and specialist services and the PCG will wish to ensure it is fully involved in the setting of priorities and the agreement of developments in these areas.

As well as agreeing SLAs with our two local health providers, Portsmouth Hospitals NHS Trust and Portsmouth HealthCare NHS Trust, SLAs have also been negotiated with other NHS providers to cover services provided to the whole district. Portsea Island is party to these agreements.

During the year the PCG will work with the other local PCGs and the Health Authority to monitor and manage these SLAs. For external agreements, a PCG (or Health Authority) manager has been nominated to co-ordinate and lead on behalf of all Portsmouth and South East Hampshire purchasers. Portsea Island PCG has agreed to co-ordinate the following agreements on behalf of the other PCGs and the Health Authority:

- The Royal Free Hampstead NHS Trust
- Guys and St Thomas' NHS Trust
- Moorfields Eye Hospital NHS Trust
- Royal National Orthopaedic Hospital NHS Trust
- Hammersmith Hospitals NHS Trust
- St George's HealthCare NHS Trust

In addition the PCG will manage voluntary organisation grant agreements and non-NHS agreements relating to the PCG area and contribute to the remaining district wide agreements.

5.3 Out of Area Treatments (OAT)

The PCG has agreed to adopt the current referral protocol as agreed by the Health Authority Board. There is little in-year, short term financial risk to the PCG from the OATs process. However, the PCG needs to put in place adequate measures to limit and control the long term financial risk of OAT referrals and activity increasing in order that there is not a financial burden in future years.

The PCG will consider the following actions during the course of the year:

- establish effective monitoring of OATs undertaken during the year (against the PCG indicative baseline allocation of £514,000)
- work with other PCGs to develop the current district wide policy
- develop effective communication links with primary care in order to be aware of referrals prior to treatment taking place
- maximise the use of the local health care service (at Portsmouth and Southampton)
- establish 'gatekeeping' responsibilities with local NHS consultants to reduce the number of OATs referrals and in particular reducing the levels of tertiary referrals to non-contracted providers

5.4 Priorities

The PCG has decided, in its first year, to look at the following areas:

- to engage in early debate over the future of St Mary's Hospital and the Portsmouth Hospitals NHS Trust's Private Finance Initiative (PFI)
- to devise action plans for national and local service priorities in coronary heart disease, asthma, diabetes and older people using national service frameworks where relevant
- to work in partnership with all agencies to re-engineer services for elderly people and mental health
- to work in conjunction with other PCGs and other commissioning sub-groups to review jointly the commissioning services
- to develop further opportunities for collaborative commissioning with neighbouring PCGs and the Health Authority

In addition the PCG will develop and prioritise, over the course of the year, a local list of services that require review.

In reviewing the commissioning of services the PCG will look to ensure that quality, effectiveness and value for money from current service configurations are being provided. Services will be re-configured where appropriate in conjunction with our local healthcare partners. Patients and/or carers will be involved in all such discussions.

In order to improve some services, additional funding may be required. As the PCG has not received any uncommitted additional funding for improving local services, opportunities to re-configure or disinvest from services will need to be identified to enable necessary investment on other service priorities within the PCG.

5.5 Waiting Lists and Emergency Service Issues

A 3 year district wide plan to reduce waiting lists at Portsmouth Hospitals and other providers has been developed by the Health Authority, which the PCG has accepted. The PCG will wish to commence practice-level monitoring of waiting lists at the earliest opportunity.

The PCG will wish to continue the work commenced by the Health Authority to obtain a better understanding and control of referral rates and demand for services and to develop further schemes which will prevent admissions to hospital and delayed discharges by taking a whole system approach to the provision of care.

6. Developing primary and community services

6.1 Introduction

One of the PCG's major responsibilities is the development of primary care. The detailed plan for the next three years will be contained within the Portsea Island Primary Care Investment Plan which will be completed by September 1999. The PCG is equally committed to the development of community nursing and to joint work with Social Services and this section outlines some of the key tasks that the PCG intends to undertake in 1999/00.

6.2 Current Cash Limited GMS Baseline Investment for Portsea Island

Staff	£1,909,000
Relief	£55,000
Training	£43,000
IT Maintenance (Not including GPFH)	£48,000
Cost Rents	£128,000
Health Centre Staff	£12,000
Uncommitted	£213,000

6.3 1999/2000 Cash Limited GMS Growth

Inflation	£60,000
Recurring growth	£185,000
Overall Total Recurring Funds	£2,653,000

6.4 Staffing

For 1999/2000 all staffing development bids were supported by the PCG Board, the total cost of this to the PCG is £129,400.

There are now a number of significant tasks which need to be undertaken to gain more detailed understanding of current staffing levels, grading, employment contracts, baseline staffing needs, equity between practices, future workforce needs and responsibility and accountability for the GMS cash limited staff budget and growth. The PCG will support the dissemination of best practices in recruitment and retention of staff and assist in a comparative post evaluation initiative.

6.5 Relief

The PCG intends to devolve responsibility for as much relief funding to practices as possible. This involves calculating historical spends and then practice needs for relief, related to size, number of sites, etc. As small a contingency reserve as possible will be retained centrally for emergencies. Criteria will be developed on how practices can access this funding.

An accountability framework will need to be developed with practices to ensure 'value for money' and equity across practices

6.6 Training

Currently training is organised and funded centrally by the Health Authority from PCG funds. It is intended that the PCG will begin to plan its own training programme following a review of the education needs of the PCG. It is intended to devolve some responsibility for the training budget to practices, whilst retaining a budget for the PCG wide training programme which reflects the needs of the PCIP.

6.7 Premises

The PCG intends to develop a three year investment plan for primary care premises with clear and transparent criteria for developments within this timescale.

6. 8 I.T.

Action will be taken in the context of the White Paper *'Information for Health – An Information Strategy for the Modern NHS 1998-2005'* and our initial Local Implementation Strategy (iLIS) which has been developed by the Joint Information Strategy Group (JISG). Communication and information are vital for the PCG and a full list of priorities can be found in the second Appendix: Action plans. Our top priorities this year include:

- ensuring that all PCG computer systems are Year 2000 compliant
- completing NHSnet practice connections for the electronic delivery of hospital test results
- agreeing and implementing a clinical coding strategy
- providing training that will 'level up' practices' use of their existing IT systems.

6.9 Prescribing

The PCG has two main aims for its approach to prescribing. Firstly, it will promote high quality cost effective prescribing amongst all practice members of the Portsea Island PCG and secondly it will promote work with secondary care to develop and ensure coherent prescribing.

In 1999/2000 the PCG will:

- develop and manage the prescribing budget for Portsea Island PCG. This will include the setting of individual practice prescribing budgets for 1999/2000, monitoring individual practice performance against agreed budgets
- maintain and improve the quality of prescribing by promoting " best practice prescribing" in key areas (see Action Plan)
- develop and implement a practice incentive scheme for 1999/2000
- ensure practices have opportunity to access pharmaceutical advice as necessary.
- assist Community Pharmacists working in practices and those involved in the HImP development
- manage the introduction of new drugs, in accordance with D&TC recommendations
- assist in the development of nurse prescribing
- develop a PCG core formulary in line with the District Formulary
- liaise with the Health Authority in other projects e.g. clinical audit

6.10 Secondary Care Services provided in Primary Care
The PCG is continuing ex-GPFH physiotherapy and counselling services in primary care in 1999/2000 for former GPFH practices and will evaluate these against those services available to other practices. Following this evaluation, a decision will be made by the PCG on the most efficient, highest quality and appropriate services that can be provided for patients and it intends to implement this across the PCG.

Other secondary services provided in primary care will be evaluated. The PCG intends to increase, where appropriate, the secondary care services provided in primary care and the baseline questionnaire completed by all practices will provide the priorities for development of this as intended by the practices. This will include services provided by pharmacists, optometrists and dentists if appropriate.

6.11 Community Nursing
The PCG intends to progress the following projects:
- roll out of the District Nurses as Care Managers initiative across the City to all practices
- implementation of the national nurse prescribing initiative
- move towards further integration of community nursing teams with practice nurses

6. 12 Collaborative Projects with Social Services
A series of general and client group priorities have been agreed with Portsmouth City Council social services department.

General:
- production of version three of the joint Health and Social Services Directory
- evaluation of the link Social Worker initiative from both the Health and Social Services perspectives
- information workshop for Health and Social Services staff to be held in October 1999
- posts to be reviewed as vacancies arise in order to identify opportunities for joint appointments/funding
- longer term commitment to securing PCG office space within City Council premises.

