



<b>PORTSEA ISLAND PRIMARY CARE GROUP</b>
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**Meeting to be held on 14 April 1999 at 7.15 p.m. in Room F, Central Library, Guildhall Square**

**A G E N D A - P A R T O N E**

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|-----|--|--------|
| 1.  | Apologies  |        |
| 2.  | Chairman's Report and answers to written questions from the public |        |
| 3.  | Minutes of Last Meeting  |        |
| 4.  | Matters Arising  |        |
| 5.  | PCG Development  |        |
|     | 5.1 Register of Members Interests                                  | Salmon |
|     | 5.2 Citizen's Jury Recommendations                                 | Blue   |
|     | 5.3 Beacon Practices   | Green  |
|     | 5.4 Communications   | Yellow |
|     | 5.5 Development Half Day   | Pink   |
| 6.  | Health Improvement<br>No Items                                     |        |
| 7.  | Commissioning Issues   |        |
|     | 7.1 Strategic Planning & Partnerships                              | Cream  |
| 8.  | Primary Care Development<br>No Items                               |        |
| 9.  | Financial Update   | Lilac  |
| 10. | Clinical Governance & Quality                                      | Gold   |
| 11. | Prescribing  |        |
|     | 11.1 Practice Prescribing Expenditure January 1999                 | Grey   |
| 12. | Date of Next Meeting   | Orange |
| 13. | 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.

<b>PORTSEA ISLAND PRIMARY CARE GROUP</b>
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# PUBLIC BOARD MEETINGS

## DISTRIBUTION LIST

Dr J Barton	Chair	Gosport PCG	Part I Only
Mr D Bishop	Chief Executive	Portsmouth Hospitals Trust	Part I Only
Mr R Cameron-Davies	Chairman	Portsmouth LOC	Part I Only
Mrs S Clark	Chief Executive	PI PCG	Part I and II
Ms J Cullen	Nurse Representative	PI PCG	Part I and II
Dr E Fellows	GP Board Member	PI PCG	Part I and II
Mr N Gurney	Chief Executive	Portsmouth City Council	Part I Only
Dr S Harris	GP Board Member	PI PCG	Part I and II
Dr J Hogan	Vice Chair	PI PCG	Part I and II
Professor J Hooper	Non Exec	PI PCG	Part I and II
Dr J Hughes	Chair	East Hants PCG	Part I Only
Mrs P Humphris	Chief Executive	Portsmouth Health Authority	Part I Only
Mr R Hutchinson	Social Services	Portsmouth City	Part I and II
Tanya Johnson	Health Correspondent	Portsmouth Evening News	Part I Only
Mr J Kirtley	Chief Executive	Fareham & Gosport PCG	Part I Only
Mr P Leppard	Chairman	Portsmouth LPC	Part I Only
Dr C Lewis	Chair	PI PCG	Part I and II
Mrs M Lovell	Chief Executive	Community Health Council	Part I Only
Dr S McKenning	Chairman	Portsmouth LMC	Part I Only
Mr M Millet	Chief Executive	Portsmouth HealthCare NHS Trust	Part I Only
Dr C Olford	Vice Chair	PI PCG	Part I and II
Ms K Percy	Service Dev Manager	PI PCG	Part I and II
Mr H Pollard	Chairman	Portsmouth LDC	Part I Only
Mrs M Potter	Lay Member	PI PCG	Part I and II
Ms P Robinson	Nurse Representative	PI PCG	Part I and II
Mrs S Robson	Chief Executive	East Hants PCG	Part I Only
Dr G Sommerville	Chair	Fareham PCG	Part I Only
Dr J Thornton	GP Board Member	PI PCG	Part I and II
Dr T Wilkinson	GP Board Member	PI PCG	Part I and II
	Chief Executive	Portsmouth City Community Service	Part I Only
	Head Librarian	Portsmouth City	Part I Only

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY  
PORTSEA ISLAND PRIMARY CARE GROUP  
Shadow Board Meeting**

Notes of the Meeting held 17 February 1999 at Lake Road Health Centre

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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)	Debbie Tarrant (in attendance)	

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<b>No</b>	<b>Discussion</b>	<b>Action</b>
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**1 Apologies for Absence**

None

**2 Chair's report**

**2.1 Welcome**

Charles Lewis welcomed the members to the first full Shadow Board meeting of Portsea Island Primary Care Group. He acknowledged the work which had been undertaken to reach this point and that the PCG were achieving the national timetable for the formation of PCGs and all the tasks which underlie this.

