

**ISLE OF WIGHT, PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH
AUTHORITY**

GOSPORT PRIMARY CARE GROUP

Minutes of the Board Meeting held on Thursday 13 December 2001
at the Gosport Town Hall, Gosport

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| Present: | Dr D Lynch (as Chair) Mr J Climpson Dr D Evans Dr J Grocock Mrs C Kelly | Mr J Kirtley Mrs P Wells Dr D Young |
| In Attendance: | Mr P Ifold | |
| CHC Representative: | None | |

1 Chair

Mr Kirtley confirmed that Dr Barton had resigned from the Board as both Chair and as a GP member. Dr Pennells, formerly Vice-Chair, had agreed to take over the Chair but unfortunately was unable to attend today's Board meeting. It was agreed that Dr Lynch would chair the meeting.

The Board unanimously wished to record their appreciation of the work carried out by Dr Barton during her time as Chair of the Gosport PCG Board.

2 Apologies for Absence

Apologies were received from Mrs J Charman; Mrs R Hampton (CHC); Mr C Hardy; Dr W Harrison; Dr R Pennells.

3 Minutes of the Last Meeting held on Thursday 11 October 2001

The minutes were signed as a correct record.

4 Finance and Activity Report

Mr Ifold presented the report which he explained included the financial position for the period ending 31 October 2001, and details of the recent mid year financial review held with Regional Office.

Looking first at Appendix 2a and 2b to show the position for Hospital and Community Health Services (HCHS), Mr Ifold confirmed that budgets for NHS Service Level Agreements (SLAs) shown at Appendix 2a continue to be a mix of those which the PCG holds as lead commissioner for the provider and budgets for actual service usage.

The HCHS reserve of £78,000 shown at Appendix 2b largely consists of uncommitted funds. Mr Ifold explained that these funds will be used to support

any future overspends against the budget for unforeseen commitments, for example, mental health extra contractual referrals (ECRs). Mr Ifold added that the allocation for waiting list initiatives is also shown at Appendix 2b and future reports will show expenditure against these funds as the ophthalmology and orthopaedic initiatives progress.

Overall, there is an overspend of £22,000 against the HCHS budget after seven months, mainly attributable to a continuing care placement; this patient became resident after budgets were allocated for continuing care and discussions are ongoing with Social Services to clarify relative contributions to meeting those particular placement costs.

At Appendix 3, Mr Ifold reported an underspend of £7,000 against the General Medical Services cash limited programme (GMS). The current underspend is largely due to timing of practice expenditure.

The latest prescribing figures shown at Appendix 4 indicate little improvement. Mr Ifold added that since the Board report was prepared, worsening figures have been received for October. After utilising prescribing reserves, a year end outturn had been predicted of £320,000 based on September figures, but the Prescription Pricing Authority (PPA) now suggests an overspend of at least £400,000 based on October figures. Mr Ifold added that this situation was mirrored across the local health economy.

Reviewing reasons for the continuing overspend in prescribing, Mr Kirtley confirmed that the PPA had now agreed that the 5% increase in prescribing budgets for 2001/02 had been insufficient. It was recognised that an increase of 8-9% was needed in particular to meet the prescribing demands of the National Service Framework (NSF) for Coronary Heart Disease (CHD). Prescribing of statins, for example, which is recognised as good practice for the prevention of CHD has increased considerably.

The management statement at Appendix 5 shows an underspend of £25,000. It was noted that the reserves of £89,000 are largely committed funds but not yet allocated to programmes.

Returning to Appendix 1, Mr Ifold reported a total overspend of £160,000 against the PCG budget mainly attributable to prescribing expenditure.

Looking at waiting list information at Appendix 6-7, Mr Ifold noted there had been a slight increase from the last report in October. However, numbers are expected to fall as the ophthalmology and orthopaedics initiatives progress. Mr Kirtley added that the latest figures for Portsmouth Hospitals Trust, as at the end of November, now indicate a total reduction of 400.

Referring to the ophthalmology initiative being managed by the Fareham and Gosport PCGs, Mr Kirtley reported that over 120 patients have now had cataract surgery at the London Gainsborough Clinic with a further 100 booked for the next month. It is expected that the target figure of 500 will be reached by the end of March. All patients have followup outpatient appointments at Queen Alexandra Hospital.