Children:
- production of a Joint Investment Plan for Children's Services in conjunction with Hampshire County Council and Portsmouth City Council
- development of a Strategy for Children with Disabilities
- agree future management arrangements for the Portsmouth Joint Exceptional Needs Initiative
- take forward the work of the Portsmouth Child and Adolescent Mental Health Sub Group established to explore joint working opportunities
- achievement of Quality Protects and Sure Start objectives

Homeless:
- health input into the Rough Sleeping Initiative through provision of outreach primary care services

Older People:
- implementation of action points arising from the Joint Investment Plan for Services for Older People
- provision of additional Social Services support during weekends and evenings

Mental Health:
- implementation of an agreed action plan following the Sainsbury Review and a move towards more integrated services

Physical Disability:
- continue discussion and development of community rehabilitation teams to support physical disability (particularly ABI and other neurological problems) in under 65s and contribute to the development of the Joint Investment Plan (JIP)

7. Financial framework

7.1 1999/00 Provisional Budget

The Health Authority has proposed initial Primary Care Group purchasing budgets for 1999/00 based on the budget setting methodology agreed with PCGs and with local providers. A summary of the total proposed budget for Portsea Island (as set out in the SaFF v4) is tabled below. In addition, appended to this business plan are supporting details of the proposed budgets:

Programme Heading	Value £000s
Prescribing (excluding incentive schemes/shared contingency)	12,608
GMS (Cash Limited)	2,653
HCHS	44,093
Sub Total – Purchasing Budget	59,354
Management Costs	392
Total Provisional Budget 1999/00 *	**59,746**

* Excludes FH/Commissioning Pilot savings carried forward

These provisional budgets are to be updated and presented to the Health Authority board at a later date. The update will ensure that final SLA values have been incorporated into the PCG allocations.

The pharmaceutical advisor has finalised individual practice prescribing budgets and the PCG board has approved the holding of a £100,000 contingency at PCG level. The PCG prescribing budget has been "top sliced" to provide funds for the 1998/99 incentive payments, nurse prescribing, a shared contingency for list size changes and expensive drugs, and practice pharmacist support.

The GMS allocation relates to cost rents, practice staff, health centre staff, computer maintenance (all based on current commitments), training and relief. In addition inflation and growth funding has been received. Calls on the uncommitted funds include the cost of living pay award (which was in excess of inflation for nursing staff), practice staff development bids, excess year 2000 costs and the need for an in year contingency to cover unavoidable and unplanned expenditure.

HCHS arrangements will be predominately on a block basis, and a co-ordinating PCG (or Health Authority) manager has been identified for managing each of these agreements.

7.2 Baseline and Distance from Target

Initial calculations by the Health Authority illustrated that the PCG is 5% below its equity (or "fair shares") target. This equates to an under-funding against target of £4.3m. These figures have been calculated prior to the receipt of inflation and modernisation growth funding and are due to be re-calculated. It is likely that the PCGs distance from target may reduce marginally due to the way that some modernisation funds have been deployed into local services. However the distance from target is still likely to be significant.

As the Government has proposed a process of levelling up and the growth funding received by the Health Authority has already been committed against cost pressures and required developments, no specific movement towards the PCGs target has been made (except in GMS allocations). The PCGs needs to work with the Health Authority and other PCGs to try and ensure that for future years a proactive approach to moving the PCG towards equity is taken.

7.3 New Funding

Much of the new funding announced by the government, under its modernising the NHS programme, has already been included in the Health Authority allocation for 1999/00, including funds to cover waiting list improvements, primary care improvements and PCG management costs. However there are still likely to be small pockets of additional funding available in year to bid against for additional funding. The PCG needs to ensure that it considers all opportunities to access additional funding for service developments during the year and for future years.

7.4 Risks and Risk Management

The Health Authority has agreed that in the first year of PCGs, it will cash manage any under or over spends of PCGs in year. However in the following year PCGs will be required to cover any overspends in 1999/00 from their 2000/01 allocation. Therefore it is important that the PCG manages all in year risks of overspends very carefully.

The main areas of risk are within prescribing, GMS, and referrals to Trusts with whom the PCG does not have a service agreement (initiated either from primary care or tertiary referrals from our local Trusts.

Prescribing is, for the first time, included within the unified budget and, consequently, any growth in costs must be curtailed to avoid an overspend situation. The PCG board has approved additional prescribing advisor support to be made available to practices in order to assist in reducing prescribing cost growth rates. In addition the prescribing incentive schemes offer the potential for incentive schemes payments to exceed the overall under-spend (if any) available within the PCG to resource it. To assist with both these risks, a contingency of £100,000 has been approved by the Board to be held at PCG level.

Although, on the face of it, a generous GMS growth allocation has been received by the PCG this will be predominately committed against the excess cost of the pay award, practice staff development bids and additional computer charges consequent of the move to year 2000 compliance. It is anticipated that this will leave very little flexibility and the balance of any growth will need to be held back as a contingency.

Although the majority of HCHS expenditure will be on a block basis, and consequently limiting the in–year risk to the PCG, there is an in-year risk against the non-contracted provider budget. A sum of £103k has been identified in the provisional budget offer - this will need to cover ex-fundholding services based in practices and former ECRs to private providers. There are no additional funds to act as a contingency and therefore activity charged against this sum needs to be controlled and managed carefully.

8. Quality and clinical Governance

8.1 "A First Class Service"

This publication forms the foundation for the PCG's approach to quality and clinical governance (CG). It underlines the need for an inclusive, collaborative approach to improving the quality of healthcare based on commitment to high standards, reflective practice, risk management and personal and team development. The PCG wishes to support the development of an open, blameless and learning culture among its constituent practices and key partners. The patient experience is given new emphasis by including information from the national survey and complaints investigations. Clinical governance (CG) brings with it a statutory duty of quality and lifelong learning.

8.2 Quality in Primary Care

In the next two months a development plan and associated programme of work will be agreed which will include

- a baseline assessment on an individual practice basis
- designation of practice leads for CG and the development of an integrated approach to CG across practice based teams
- half day development session for CG leads
- a small number of specific PCG wide CG projects identified from national and local priorities (including the baseline assessment plus coronary heart disease, asthma and cervical screening)
- a number of practice specific topics

- an agreed approach to support practices with GMC revalidation through audit and the development of personal learning portfolios
- links with District CG group
- agreement over local/ district information sharing and reporting for CG
- commitment to continuing professional development on a practice and PCG basis.
- greater patient involvement

8.3 Quality in Service Commissioning

The PCG intends to continue to participate in the interagency forum "Quality Partnerships" in order to enhance the partnership approach to monitoring quality based on total patient experiences. The programme of work associated with this group is likely to be based on current quality requirements in the SaFF and new NHS Charter and will include

- Effectiveness of discharge arrangements
- Patient involvement
- Communications
- Care pathways in asthma
- Other HImP priorities

8.4 Clinical Quality "Interface" Issues

In addition to the intentions outlined above, the PCG wishes to encourage opportunities for multi disciplinary education and learning based initially on HImP priorities.

The PCG also hopes to increase the number of collaborative audits undertaken and thus provide additional opportunities to learn from best practice (e.g diabetes, thrombolysis, anti-biotic prescribing and infection control). The use of clinical indicators will also assist in such collaborative ventures.

8.5 Performance Assessment Framework (PAF)

The PCG will work with other PCGs and the Health Authority to deliver and monitor the requirements laid out in this document. It will also use the six areas of the PAF - health improvement, fair access, effective delivery of appropriate care, efficiency, patient/carer experiences and health outcomes as measures for all its service monitoring activities – across agencies.

9. Organisational Development

9.1 Board Development and Communications in PCG

Building on two early time out sessions for board and management team, the PCG will continue to develop effective communications in three areas

- to engage all members of the Board in planning and decision making
- to ensure all practices are actively involved and supported
- to involve patients and public in the work of the PCG

To progress in the first two areas the PCG intends to set up regular time out sessions for the Board and will agree individual objectives and development/support plans for all its members. We will continue to develop the newsletter and enhance the role of the

constituency nurses and GPs in communications, and complement this work with practice visits by the Chairman and Chief Executive. We also hope to establish better IT links using electronic communications more effectively and ensuring that people have the necessary support and training to do this.

The detailed action plan in the appendix highlights the main milestones in a programme of work for involving patients and the public and is based on many of the recommendations of the Citizen's Jury held in March 1999.

9.2 Human Resources

The PCG believes that its greatest assets are the diversity and experience of the partners it engages in pursuit of its aims and objectives. Every opportunity will be taken to ensure that practice based staff along with the PCG Board and management team are supported and developed in ways that will assist the PCG in attaining its goals. Opportunities will also be sought to work with colleagues in the two local NHS Trusts, the city council and voluntary sector on Human Resource issues – for example sharing training programmes based on HImP priorities.

The "Working Together" national strategy asks the PCG to demonstrate its preparedness and commitment to sign up to the requirements set out within it which reflect best practices in employment terms and conditions and the empowerment of staff. The PCG will work with the HA and the other PCGs to ensure that this document is complied with once additional guidance on the specific requirements becomes available.