**2.2 Organisation of board meetings**

Charles Lewis confirmed that all members of the Board are eligible to vote. Katrina Percy and Debbie Tarrant attend the Board meetings to service them and as such are non-voting members.

**3 PCG Development**

**3.1 Opening up NHS Board Meetings to the Public (HSC 1998/207)**

The Government has made it clear that PCG Board Meetings are to be public. Until legislation is in place for PCG Board meetings, PCG's have been advised to follow the guidance laid out in HSC 1998/207. The Board Meetings will be in two parts, an open and a closed session where this is necessary. The public is invited to the open session. The reason for having a closed session is to protect patient confidentiality and to enable the discussion of sensitive practice data.

There will be as few items included in closed sessions as possible. Charles Lewis highlighted to the Board a few key points from the guidance, which had been summarised in the Board papers.

The Board discussed how best to involve the public in the Board meetings. Several different options were suggested and the Board decided on the following format:-

- Written questions to be invited from the public prior to the Board meeting and then answered at the beginning of the meeting. KP/DT
- A ten minute break after part one (the open section) of the meeting for Charles Lewis and Sheila Clark to meet the members of public at the meeting and answer any immediate questions. SC/CL

The circulation list for the Board agenda and papers was discussed. In addition to the list already formulated a copy of the papers will be sent to Portsmouth City Council and Portsmouth Council of Community Services. The Board Meeting dates will be advertised in Health Check and The News. A fact sheet on PCGs will be constructed for GPs to display in their surgeries. This will include the dates of meetings. KP/DT  
MS

**With these amendments Item 3.1 was accepted.**

### **3.2 Terms of Reference and standing orders for Portsea Island PCG (The Constitution)**

Charles Lewis outlined to the Board the history behind the development of the constitution. Consultation on the draft had been extensive, including the Local Medical Committee (LMC) and all GP surgeries. The comments from this consultation were incorporated into draft two. In addition to these amendments further comments have been received from John Henly (following national guidance) and a GP on the Island. Charles Lewis tabled the proposed changes for discussion.

#### **1. Amendments following review of the document by John Henly**

- Insertion of details of "Cosham cluster" boundary review
- Details of duration of Board membership tidied up. Additional sentence to be added as follows: - "The non-exec member of the Health Authority will sit on the PCG Board until his/her term of office with the Health Authority expires."

**These were agreed.**

2. Amendment requested by General Practitioner

- Remove “develop arrangements for sanctions where appropriate” (Section 10, page 10)

**This was agreed.**

3. The Chairman requests comment regarding:

Subgroup terms of reference (Commissioning and Performance Management P37, Section 2.2.)

- “development of systems to performance manage primary care”

The Board discussed this sentence and it was agreed to leave it in the constitution.

The Board approved the constitution with the exception of the sentence on page 15 regarding corporate responsibility pending guidance from the BMA.

**The Board agreed to re-visit the constitution in 18 months.**

SC

**3.3 Portsea Island PCG working arrangements and subgroups**

The Board noted the report on the working arrangements for the PCG.

**3.4 Register of members’ interests.**

Sheila Clark talked through the Health Authority format for registering interest. This format was approved and Sheila Clark will write to all members of the Board to compile a register of interests. It was agreed that if a particular item at the Board Meeting created a conflict of interest for an individual then that member would withdraw from the discussion.

SC

**3.5 Public and Patient Involvement**

The paper on the progress to date of the citizens’ jury was noted. The Board noted the intention to hold a patient’s conference. It was suggested and agreed that the conference should be postponed until September due to current workload pressures.

The Board discussed the venue for the Board meetings in order to make them accessible to the public. Rob Hutchinson offered the possible use of the conference room facilities of the City Council as

a venue for future Board meetings. It was agreed to hold the June meeting at the Horizon centre in Cosham. The start time of 7.15pm was agreed for the Board Meetings.

Sheila Clark reminded the Board that expenses for carer/child carer responsibilities could be covered for Board members.

### 3.6 IM&T

Colin Olford outlined recent action. A baseline questionnaire of practice's IT equipment is taking place over the next few weeks. The local implementation strategy will be finalised at the 23<sup>rd</sup> March Joint Information Steering group (JISG).