Concluding the finance and activity report the Board noted the overall financial position at the end of October and the position on waiting list numbers. Mr Ifold

confirmed that the PCG would continue to monitor prescribing expenditure carefully.

Mr Ifold then reported on the mid year financial review with the Regional Office which had included the Health Authority, Portsmouth Hospitals and Healthcare Trust together with the four PCGs/PCTs, as all were predicted to have significant year end overspends. For the PCGs/PCTs, the overspend was mainly attributable to prescribing expenditure. Dr Lynch commented that GPs continued to be proficient in their prescribing but there was an inevitable cost from implementing NSFs such as increased prescribing of statins as discussed earlier.

Mr Ifold explained that in view of the impending transition to a single PCT, the financial positions for Fareham and Gosport were considered jointly for the review.

In order to meet the predicted overspends, Regional Office had requested a financial recovery plan from the local health economy including Fareham and Gosport PCGs in which savings could be identified to offset the overspends.

Prior to preparing the financial recovery plan, the two PCGs identified a total forecast overspend of £390,000 using the July 2001 forecast data from the PPA which was the latest known information at the time of the review. Although Fareham and Gosport PCGs are at risk from additional cost pressures from continuing care placements and mental health ECRs, it was felt that these would be manageable provided they did not exceed average expenditure for the year.

Overall, savings totalling £200,000 were identified. Mr Ifold emphasised that there had been no reduction in budgets to generate savings. Savings were from a number of sources including the use of non-recurring funds from delaying non-recurring developments and from recovering funds due to an anticipated under performance from some SLAs. These were detailed in the financial report. Although savings are likely to be insufficient to meet the joint PCG overspend, which is predicted to rise above £390,000, Mr Ifold explained they would make a significant impact.

Additionally, Mr Ifold advised the Board that the Health Authority is likely to seek "resource limit brokerage" to meet the overspend across the local health economy but he warned that if this is received, Fareham and Gosport PCGs may be required to repay these funds at a later date.

The Board noted the mid year financial review and the savings which need to be achieved to reduce the predicted overspend.

5 Primary Care Trust Development

This update was presented by Mr Kirtley who confirmed that the Primary Care Trust application document, as discussed at the last Board meeting, was submitted to the Department of Health in October in accordance with the timetable.

On the latest known information, the decision to approve the establishment of a Primary Care Trust for Fareham and Gosport is expected during December. Mr

Kirtley added that the name of the PCT Chair would be announced at the same time as approval of the PCT application.

6 Health Improvement and Modernisation Plans

Mr Kirtley presented this item and referred members to three separate documents included with the agenda papers: a covering report, a review of key health improvement achievements for the current year, and a tabulated list incorporating priorities for 2002/03.

It was noted that over fifty initiatives are included in the report involving a significant number of people including PCG staff, the Borough Council, Portsmouth Hospitals and Healthcare Trust and voluntary organisations.

From 2002 however, Mr Kirtley explained that the Department of Health has issued guidance for a change of emphasis from Health Improvement Programmes to *Health Improvement and Modernisation Plans* to reflect the delivery of NHS Plan priorities. Accordingly, the Gosport Healthy Alliance has initiated work to review and update the Gosport Health Improvement Programme document (HIMP) to ensure it reflects national requirements. This summary must be submitted to the Regional Office by mid December prior to the development of draft HIMPs during the summer of 2002.

Members were invited to comment on the HIMP summary and future priorities.

The Gosport PCG HIMP lead, Dr Lynch, firstly wished to assure members that the Gosport Healthy Alliance Steering Group overlooks all HIMP projects and is satisfied that the funding of different initiatives is well spent.

Dr Pennells had asked Mr Kirtley to report that the fitness clinic at the Holbrook Leisure Centre, Gosport has been discontinued. Also, he had asked that the Board was reminded that without further funding for 2002-03, the Citizens Advice Bureau sessions in practices will not continue.

Dr Young asked for clarification on HIMP priority setting. Dr Lynch replied that a number of GPs were involved and this took account of discussions in the Clinical Governance Group for work on NSFs as well as the "Think Tank" and the Healthy Alliance Strategy Group.