9.3 Health Quality Standards

The PCG has worked with "HQS" (a Kings Fund Organisation) during the pilot phase of the PCG OD standards development and has used the tool to identify its organisational development needs as it establishes itself and examines its fitness for operating at level 2 and beyond.

Priorities include

- team building
- clarity of roles/contributions to business plan objectives
- developing inter agency approaches to patient centred commissioning/service provision
- boundary review
- capitalising on prescribing progress
- IT
- clinical governance arrangements and supporting culture
- use of PCIP to develop collaborative work in primary care (e.g. comparative evaluation of staffing needs, information sharing, bulk purchasing etc)

10. Monitoring and Review

There is a Health Authority/PCG accountability agreement which will be used to monitor performance and progress along with the action plan appended to this report.

At a minimum a mid year and end of year review of the action plans will be reported to the PCG Board and the Health Authority. As new requirements become known from the NHS

Executive regarding the Performance Assessment Framework and new NHS Charter these will be incorporated.

The steering group which has representatives of all General Practices involved in the PCG will continue to be the main forum for involving GP partners in the debate about the performance and direction of the PCG. The sub groups and task groups established by the PCG will be the main vehicle by which the PCG achieves its business and involves partners both within and outside the NHS. Subgroups and task groups will report to the main PCG Board.

The PCG will also continue to seek feedback on its performance and aspirations from local people and patients.

Appendix 1: Financial Framework

Programme Heading	Value £000s
Prescribing (excluding incentive schemes/shared contingency)	
- Practice budgets	12,472
Additional Prescribing Advice	36
Contingency	100
Total Prescribing funds 1999/00	**12,608**
Total GMS funds 1999/00	**2,653**
HCHS	
Service Level Agreements :	
- Portsmouth Hospitals NHS Trust	27,573
- Portsmouth Healthcare NHS Trust	14,257
- Southampton University Hospitals NHS Trust	1,047
- Salisbury Healthcare NHS Trust	230
- The Royal West Sussex NHS Trust	202
- The Royal Surrey County Hospitals NHS Trust	12
- Winchester and Eastleigh NHS Trust	52
- Guys and St Thomas' NHS Trust	95
- North Hampshire Hospitals	11
- UCLH NHS Trust	31
- Kings Healthcare NHS Trust	50
- Great Ormond Street NHS Trust	32
- Royal Marsden NHS Trust	6
- Royal National Orthopaedic Hospital NHS Trust	55
- St George's Healthcare NHS Trust	38
- Poole Hospitals NHS Trust	12
- Royal Free Hampstead NHS Trust	23
- Hammersmith Hospitals NHS Trust	18
- Frimley Park Hospital NHS Trust	21
- Moorfields Eye Hospitals NHS Trust	10
- Worthing and Southlands NHS Trust	6
Sub Total HCHS Service Level Agreements	**43,782**
- Primary Care Development Projects (Aural Toilet – Portsea)	7
- Grants to Voluntary Organisations	200
- King Edward VII Hospital	1
- Other private providers (ex FH/ECRs)	103
Sub Total HCHS funds 1999/00	**44,093**
Notional Budgets	
Royal Hospital Haslar	162
Out of Area Treatments (OATs)	514

Action Plans

	DEVELOPMENT AREA	RESPONSIBILITY	TIMESCAL
1.	**Area 1. Improving Health**		Immediate
1.1	Establish Strategic Planning and Partnerships subgroup to develop agreed priorities in health and social welfare services (initially services for older people, adult mental health and child and adolescent mental health)	Sheila Clark/Dr Charles Lewis	
1.2	Contribute to City wide strategic agendas relevant to improving the lifestyles and environment of local people – City Council Health Plan, Crime and Disorder Strategy, Anti-poverty plans and Social Regeneration Initiatives.	Sheila Clark/Dr Charles Lewis	Ongoing
1.3	Develop PCG wide approach to "Health Needs Assessment" to be used to inform all aspects of service planning – including HImP, interagency plans and primary care developments	Dr Jim Hogan	By midyear review
1.4	Develop action plans, local targets and monitoring arrangements for local HImP priorities • Coronary heart disease and stroke • Cancers • Suicides • Perinatal mortality • Accidents • Asthma • Diabetes	Dr Tim Wilkinson Dr Charles Lewis Sheila Clark Debbie Tarrant Sheila Clark Dr Jim Hogan Dr Jim Hogan	All by midyear review
1.5	Review HImP priorities and contribute to plans for 2000/2001	Dr Charles Lewis	By 1st January 2000
1.6	Contribute to District wide discussions on resourcing health inequalities	Dr Charles Lewis/Prof Jean Hooper	Ongoing
Area 2.	**Service Commissioning**		By mid year review
2.1	Establish mechanisms for monitoring existing service level agreements and agree new approach to SaFF development for 2000/20001. Agree framework for moving to longer terms SLAS.	Tracy Green	
2.2	Agree policy for Out of Area treatment referrals and funding and establish effective monitoring mechanisms	Tracy Green	By June 1999
2.3	Undertake regular waiting list monitoring exercises and ensure no patients are waiting excessively for in patient services	Katrina Percy	Ongoing
2.4	Work with HA, Trusts and Social Services to develop and monitor whole systems projects which prevent unnecessary hospital admissions and delay discharge	Katrina Percy	Ongoing

DEVELOPMENT AREA	RESPONSIBILITY	TIMESCALE
2.5 Agree projects/ pilot initiatives to develop better social and healthcare service integration (see 1.1 and 1.4) and link to HA work on disinvestments. use commissioning pilot and GPFH savings to pump prime initiatives as agreed.	Dr Charles Lewis /Sheila Clark	Programme agreed by June 1999
Area 3. Primary Care and Community Services Development		
3.1 Develop arrangements to implement "A first class service" in primary care		By July 1999
• Conduct baseline quality assessment in all practices	Dr Jim Hogan	September 1999
• Hold half day CG session for practice lead personnel	Dr Jim Hogan	October 1999
• Agree CG programme of work for 99/2000	Dr Jim Hogan	Ongoing
• Support practices in GMC revalidation through development of personal learning portfolios	Dr Ann White	By July 1999
• Agree programme and participate in collaborate and interface audits	Dr Jim Hogan	Ongoing
• Use Performance Assessment Framework as opportunities arise	Sheila Clark	Ongoing
• Update Beacon Practices register and hold two educational events to disseminate best practice	Sheila Clark	
3.2 Citizen involvement Agree and deliver patient involvement programme of work including		
• Patient conference	Jackie Charlesworth/Marie Potter	September 1999
• Citizen's jury recommendations action plan	Marie Potter	June 1999
• Public Education campaign aligned to HimP	Mary Stratford	Ongoing
• Conduct annual patient survey if funds permit	Mary Stratford	Ongoing
• Development of website	Jeremy Douglas/Marie Potter	By March 2000
• Communications initiatives based on Healthcheck, Flagship, PCCS Community News, Rant and other partner publications as appropriate	Jackie Charlesworth	
• A programme of presentations and discussions with neighbourhood fora	Dr Charles Lewis/Sheila Clark	Plan by June 1999
• A plan for involving traditionally "hard to reach" groups (e.g ethnic minority groups, lone parents, housebound etc)	Sheila Clark/Marie Potter Jackie Charlesworth/Marie Potter	Ongoing By October 1999
• Participation in HA and Quality partnerships programme of work for promoting independence and using patient experiences to improve services	Mary Stratford/Sheila Clark	
• Development of practice based leaflets explaining PCG and how public can be involved	Maria Smith	Ongoing
• Review effectiveness of public involvement in Board meetings	Dr Charles Lewis/Marie Potter	By June 1999 Mid year review

	DEVELOPMENT AREA	RESPONSIBILITY	TIMESCALE
3.3	Develop use of information sharing across practices in order to support the dissemination of best practices in ways which do not compromise the need for confidentiality.	Dr Jim Hogan/Jeremy Douglas	Ongoing
3.4	Develop three year Primary Care Investment Plan (PCIP) in accordance with national requirements	Dr Jim Hogan/Katrina Percy	By September 99
3.5	Review processes and procedures for prioritising and allocating funding for General Medical Services (including practice staffing, relief budgets, staff training ,premises, and IT)	Sheila Clark/Debbie Tarrant/Practice Managers	By February 2000
3.6	Develop nursing network to ensure effective involvement of nurses in PCG	Julie Cullen/Pauline Robinson	By June 99
3.7	Implement national nurse prescribing initiative	Dr Colin Olford	from May 99
3.8	Pilot integrated community nursing teams	Sheila Clark	by October 99
3.9	Roll out revised District Nurse as Care Manager initiative across city	Paula Turvey	Ongoing
3.10	Implement local "Information for Health" strategy priorities • Ensure all IT equipment is year 2000 compliant • Link all practices to NHS net • Agree and implement a clinical coding strategy • Provide practice based training to ensure minimum skill bases in all practices	 Jeremy Douglas Jeremy Douglas Colin Olford Jeremy Douglas	 By October 99 by March 2000 by January 2000 from Sept 99
3.11	Evaluate current arrangements for Training and Education in primary care and propose revised approach which maximises the advantages of intra and inter practice lifelong learning.	Dr Jim Hogan/Dr Ann White	by mid year review
3.12	Ensure prescribing budgets are contained within cash limits and monitor incentive scheme.	Dr Colin Olford/Kathryn Alder	Ongoing
3.13	Review budget setting and incentive scheme procedures for next financial year.	Dr Colin Olford/Kathryn Alder	by Feb 2000
3.14	Provide practice based pharmaceutical support where requested and promote best practice prescribing in individual practices in key areas and across PCG (including antibiotics)	Kathryn Alder	Ongoing
3.15	Manage the introduction of new drugs in accordance with D&TC guidance.	Dr Colin Olford	Ongoing
3.16	Develop a PCG core formulary in line with District one.	Dr Colin Olford/Kathryn Alder	by July 99