The IT sub-group are meeting in April to consider local aspects of IT development.

Rob Hutchinson highlighted the need for systems to be able to 'talk' to each other, across the health and social care sectors.

**The Board supported the JISG proposals.**

### 3.7 Review of Portsea Island and East Hampshire PCG Boundary relating to mainland Portsmouth

A review of the PCG boundaries and how they relate to the City Council boundaries will be undertaken in two years. Sheila Clark has written to the Directors of Social Services and the PCG Chairs to request that an ongoing log of issues relating to the boundaries should be kept. Issues which Portsea Island PCG Board members become aware of should be sent to Sheila Clark.

ALL

### 3.8 Management team

The chart describing the management team structure and membership was noted with the addition of Tracy Green who has been appointed as finance and information manager. She will also be undertaking some of the general manager's duties for an enhanced salary. It is hoped that Tracey will be able to start with the PCG in the next two - three months.

### 3.9 Policy on Relationships with commercial organisations with particular reference to the pharmaceutical industry

The document written by Katie Hovenden to guide the Health Authority on relationships with the pharmaceutical industry was discussed. It was decided to adopt this policy as general guidance for

the PCG Board members. It was noted that within this guidance some members of the Board would continue to be happy to have no links/sponsorship from pharmaceutical companies. Some minor changes will be made to the document to make it suitable for the PCG e.g. removing the term Director.

KH/SC

### 3.10 Early Priorities and programme for action for Portsea Island PCG

The Early Priorities and Programme for action was drafted following the Board away time. It was agreed that Sheila Clark would expand the section on 'Work across agencies and professions' to make other agencies priorities more explicit. The programme for action and early priorities was endorsed.

SC

### 3.11 Financial Update

PCGs will be receiving a unified budget for Hospital and Community Health Services (HCHS), prescribing, cash-limited GMS and management allowance.

The baseline budget has been based on historical spend. However a calculation has also been made for a fair shares budget based on a national equity formula. Portsea Island is approximately 5% under funded on the equity formula. It is intended that Portsea Island's under funding will be rectified over time but this can only be achieved from new money as the government has pledged that no PCG will have their budget reduced. The only area where this is possible in 1999/00 is for GMS. The growth in GMS funding this year will be used to bring all local PCGs to 2.13% under target for GMS. It is also hoped that 'labelled' additional money may be targeted towards Portsea Island e.g. mental health services funding.

It was decided that Charles Lewis and Rob Hutchinson will write to the local MPs to point out the impact the "under funding" is having on services for patients on Portsea Island which is one of the more deprived areas in the country.

CL/RH

**The Board accepted the proposal to uplift all four local PCGs GMS allocation to take them to 2.13% from target.**

### 4.1 Portsmouth and South East Hampshire Health Improvement Programme (HIMP)

The Board endorsed the HIMP, noting that considerable amounts of work had been put into this document and that it is regarded very highly at a regional level.

## 4.2 Social Service and GP links

The ideas which emerged from the conference day have been taken forward by this group which started as part of the Commissioning pilot. The Board noted the progress to date which includes:-

- joint Social Services and Primary Care directory
- link social workers for practices
- district nurses as care managers project
- older person rapid referral process

The Board agreed that this group should take forward further projects and programmes of work to include work in mental health, children's services and wider city council projects.

The survey of views of the working relationships between primary care and social services was noted. It was agreed that the GPs would undertake a similar exercise in their practices to include DNs to gauge the state of relationships. The constituency GPs will feed back comments to practices from the surveys.

KP/DT

Some members of the Board expressed concerns about patients falling through the gap between health and social services. Rob Hutchinson agreed to look into any situations where this was occurring if members wrote to him with details of particular incidents.

RCH/ALL

## 5.1 Service and Financial Framework (SAFF)

The programme of developments for the SAFF had always been worked from a conservative estimate of growth funding available. A number of circumstances have changed the financial forecast. In particular the lack of full central funding of nurses' pay awards will cost the Health Authority £2.2 Million:-

- Year 2000 compliance in the Trusts £350,000
- EU working time directive £1M
- Clinical negligence claims ?
- Millennium staffing costs ?