Looking at Section 9 of the progress report for Coronary Heart Disease (CHD), Dr Grocock asked if the smokestop clinic was to continue beyond March 2002. Mrs Kelly responded that, at present, the scheme is intended to run to March only. Mr Kirtley added that continuing this funding will be considered as part of the negotiations and agreement on funding for 2002-03.

Referring to Section 10 on Children's services, Dr Young asked for detail on the "72 hour card" project. Mrs Kelly explained that this was a card which young people could present at practice Reception to request an urgent appointment for emergency contraceptives and advice. The scheme has been developed by the Teenage Pregnancy Strategy Group.

The Board noted the key achievements against the 2000-2002 Health Improvement Programme and the requirement to develop Health Improvement

and Modernisation Plans for 2002 onwards and the priorities identified for 2002-03.

7 Clinical Governance Update

Dr Grocock gave the Clinical Governance update.

Dr Grocock reported that a Clinical Governance Leads meeting was held on 5 December 2001 and included presentations on implementing the National Service Framework (NSF) for Coronary Heart Disease (CHD) across Fareham and Gosport, an update on clinical audit and Personal and Practice Development Plans (PPDP).

Two different protocols for implementing the NSF for CHD were presented; the specialist CHD nurse explained the development of a nurse-led clinic for Gosport practices and Dr du Feu explained how Fareham PCG has implemented practice-based CHD clinics.

Following the establishment of a PCG audit committee, Dr Grocock explained that a need for an audit training programme had been identified. The Steering Group leading on this will include practice manager representation together with GP, nurse and PCG Service Development Managers. It has been suggested that practices will be asked to complete a baseline questionnaire to help establish training needs.

The workshop discussion on Personal and Practice Development Plans was facilitated by Ms Sue Crane from the Portsmouth University PostGraduate School of Medicine and a discussion followed on how these plans can contribute to practice performance.

Dr Grocock raised the problem of patient registration in Gosport and asked if the PCG could look at ways of easing this situation for patients. He explained that at present, because of closed lists, patients are finding it difficult to register and must wait to be allocated to a practice by the Health Authority. It was agreed to take this to the next GP Group meeting in January for further discussion.

Dr Lynch raised the issue of templates for recording clinical information in practices. He said that this is hindered by the diversity of medical systems used across Gosport and that it would be beneficial to have no more than two systems. Mrs Kelly responded that the former PCG Information Analyst may be available to help on a project basis, to further assist with the development of templates. This was noted.

Mrs Kelly raised concerns regarding the availability of local dental treatment for patients not registered with a dentist. Mr Kirtley reminded members that there is the Sharlands House Dental Access Clinic in Fareham which is available for emergency care for patients not registered with a dentist.

The Board noted the Clinical Governance update from Dr Grocock.

8 Lay Member Update

There was no lay member update as Mrs Charman was unable to attend the meeting and had given her apologies.

9 Any Other Business

Dr Young raised the issue staff relief budgets which he understood were now exhausted. Mr Ifold confirmed that there are no further funds available for this financial year. He added that the PCG had previously examined different methodology for allocating relief budgets. It was noted that any agreement to increase staff relief budgets next year would be at the expense of other areas, for example, staff training and development. Other options to ensure an equitable base for practice relief budgets were discussed. It was agreed to consider this issue at the GP Group in January.

Dr Young also raised the subject of GP recruitment in Gosport. With a GP due to retire at the end of December he was concerned about the best way to address the issue. Dr Lynch noted that in Essex a system of "GP Assistants" was being used whereby Assistants are "loaned" to practices as required

Mr Kirtley commented that if such a system of GP Assistants was to be planned, it required a collective decision from practices to ensure "hosting" arrangement were in place and training and development needs covered. Mr Kirtley added that in the interim, there are ongoing discussions to ensure patients are appropriately re-distributed to practices following the impending retirement at Rowner Health Centre at the end of December. This issue would also be discussed at the GP Group meeting in early January.

10 Date and Time of Next Meeting

This was confirmed as 1 pm on Thursday 14 February 2002, at the Gosport Town Hall.

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