DEVELOPMENT AREA	RESPONSIBILITY	TIMESCALE
3.17 Agree a range of services to be provided in primary care in line with aspirations expressed in the baseline questionnaire (where these can be delivered to agreed quality and efficiency standards). Work with NHS Direct to promote best use of GP time/skills.	Dr Jim Hogan/Dr Charles Lewis	Ongoing
3.18 Collaborative work with PHCT / Social Services not already included – children • Produce Joint Investment Plan (JIP) in line with Joint Children's Services Plan (JCSP) • Develop a joint strategy for children with disabilities • Review management arrangements for JENI • Produce and implement action plan for better integration of child and adolescent mental health services • Implement agreed actions for Quality Protects , Sure Start and Crime and Disorder strategy	Debbie Tarrant Debbie Tarrant Debbie Tarrant Debbie Tarrant Debbie Tarrant	By October 1999 By October 1999 By October 1999 Plan by June 99; Implementing Ongoing
3.19 Collaborative work with Social Services – Homeless People Provide and monitor outreach primary care services	Katrina Percy/Dr Vivienne Randall	Agree Plans by October
3.20 Collaborative work with PHCT/Social Services – physical disability services Further develop schemes for supporting people in the community using rehabilitation teams (notably younger physically disabled people)	Jackie Charlesworth	Ongoing
3.21 Collaborative work with Social Services – general • Produce version 3 of directory • Evaluate link social worker scheme • Examine feasibility of integrating OT services • Hold information workshop for staff groups in October • Review posts as vacancies arise for opportunities for shared posts • Examine feasibility of shared office accommodation	Maria Smith Debbie Tarrant Jackie Charlesworth Sheila Clark Sheila Clark Sheila Clark	ongoing Agree plans by July 99 October 99 June 99 End Oct 99
3.22 Collaborative work with other primary care providers • optical services • pharmaceutical services • dental services	Tracy Green/Charles Lewis/Sheila Clark	Agree projects by October 99
Area 4. Organisational Development 4.1 Develop performance monitoring arrangements with HA using this Business Plan, HA/PCG Accountability Agreement and Performance Assessment Framework as appropriate	Sheila Clark/Tracy Green	By June 1999

DEVELOPMENT AREA		RESPONSIBILITY	TIMESCALE
4.2	Develop robust financial plans and financial monitoring /reporting mechanisms	Tracy Green	By June 1999
4.3	Draw up both internal and external PCG communications strategies and implement supporting plans following communications Board "Time out" recommendations in May (see also 3.2)	Jackie Charlesworth	By July 1999
4.4	Produce a prioritised OD plan, incorporating those areas already noted from the HQS assessment: Priorities include • team building • clarity of roles/contributions to business plan objectives • developing inter agency approaches to patient centred commissioning/service provision • boundary review • capitalising on prescribing progress • IT • Clinical governance arrangements and supporting culture • develop collaborative work in primary care (e.g. comparative evaluation of staffing needs, information sharing, bulk purchasing etc) • building relationships with all departments of the city council and local voluntary organisations	Sheila Clark	By July 1999
4.5	Ensure that the PCG adheres to national HR guidance (e.g. E.U. Working Times directive) and is able to demonstrate its preparedness to sign up to the requirements of "Working Together" in terms of best practices in employment, recruitment and retention of staff.	Sheila Clark/Debbie Tarrant	By March 2000
4.6	Develop communications arrangements with professional bodies (LMC, LPC, LOC & LDC)	Charles Lewis	May 99
4.7	Agree and implement confidential information sharing protocol across all Portsea Island practices	Charles Lewis	June 99
4.8	Continue to monitor the effects of lack of co-terminosity of PCG boundaries	Sheila Clark	Ongoing
4.9	Review and revise constitution of PCG	Charles Lewis	October 99

Agenda Item No:
PART I : 5.3

Proposal for communications between the PCG and Local Professional Committees

Background and Summary:

The PCG is keen to develop effective working relationships with the four Local Professional Committees and the attached paper has been drafted to begin the debate on how best to do this. The paper has been sent with the attached covering letter to the Local Professional Committees for discussion.

Recommendations:

The Board is asked to put forward any comments/changes and to note the paper.

Date 03.06.99

Paper Prepared by :
Katrina Percy – Service Development manager

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Portsmouth and
South East Hampshire

Health Authority

PORTSEA ISLAND PRIMARY CARE GROUP

Finchdean House
Milton Road
Portsmouth
Hampshire
PO3 6DP

Telephone Code A
Fax

Ref: w:\gppilot\\localcomms

03 June 1999

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«Address2»
«City»
«PostalCode»

Dear «Title» «LastName»

Re Communication Channels with Local Professional Committees

Please find enclosed a draft document which attempts to summarise possible communication channels between the Portsea Island PCG and the four local professional committees.

Sheila Clark (Chief Executive of the PCG) and I would welcome an early meeting with you to discuss your comments and ideas about this document. We have had this meeting with representatives of the Local Optical Committee and it proved to be extremely helpful.

Maria Smith, our administrator, will contact you to arrange a mutually convenient meeting date.

With best wishes

Code A

Charles Lewis
Chair

BOARD MEMBERS

Chair
Dr C Lewis

Chief Executive
Mrs Sheila Clark

Vice Chair
Dr J Hogan
Dr C Olford

Constituency Reps
Dr T Wilkinson (N)
Dr J Thornton (C)
Dr S Harris (SW)
Dr E Fellows (SE)

Lay Member:
Mrs Marie Potter

Non Exec:
Professor Jean Hooper

Social Services:
Mr Rob Hutchinson

Nurse Reps:
Ms Julie Cullen
Ms Pauline Robinson

DRAFT

Portsea Island PCG communications with the Local Professional Committees

Portsea Island PCG would like to develop effective working relationships with the Local Professional Committees, to ensure appropriate joint working, consultation and sharing of information. In order to begin the debate as to the most appropriate way in which to do this, the following ideas have been drafted. The Chair and Chief Executive of the PCG would propose to meet with the Chair and Secretary of the Local Professional Committees individually to discuss these ideas and produce a firm agreement to ensure effective cross organisational communications.

Local Medical Committee

Formal Communications

- The Chair of the PCG will attend the quarterly Health Authority Meeting with the Local Medical Committee.
- The Local Medical Committee will receive the PCG Board Papers in advance of each Board meeting and will be able to post written questions in advance to the Chairman.
- The Local Medical Committee will be consulted on all relevant formal PCG documents e.g. constitution, business plan, primary care investment plan
- The Local Medical Committee will be kept informed of progress being made on Portsea Island via a meeting with the Chair and Chief Executive of the PCG and the secretary to the Local Medical Committee twice each year.
- A representative of the Local Medical Committee has been invited to attend the PCG sub-board group on clinical governance.

Informal Communication

- The Chair of the PCG, Charles Lewis will provide the informal link point between the Local Medical Committee and the PCG, therefore all ad hoc queries or comments should be directed to Charles Lewis.

Projects

- The Local Medical Committee and PCG will continue to work together on specific projects. E.g. Practice disputes / splits, review of GMS administration.

Local Pharmaceutical Committee

Formal Communications

- A representative of the Local Pharmaceutical Committee is a member of the PCG Sub-Board group on prescribing
- The Local Pharmaceutical Committee will receive the PCG Board Papers in advance of each Board meeting and will be able to post written questions in advance to the Chairman.

- The Local Pharmaceutical Committee will be consulted on relevant formal PCG documents

Informal Communications

- The Vice Chair (Prescribing), Colin Olford of the PCG will provide the informal link point between the Local Medical Committee and the PCG, therefore all ad hoc queries or comments should be directed to Colin Olford.