To fund these cost pressures, the Health Authority has been looking to re-direct money from the following sources :-

- Stopping most developments £1.6M
- Waiting list initiative funding £300,000
- GPFH savings £700,000 (debate yet to be started)
- GP Commissioning Pilot savings (half) £200,000 (debate yet to be started)
- IM&T funding £350,000



Charles Lewis and John Hughes have written to the Health Authority Chair to express concerns over this and Penny Humphris is raising the issue at national level. The financial situation looks very serious at present however this could change in the next few weeks if the government look to fund the nurses pay awards fully.

Some growth will be present in the system but specifically linked to areas such as mental health and waiting lists.

Charles Lewis pointed out to the Board that the situation that the Health Authority finds itself in is due to circumstances outside of it's control and is due to national cost pressures. The situation in other local health Authorities is far more severe.

### **6.1 Primary care Investment Plan**

The initial draft of the Primary care investment plan was presented to the Board. The final plan needs to be completed by September 1999. The plan includes bids for 1999/00 for premises, computing and additional staffing. Due to the urgency of decisions needed on staffing bids advice has been taken from the manager in the Health Authority who had previous responsibility for GMS bids. The Board approved the recommendation to accept the majority of bids in appendix 4. For those bids that were not accepted it was agreed to re-look at them before 1 April.

### **6.2 GPFH services**

The Board discussed the decision at the Steering group to continue with the physiotherapy and counselling GPFH contracts and undertake a review of services in the next 6 months to decide on the most cost effective and high quality service that can be provided for Patients on Portsea Island. Counselling is an issue for a number of practices and the Board agreed to do consider terms of reference for a further review after the recommendations of the Sainsbury review are known.

**The Board agreed to continue with the physiotherapy and counselling GPFH contracts and undertake reviews as previously agreed at Steering Group.**

### **6.3 Exiting GPFH**

The legislation to end GPFH has not yet gone through parliament and as a result a residual GPFH scheme has been put in place. No practices in the District have expressed an interest in becoming part of it. The Board noted the national guidance on the exiting of GPFH.

## 6.4 Allocation of Commissioning pilot Savings

Charles Lewis and Sheila Clark put forward a number of ideas that had emerged from practice visits and steering group discussions as priorities for use of Commissioning pilot savings. As follows:-

1. Additional prescribing adviser sessions - **£36,000**.
2. Practice prescribing incentive scheme - **£30,000**.
3. District Nurses as Care Managers scheme – extend to whole of city - **£25,000**.  
(this needs to be matched pro rata by East Hants savings for Cosham)
4. CPR for doctors and pharmacists - **£5,000**.
5. Joint initiatives with Social Services
  - CAMHS Sure Start language development and behavior support team inputs - **£ 20,000**
  - CAMHS one stop multi agency assessment at Tier 2 - **£8,000**
  - Older Persons - integrated care packages - **£20,000**
  - Develop combined OT services - **£12,000** plus **£10,000**
6. Minor surgery (dermatology clinics etc) from waiting lists bids – **£**
7. CHD lipid lowering drugs/support - **£**
8. Developing integrated nursing teams for asthma and diabetes – actions following recent education events needing a day a week development work each - **£12,000**.
9. Develop and pilot rapid response nursing team – preventing hospital admissions and maintaining people in their own homes - **£16,000**

**The Board gave their support to Charles Lewis to continue working up these proposals.**

CL

## 7 Prescribing

The December figures for prescribing were tabled and the PCG continues to show an under spend. Budget setting for next year is taking place at the prescribing sub-group, which involves Colin Olford, the 4 constituency GPs, and Kathryn Alder and Katie Hovenden.

The Board endorsed the proposal for pharmacy support to practices next year. The Board agreed that pharmacy advice should be offered to all practices not just those, which are overspent because the key is high quality prescribing which is cost effective.

**The Board noted the HSC on nurse prescribing.**

**8. Clinical Governance**

Jim Hogan described the outline approach he is planning on clinical governance. It is intended to develop a culture for clinical governance of development and participation. The Board endorsed this approach and the four constituency GPs and Jim Hogan will meet with Sheila Clark in the near future to develop these ideas further.

JH

**9. Any other business**

**9.1 Steering Group Meeting 17 March 1999 7.15pm**

Charles Lewis informed the Board that the major agenda item at the steering group meeting would be the development of a community hospital on the St Mary's site.

ALL

**10. date of next Board Meetings**

The dates of the next Board meetings were noted.