Projects

- To seek opportunities for joint working e.g. prescribing for the elderly

Local Optical Committee

Formal Communications

- The Local Optical Committee will receive the PCG Board Papers in advance of each Board meeting and will be able to post written questions in advance to the Chairman.
- The Local Optical Committee will be consulted on relevant formal PCG documents

Informal Communications

- A meeting has taken place with the Local Optical Committee to discuss communications between the organisations and projects.
- The PCG Chair, Dr Charles Lewis, will be the informal link point between the Local Optical Committee and the PCG, therefore all ad hoc queries

Projects

- Specific project ideas have been identified:-

1. Diabetic Retinopathy monitoring scheme
2. Glaucoma follow-up
3. Low visual aids

Local Dental Committee

Formal Communications

- The Local Dental Committee will receive the PCG Board Papers in advance of each Board meeting and will be able to post written questions in advance to the Chairman.
- The Local Dental Committee will be consulted on relevant formal PCG documents
- The lay member of the PCG Board attends the district wide, Oral Health Advisory Group, which includes members of all health organisations

Informal Communications

- The Chair of the PCG, Charles Lewis will provide the informal link point between the Local Dental Committee and the PCG, therefore all ad hoc queries or comments should be directed to Charles Lewis.

Projects

- To seek opportunities for joint working e.g. oral cancer, children's services

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Agenda Item No:
PART I : 5.4.1

The Nursing Communication Network

Background and Summary:

The first objective of the nursing representatives on the PCG Board was to set up a nursing communication network on Portsea Island. In order to ascertain support for this network a series of three workshops were arranged to which all community nurses were invited. The workshops were well attended and the majority view was that the communication network should go ahead, and be multidisciplinary. It was felt that the communication network should have two purposes. Firstly, to support and inform the work of the PCG Board nursing representatives, and secondly, for the PCG nurse representatives to pass information into the community.

The Terms of Reference for this multidisciplinary nursing communication network are attached, for your information.

Recommendations:

This paper is for information only, and does not require action by Board members.

Date

4th June 1999

Paper Prepared by :

Jackie Charlesworth
Assistant Service Development Manager

The Nursing Communication Network

Background

To enable the flow of information regarding primary care groups, the first objective of the nursing representatives on the PCG Board was to set up a nursing communication network on Portsea Island. In order to ascertain support for this initiative a series of three workshops were arranged to which all community nurses were invited. The workshops were at different locations, and at various times of the day in order to enable as many people to attend as possible. The workshops were well attended and the discussion that ensued was both informative and productive.

- The majority view within Portsea Island was that the nursing communication network should be multidisciplinary. The communication network should have two purposes. Firstly, to support and inform the work of the PCG Board nursing representatives, and secondly, for the PCG nurse representatives to pass information into the community.

Terms of Reference for Nursing Communication Network

Following the analysis of data collected from the community nursing workshops, the terms of reference for the network are as follows:

- There will be an multidisciplinary nursing communication network across Portsea Island in order to support and inform the work of the nursing representatives on the PCG Board, and for the PCG nurse representatives to pass information into the community.
- There will be a link nurse in each practice who will consult with colleagues on a multidisciplinary basis.
- Specialist nurses who do not have practice links will ally themselves to surgeries for the purpose of linking into the multidisciplinary communication nursing network.
- The nurse representatives will divide the city into two constituencies based on the GP constituencies already in place, and liaise with the relevant practices/link nurse within their own areas. (Map attached)
- There will be a link nurse within each discipline in order to discuss specific issues relating to that discipline. These will take place on an ad-hoc basis and, where possible, established discipline specific meetings will be used.
- There will be two open meetings per year to which all community nurses across the city will be invited in order to share progress and discuss any pertinent issues.
- A variety of forms of established written communication will be used in order to assist the two-way flow of information between the nurse representatives and the community nursing network.
- There will be an annual review of the nursing communication network.

The Way Forward

A number of nurses have indicated their willingness to become link nurses. Julie Cullen and Pauline Robinson will identify and liaise with the volunteer link nurses within their own constituencies to support them in the setting up of a multidisciplinary practice meeting. Every effort will be made to enable community nurses who do not normally ally themselves to one practice to link with a multidisciplinary team for the purpose of the communication network. Over the coming months Julie and Pauline will be offering to visit practice teams who have not identified a link nurse to facilitate this process.

The Board will be kept informed of the progress of the nurse representatives in setting up the nursing communication network across the City.

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DOH900005-0059

Agenda Item No:
PART I : 5.4.2

Integrated Team Working – Working Together Initiative

Background and Summary:

In order to recognise, support and further develop multidisciplinary team working that is already occurring within community nursing services, an initiative has been developed to enable this to move forward.

The initiative invites community nurses to apply for some funding to support projects that demonstrate the beneficial effects of multidisciplinary team working.

A copy of the letter and application form that has been sent to all community nurses inviting them to participate in the scheme is attached for your information.

The Board will be kept informed of the progress of this initiative.

Recommendations:

This paper is for information only, and does not require action by Board members.

Date

4th June 1999

Paper Prepared by :
Julie Cullen and Pauline Robinson
PCG Board Nursing Representatives

DOH900005-0060

Integrated Team Working Project

Working Together Initiative

All community nurses working within primary care are part of a team delivering the services proposed in the 'New NHS'. It is clear that by working together they will effectively meet individual and local population needs. Many nurses enthusiastically support the proposal for a multidisciplinary team approach to care and would like the opportunity to implement their ideas into practice.

Portsea Island PCG and Portsmouth HealthCare NHS Trust recognise that collaborative work is occurring within practice already, but in some cases support may be welcome to move things forward. Therefore, an initiative has been devised to develop ideas or further work that is already taking place within Portsea Island in relation to multidisciplinary teamwork in nursing practice. The initiative invites community nurses to apply for some funding to support projects that demonstrate the beneficial effects of multidisciplinary team working.

A letter and application form has been sent to all nurses on the island advising them of this initiative with a return date of the 25th June 1999. The Board will be advised of future developments.

WORKING TOGETHER – OPPORTUNITIES FOR NURSES IN PRIMARY CARE

Nurses working in Primary Care can be in no doubt that they are key to delivering the services proposed in the 'New NHS'. It is also clear that by working together they will meet individual and local population needs. At recent workshops many nurses made it clear that they enthusiastically support this proposal and would like the opportunity to put ideas into practice.

Portsea Island PCG and Portsmouth HealthCare NHS Trust recognise that collaborative work is occurring within practice already, but in some cases support may be welcome to move things forward.

Applications are invited for funding to support projects that show the development of team work. The funding could be used in a variety of ways, including time out from the work place to elaborate and advance ideas and/or education and skills development. Applications do not need to be detailed at this stage. Ideas, however embryonic, can be discussed with the people below before application if you would prefer.

Julie Cullen, tel: 01705 663368 and Pauline Robinson, tel: 01705 851143 (Portsea Island PCG Nurse Board Members)

Sian Bamber, tel: 01705 434900 (Health Visitor Clinical Lead for Portsea Area)

Fran Williams, tel: 01705 434900 (District Nurse Clinical Lead for Portsea Area)

A Proforma is attached for your applications. Applications to be returned by 25th June 1999 to:

Julie Cullen/Pauline Robinson
Nurse Representatives
Portsea Island Primary Care Group
Finchdean House
Milton Road
Portsmouth P03 6DP

DOH900005-0062

WORKING TOGETHER INITIATIVE

Application for Support/Funding for the Development of Teamwork within Primary Care Nursing

Describe your idea to enhance integrated working in your practice, including all team members involved.
How would patients benefit from this idea?
What resources would you need to put your ideas into practice? (eg financial, educational, proposed timescales)
Name & Address (for Team contact) of the person completing the form Name:... Tel No:...............................

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Agenda Item No:
PART I : 5.4.3

Joint Approach to Leg Ulcer Care

Background and Summary:

Sally Reynolds – Leg Ulcer Specialist PHCT has completed the programme of joint training for three practices on Portsea Island. A final report which identifies patient profiles and healing rates is currently being prepared, and will be made available to Board members when it is completed.

PHCT have noted the Portsea Island PCG Board preference for this process to continue until all practices have received the same level of training and have asked whether the Board have any preference as to which practices should be included in the next tranche of training. If there are no preferences, then Sally Reynolds will make her own judgement, based on her knowledge of the practices.

The paper also notifies Board members of a number of other issues, namely:

- That funding that has been made available for backfill in order that joint training for leg ulcers will be more accessible to nurses from all disciplines.
- A prevalence study will be undertaken across the district during June.
- The expenditure on 4-layer bandages will be closely monitored.
- There will need to be data collection in order to monitor healing rates for leg ulcers.

Recommendations:

The Board are asked to note the issues that have been raised, and advise Paula Turvey if they have any preference as to which practices should be included in the next tranche of training.

Date

4th June 1999

Paper Prepared by : Paula Turvey, Portsmouth HealthCare NHS Trust

Joint Approach to Leg Ulcer Care – DN/PEN

Practice based approach to joint training

Sally Reynolds – Leg Ulcer Specialist PHCT has completed the programme of joint training for 3 practices on Portsea Island. The training comprised of a joint assessment of each new patient presenting with a leg ulcer followed by supervision and support during the course of the treatment.

This process is continued until the practice nurse/district nurse is assessed as competent and is confident to approach the initial assessment alone with access to Sally as appropriate. A final report which identifies the patient profiles and subsequent healing rates is currently being completed and will be made available to board members. In the interim the Trust acknowledges the Board's preference to continue this process until all practices have received the same level of training.

If the Board has any preference as to which practices should be included in the next tranche it would be helpful if it could be shared in the near future. Otherwise, Sally will make her own decision based on her knowledge of the practices.

Joint training – theoretical input

Some funding has been made available from the Education Consortium specifically for joint training for leg ulcers. We intend to bid on an annual basis for the foreseeable future. Sally will circulate details as soon as they are available. Hopefully the availability of funding for backfill will mean that the training is more accessible to nurses from all disciplines.

Prevalence study

In order to target our scare resource more effectively a prevalence study is being undertaken later this month across the district.

The study requires the completion of a short questionnaire on a specific day on behalf of each practice and each nursing home. We anticipate that the practice based information will be completed by the district nurse in conjunction with the practice nurses.

The results will be analysed and fed back to the current working group which comprises Dr Mike Sadler, Katie Hovenden, Paula Turvey, Sally Reynolds and Lindy Thorpe.

4 layer bandages

The 4 layer bandages are now available via FP10. However, the Trust received an agreed level of recurring funding for these bandages. We have therefore reminded District Nurses not to seek to obtain them from any other source. If the projected expenditure is greater than our level of funding we would seek guidance from the Board by the end of the calendar year.

Data collection

We are trying to regularly monitor the healing rates for leg ulcers with a view to meeting the targets set out in the leg ulcer strategy. There is no way that we are able to avoid data collection, but are actively trying to streamline it. We will be pleased to share the outcomes with Board members. This exercise does not extend to practice nurses.

Agenda Item No:
PART I : 7.1

Secondary Prevention of Coronary Heart Disease. (LEAP Project).

Background and Summary:

Both the Government and Health Authority have made Coronary Heart Disease (CHD) a high priority in respectively the emerging first National Service Framework protocol and local Health Improvement Programme. In addition guidelines for the secondary prevention of CHD have recently been published locally and the Health Authority is promoting a project, the LEAP Project, to encourage the implementation of these guidelines.

The aims of the project are to:
1). Identify all patients within a practice who have CHD (4.5 % of an average practice=450/10000 patients).
2). Update the practice disease register to ensure that all identified patients are coded for CHD.
3) Extract audit data to determine how patients needing secondary preventative measures are being managed. This will allow unmet need (especially requirement for lipid lowering drugs) to be identified and costed.
4). Encourage practices to review the lifestyle factors and medication of all patients with CHD using the guidelines as the evidence base for good clinical practice.

Methodology.
1). Identification of at risk patients and audit of current management. This will be undertaken with funding and/or staff provided by the LEAP Project.
2). Coding and inputting of clinical information. Advice will be provided by LEAP Project but at present no provision has been made by project to provide physical help to practices.
3). Construction of a disease specific template for the computer screen that allows continuous updating with new information. No provision has been made by the project to provide physical help to practices.

Recommendations:

The PCG Board is asked to:
1). Encourage all practices to participate in this project.
2). Assist the project co-ordinator in finding practice staff to undertake methodology no. 1).
3). Explore sources of funding from within the PCG that could be used to undertake methodology no 2 and 3.
4). Commence the project in 4 practices as soon as possible

Date 31 May 1999

Paper Prepared by : Dr. Charles Lewis

DOH900005-0066

P tsmouth and
South East Hampshire

Health Authority

Finchdean House
Milton Road
Portsmouth PO3 6DP

Switchboard: Code A
Central Fax:

April 1999

Dear Colleague

Re: The Heart LEAP Project.
Guidelines for the Secondary Prevention of Coronary Heart Disease.

Thank you for expressing an interest in joining the Portsmouth and South East Hampshire Health Authority Heart LEAP Project.

Following the launch and distribution of the guidelines I am pleased to enclose a pack which provides you with an introduction to the project, a quick start audit tool, Read codes, data collection forms and LEAP contact numbers. If you would like any further information or assistance please contact me at the Health Authority.

Our introductory meeting will give us the opportunity to discuss the process in more detail. It will be informal and will allow me to assess at what stage your practice is in the management of secondary prevention and the auditing of this area. In order for your practice to plan its approach it would be useful for your Practice Manager and any Practice Nurses involved in audit to attend the introductory meeting.

Please bring along any work you have already done.

With many thanks

Yours faithfully

Code A

Sue Wells
LEAP Project Co-ordinator
Telephone: Code A

The aims of the Heart LEAP project are:-

- To identify all patients with ischaemic heart disease (IHD), post myocardial infarction (MI) and post coronary heart bypass grafting (CABG).
- To update the practice disease register so all patients with the above conditions have a primary diagnosis identified and coded.
- To extract audit data in order to establish how patients, needing secondary preventative measures, are being managed in general practice. This will allow an unmet need to be identified.

Future goals of the project are:

- To promote evidence-based practice, so lessening inequalities in CHD management.
- To highlight gaps in knowledge at a practice levels and organise educational events around these.
- To help predict the future drug costs of statin prescribing.
- To help disseminate models of good practice across the district.

Audit Stages

Introduction

Heart LEAP Co-ordinator to hold initial briefing meeting with the practice. General Practitioners, Practice Nurses and Practice Manager to attend if possible to discuss and formalise:

- Benefits for practice
- Audit process and time scales
- Practice commitment and nominated practice audit link
- Coding implications and updating of disease register.

PGEA for the briefing meeting has been approved. To facilitate this process, practices should identify the preferred category i.e. Health Promotion, Service Management or Disease Management and contact Sue Wells at least 2 weeks before the meeting.

The amount of data required for this project is very large. Most practices can identify up to 50% of the 4.5% of their practice population in the "at risk" categories. The following is the recommended way of identifying **all** Coronary Disease patients. In many practices, stages 1a and 1b can be completed simultaneously.

Stage 1a

The first challenge is to identify the missing "at risk" patients. The following search will produce a list, which can then be used to further identify these patients.

Search for patients on

EITHER Nitrate

OR Beta-adrenoceptor blocker
OR Aspirin
OR Calcium-Channel Blockers
OR Statin
but
EXCLUDE Myocardial Infarction, angina and coronary artery operations.

The list produced may be up to 7% of your list! This needs to be systematically looked at to find patients that may have any of the following diagnoses:

Diagnosis	READ code Version 5	READ code Version 4
Angina	G33	G44
Myocardial Infarction	G30	G41
Coronary Artery Operations	792	7735

Why not update your computer at the same time!

Stage 1b

Having completed Stage 1a, you will now have an accurate disease register for –

Angina
MI
CABG

These diseases will cover 4.5% of your practice population.

This stage is aimed at finding more specific information on this sub group. Some of the required information will be on the computer but a manual note search will probably be needed to get all the relevant information.

Search on the following:-

Population - anybody who has had **EITHER** Angina **OR** Myocardial Infarction **OR** Coronary artery operation

For these people, find the following information – SEE Green QUICK START sheet for READ Codes

Myocardial Infarction
Angina
Coronary artery operation
Height
Weight
Health Education – diet
Smoking - current non-smoker
Smoker
Health Education – smoking
Alcohol
Health Education – alcohol
Systolic BP
Diastolic BP
Cholesterol value
On Beta-blocker
On Ace
Aspirin?
Warfarin
Fibrate
Atorvastatin
Cerivastatin
Fluvastatin
Pravastatin
Simvastatin

Data can be entered on the data collection sheet provided and forwarded to the Clinical Audit Co-ordinator. The analysis will be carried out by primary care audit and returned to your practice. As this stage is completed it is recommended that the data is also entered into your practice computer, using the codes as suggested on the Green QUICK START page

Stage 2 Audit results

LEAP co-ordinator to feedback results to practice staff, enabling practices to formulate action plans and recommendations and select target groups for further contact / follow up.

Stage 3 Formal report back to practices

This will comprise the baseline audit results and the practice's action plans. Data will be presented as a report.

Stage 4 Target educational needs of practice staff and patients.

PGEA approval for educational meetings e.g. Pharmacy advisors, health promotion advisors, dieticians and GP/nurse educationalists to educate as required.

Stage 5 Build a district picture

As more practices participate in LEAP, a district and PCG picture will build up allowing comparative data to be presented in report form and to enable sharing of models of good practice.

Heart LEAP

QUICK START AUDIT TOOL

Recommended or useful READ Codes for Ischaemic Heart Disease

To enable further data to be easily collected, the following READ Codes are recommened for data collection into a data template. This will allow the practice to review their information easily. Repeated manual searches on this proportion of the practice population is not feasible!

	READ Code	
Category	**Version 5**	**Version 4**
Myocardial infarction		
Coronary Artery Operations		
Angina		
Diabetes		
Disorder of Lipid Metabolism		
Height		
Weight		
Health Education - DIET		
Health Education - SMOKING		
Smoking – never smoked		
Smoking – current non smoker		
Smoker		
Health Education - ALCOHOL		
Alcohol		
Systolic BP		
Diastolic BP		
Cholesterol value		
Salicylate Prophylaxis		

Code A

This list is not exhaustive – if you have any suggestions please advise us.

Heart LEAP Steering Group

Name	Position	Organisation	Tel. No.
Mrs Sue Wells	LEAP Project Co-ordinator	Portsmouth & SE Hampshire HA	835137
Mrs Julie Dennett	Cardiac Rehab. Sister	SMGH	Ext. 2069
Dr John Harrison	GP Audit Lead	Portsmouth & SE Hampshire HA	01705 412846
Mrs Nicky Heyworth	Clinical Effectiveness Manager	Portsmouth & SE Hampshire HA	835028
Mrs Katie Hovenden	Pharmaceutical Adviser	Portsmouth & SE Hampshire HA	835107
Dr Noreen Kickham	Director of Health Promotion	Portsmouth & SE Hampshire HA	835103
Mrs Dee Lehan-Matthews	Clinical Audit Co-ordinator	Portsmouth & SE Hampshire HA	835105
Dr Charles Lewis	GP	Portsea island PCG Rep.	01705 824725
Dr Declan Lynch	GP	Fareham & Gosport PCG Rep.	01705 581529
Dr Ranjit More	Consultant Cardiologist	SMGH	Ext. 2034
Miss Joan Munro	Chief Dietician	SMGH	Ext 3733
Dr Cym Ryle	GP	East Hants PCG Rep.	01705 474351
Dr Mike Sadler	Deputy Director of Public Health	Portsmouth & SE Hampshire HA	835095
Dr Gordon Sommerville	GP	Fareham & Gosport Rep.	01705 377514

DOH900005-0073

[ ] Practice

[ ] Pt Code

Portsmouth Health Authority
Audit of Secondary
Prevention of CHD

Disease Reg. [ ]
Coding Req.

Sex: [ ] Female [ ] Male **Age**[____] **Height (ft/in)** [___/___] **or (m)** [___.___] **Diabetic:** [ ] Yes [ ] No

Diagnosis
[ ] IHD [____] Year
[ ] Post MI [____] Year (most recent)
[ ] Post Surgery [____] Year (most recent)

		Year	Computer update req.
Blood Pressure (latest recorded):	[____] Systolic [____] Diastolic	[____]	[ ]
Total Cholesterol Level (latest):	[___.___]	[____]	[ ]
	[ ] above 5 [ ] TCL never done		

LIFESTYLE

		Year	Computer update req.
Weight (kg): [___.___] **BMI** [____]	[ ] wt not doc	[____]	[ ]
Smoker?:	[ ] yes [ ] no [ ] not doc	[____]	[ ]
If smoker, cigs/day: [____]			
Excessive Alcohol?:	[ ] yes [ ] no [ ] not doc	[____]	[ ]
Exercise status recorded?:	[ ] yes [ ] no	[____]	[ ]

CURRENT DRUGS

(a) Beta-blockers [ ] yes [ ] no

(b) ACE Inhibitors [ ] yes [ ] no

(c) Aspirin [ ] yes [ ] no [ ] allergic

(e) Warfarin [ ] yes [ ] no

(d) Fibrate [ ] yes [ ] no

(e) Statin [ ] yes [ ] no
[ ] Atorvastatin Dose (mg) [____]
[ ] Cerivastatin Dose (mcg) [____]
[ ] Fluvastatin Dose (mg) [____]
[ ] Pravastatin Dose (mg) [____]
[ ] Simvastatin Dose (mg) [____]

[ ] Auditor

COMMENTS:

Draft Form 3 (11.5.99)

Agenda Item No:
PART I : 8

MODEL ANNUAL PRACTICE PLAN

Background and Summary:

The Practice Managers Group was asked to establish a Task Group to produce a draft Model Annual Practice Plan that could be introduced across the PCG. It is intended that this document will replace the business plans and investment plans currently produced by practices and become an integral part of the cash limited GMS bidding process in future years.

The draft document was circulated for comment at the Steering Group meeting in May and implementation arrangements are on the agenda for the Practice Managers' meeting in June.

Recommendations:

That the Board approves the proposed Model Annual Practice Plan.

Date: 7 June 1999

Paper Prepared by:
Practice Managers' Task Group

MODEL ANNUAL PRCTICE PLAN – FIRST DRAFT

BACKGROUND OF PRACTICE

Practice Name:	**Training:**	**Student:**	**Health Centre:**
	Yes/No	Yes/No	Yes/No
Split Premises:	**Cost Rent:**	**Notional Rent:**	
Yes/No	Yes/No	Yes/No	

List Size:	**Age/Sex Breakdown of Practice Population:** (to be provided by the Health Authority)	
	Male	**Female**
	<5 5 – 65 65 – 75 >75	<5 5 – 65 65 – 75 >75

Do you produce a Practice Leaflet?
Yes - Please attach
No - Please provide information on availability, e.g. practice opening times

Appointment System:	
A.M. Yes/No	P.M. Yes/No

No of partners: Male .... Female ....

Whole Time Equivalents: Male .... Female ....

Outside clinical interests of partners: (e.g. Clinical Assistant appointments)

Annual Consultation Rates:			**Deprivation Scale for Practice Population:**
GP		**Practice Nurse**	1 2 3 4 5 6
In hours	Out of Hours		(Please Circle)

Services Provided In-House

Nurse Triage	**Physio**	**Mental Health Counselling**	**Chiropody**	**Ophthalmology**	**Other**
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

Annual Referral Information (to be provided by the Health Authority)

Out patients:
Admissions:
Use of investigations:

MODEL ANNUAL PRCTICE PLAN – FIRST DRAFT

STAFFING

Staff Hours Per Doctor i.e. hours by no of Drs	**Nurse Hours**	**Clerk/Receptionist**	**Secretary**
Computer Operator	**Practice Manager Hours**	**Clinical Assistant**	**Other**

Nursing Workload:		
Audits	Yes	No
Blood Taking	Yes	No
Specialist Clinics	Yes	No
Minor Surgery	Yes	No
Travel Vacs	Yes	No
Other (Please specify)		

Are staff paid on Whitley Council Scales?	Yes/No	
How many staff are on increments?		
No of staff paid above W C S		
No of staff paid below W C S		
Any Staffing changes in year?	Yes (Please attach details)	No
Identified Staffing Needs (if yes attach bid)	Yes	No
Training needs identified (if yes attach bid)	Yes	No
Achievements, e.g. Charter Mark N.V.Q Diplomas Certified Awards Other	Yes	No

PREMISES AND EQUIPMENT

Any improvements over the last year? (If yes, please give details)	**Premises**	**Equipment**
Constraints within current premises:	Yes	No
Disabled Access	Yes	No
Security	Yes	No
Fire Alarms	Yes	No
Amount of Room	Yes	No
Car Parking	Yes	No
Other (Please specify)		
Have you any short term requirements? (If yes, please attach a costed bid)	Yes	No
Have you any longer term requirements? (If yes, please attach costed bid)	Yes	No

MODEL ANNUAL PRCTICE PLAN – FIRST DRAFT

INFORMATION TECHNOLOGY

<table>
<tr><td colspan="6">Is the Practice Computerised?
Partially Completely Not at all</td></tr>
<tr><td colspan="6">Name of System Used</td></tr>
<tr><td colspan="6">Have you had any changes over the last year? Yes/No
If yes, please give details.</td></tr>
<tr><td>Number of PCs in the practice:</td><td colspan="2">Are PCs used by the partners:
Yes No Partially</td><td colspan="3">REG Links: Yes/No
LAB Link: Yes/No
IOS: Yes/No</td></tr>
<tr><td colspan="6">Repeat prescriptions done?</td></tr>
<tr><td colspan="6">Appointments?</td></tr>
<tr><td colspan="6">Disease Register?</td></tr>
<tr><td colspan="6">Scanner Used?</td></tr>
<tr><td colspan="6">Paperless Practice?</td></tr>
<tr><td colspan="3">What % of records summarised:</td><td>Below 50%</td><td>Above 50%</td><td>All</td></tr>
<tr><td colspan="6">Other software: i.e. Accounts, Payroll</td></tr>
<tr><td colspan="6">Consultations</td></tr>
<tr><td colspan="6">Any short term requirements? (Please attach bid)</td></tr>
<tr><td colspan="6">Longer term requirements? (Please attach bid)</td></tr>
</table>

QUALITY ACHIEVEMENTS

<table>
<tr><td colspan="3">Does the practice have any quality accreditation? Yes/No
(If yes please give details)</td></tr>
<tr><td colspan="3">Audits carried out: In-house Yes/No
District Yes/No</td></tr>
<tr><td colspan="3">Do you have a patient participation group? Yes/No
Other ways of involving patients?</td></tr>
<tr><td colspan="3">Protocols: - Clinical - In-house
- District
- Clerical - In-house
Are these shared with attached staff? Yes/No</td></tr>
<tr><td>Is the practice actively involved in Health Promotion?</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="3">Do you have a practice development plan?</td></tr>
<tr><td colspan="3">Do you have any in-house targets?
e.g. smears, childhood vaccinations, other</td></tr>
<tr><td colspan="3">Do you have any plans for future quality achievement?</td></tr>
</table>

MODEL ANNUAL PRCTICE PLAN – FIRST DRAFT

PRESCRIBING

Achievements During Last Year		
Incentive Scheme target met?	Yes	No
Repeat prescribing reviewed annually?	Yes	No
Audits being carried out?	Yes	No
Does the practice have access to a Community Pharmacist/Practice Pharmacist?	Yes	No
If yes, for how many hours:		
Would the practice like access to pharmaceutical support?	Yes	No

PRIORITIES FOR SERVICE DEVELOPMENTS

Does your practice have any priorities in the following areas: (If you wish to elaborate please do)
Primary Care
Community Care
Additional Services
Direct Access
Occupational Health
What do you feel your practice does well?
What would your practice like to do better?
Any further comments you wish to make:

Agenda Item No:
PART I : 9.0

Procedure for allocation of GMS funds in the light of urgent unforeseen circumstances

Background and Summary:

In some situations urgent allocations of GMS funds are required, i.e. they cannot wait for the next Board meeting. Examples of this would be practice splits, sudden long-term sickness of a key staff member or other extenuating circumstances within a practice. A procedure has been drawn up for dealing with these situations so that a quick decision can be made, whilst ensuring that the process remains as equitable and open as possible.

Recommendations:

The Board is asked to approve the procedure for allocation of GMS funds in urgent unforeseen circumstances.

Date 03.06.99

Paper Prepared by :
Katrina Percy – Service Development Manager

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Procedure for Allocation of GMS Funds in the Light of Urgent Unforeseen Circumstances

1. PCG contacted by either practice or Health Authority regarding urgent need for GMS funds. (i.e. where a decision on funding is required before the next Board meeting) A request may be made either due to:-
    - An impending practice split, or
    - Other extenuating circumstances within the practice
2. Service Development Manager to contact the practice (involving the Local Medical Committee and Health Authority as appropriate) to discuss staffing, computing or premises needs
3. Service Development Manager to produce a proposal for funding, up to a ceiling of £15,000 for any single item, to cover both recurring and non-recurring funds.
4. Emergency GMS group to be contacted either:-
    - Individually, or
    - At a meeting, as appropriate.

Group includes:-

- Chair and/or Vice-Chair with GMS responsibility or IT responsibility (as appropriate)
- Constituency GP (ideally for appropriate constituency)
- Chief Executive and/or Finance manager

5. Service Development Manager to discuss situation and proposal with group members. To be quorate the group must comprise two GPs and one Manager
6. Proposal or alternative solution to be agreed by all group members consulted. All PCG Board members to be informed of any decisions made by the emergency GMS group.
7. All appropriate members of practice and Health Authority to be informed
8. The PCG Board at the next Board Meeting must ratify all allocations under this procedure.

Agenda Item No:
PART I : 10

Quality and Clinical Governance

Background and Summary:

The first Quality and Clinical Governance subgroup meeting for the Portsea island PCG was held on April 21st 1999.

The group was chaired by Dr Jim Hogan and discussed the latest guidance on establishing Clinical Governance (CG) in the wider context of " A First Class Service"
After much debate the group agreed

- to support and promote a common agenda for delivering Clinical Governance based on coronary heart disease, asthma and cervical screening
- to devise and conduct its own preliminary practice based baseline survey which will also identify practice based priorities for development
- to use every opportunity to share best practices
- to request every practice to identify a CG "lead" and to hold a half day development event with them in the autumn.
- to set up a small task group to take the baseline survey work further

The notes of the first meeting are attached in full.

Recommendations:

The PCG Board is asked to note progress to date in this important area of work.

Date: 1/6/99

Paper prepared by:

Dr Jim Hogan /Sheila Clark

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NOTES OF QUALITY AND CLINICAL GOVERNANCE SUB GROUP MEETING HELD ON 21 APRIL 1999 AT THE WESLEY CENTRE, PORTSMOUTH

Present: Jim Hogan
Mike Sadler
Charles Lewis
Jean Hooper
Mary Stratford
Marie Potter
Jeremy Douglas
John Thornton
Simon Harris
Julie Cullen
Ann White
Tim Wilkinson
Elizabeth Fellows
Sheila Clark

Apologies: Ann Bullen

No.	Discussion	Action

1 **Terms of Reference**

The group noted the Terms of Reference and accepted them as appropriate - with a need to ensure as much streamlining as possible with other District wide groups. Membership was discussed and noted that no LMC representative was present. It was agreed to continue to send notes to the secretary with a request for papers to be passed to a local representative.

2. **First Class Service Summary**

The group briefly discussed the wider issues of quality covered in the First Class Service and focussed on a need for the PCG to develop an approach to Clinical Governance.

Initiatives are already underway in this area, notably:

- District approach to coronary heart disease
- Personal learning for GPs (project funded by Education Grant which is seeking volunteer practices)
- Nurse portfolios (although some issues over standards set and universal approach without validation)
- National and local survey of patient experience

The enormity of the agenda in a First Class Service was raised along with a wish that the group address this in a manageable way through continuous quality improvements based on sharing best practices and educational support (e.g. Quality Assurance through revalidation).

3. **Clinical Governance**

Jim Hogan introduced a paper on Clinical Governance.

Discussion revolved around what should happen when a service purchase fell short of national/local standards – use of District CG Group, links to NHSE, etc.

The group were anxious that the PCG should only take on projects and a clinical governance approach which could be managed within resources, e.g. current work on coronary heart disease, as there is much anxiety over pressures being put on local practices regarding data collection. Mike reassured the group that much of the information requirement would be met by the Health Authority – some data already in existence (e.g. SIMPLE). The group wished any approach to be supported and supportive for practices. Several members of the group expressed concern that our focus should be patient based and not predominantly information gathering. It was hoped that the GMC revalidation process would assist in pulling together a more coherent approach to education which would help in delivering the quality agenda.

The group discussed the latest guidance and the four steps set out:

establish leadership and working arrangements
conduct baseline assessment of capacity and capability
formulate and agree the development plan
clarifying reporting arrangements

and agreed that the non-specific nature of the task made it difficult to pin down which areas to work with.

After a lively and wide ranging discussion, the group agreed to focus on a common agenda plus an opportunity to share best practice using a preliminary practice based baseline survey to start with.

The common agenda was agreed as:

- coronary heart disease using NSF and LEAP audit
- asthma
- cervical screening

and a task group was set up of Simon, Ann, Elizabeth, Mike, Jim, Sheila and Julie who would meet to draw up the detail of the project brief. SC

4. **Developing the Culture**

4.1 **Sharing Information**

The Group talked through the issues regarding the sharing of information in a blameless culture and how this could facilities the sharing of best practice and support (including education) to improve practices. Cautions were noted over data inaccuracy and misuse of information.

4.2 **Clinical Governance Leads in practice**

Noted that any practice based professional could be a leader.

As the task group work through the clinical governance brief, a person specification and explanations for potential clinical governance leads needs to be developed. SC

4.3 **HQS**

Noted that this had gone live and was a useful OD tool.

5. **Quality in Commissioning**

5.1 **Quality Partnerships**

This group continues to take a District interest in Quality issues - majoring on agreeing and monitoring quality requirements in service agreements.

5.2 **SAFF Quality Requirements**

Jeremy outlined this year's process for developing these and the group noted that the requirements were an integral part of the purchasing/service agreement negotiations. The process would be reviewed in year for 2001 and longer term service agreements.

6. **Next Steps**

Half day to be scheduled for CG leads and Q& CG group in the Autumn to formulate a development plan.

7. **Date of Next Meeting**

12 October 1999, 12.15- 2 p.m. Venue: Large Conference Room at Finchdean House.
Lunch will be arranged.

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