

Isle of Wight, Portsmouth and 
South East Hampshire
Health Authority

Proposal for a new Primary Care Trust for Fareham and Gosport

Consultation Document on the proposed establishment of
a new Primary Care Trust for Fareham and Gosport

July 2001

Purpose of this Consultation Document

This document provides information about, and invites comments on, a proposal to establish a new Primary Care Trust in Fareham and Gosport. In undertaking such consultation, the Health Authority is required to address specific criteria and to identify the impact of the proposals, if any, on local services. The Health Authority is required to consult the public, NHS bodies, representatives of local health professionals and staff, local authorities, and other appropriate persons or bodies.

Circulation of the Consultation Document and Proposal Document

Copies of this consultation document and the separate proposal document produced by the Fareham and Gosport Primary Care Groups, are being circulated to:

- neighbouring health authorities (North & Mid Hampshire, Southampton & South West Hampshire, West Surrey, West Sussex)
 - neighbouring primary care trusts/groups (East Hampshire, Isle of Wight, Mid Hampshire, Portsmouth City, Southampton City)
 - local NHS Trusts (Portsmouth Hospitals, Portsmouth HealthCare, Southampton University Hospitals, Southampton Community Health Services, Hampshire Ambulance, Isle of Wight Healthcare, North Hampshire Hospitals, Royal Surrey County Hospital, Royal West Sussex, Sussex Weald & Downs, West Hampshire Mental Health, Winchester & Eastleigh Healthcare)
 - NHS Direct Hampshire & Isle of Wight
 - local authorities (Fareham Borough, Gosport Borough, East Hampshire District, Havant Borough, Portsmouth City, Hampshire County, Havant Borough, Winchester City)
 - directors of social services (Hampshire County and Portsmouth City)
 - Community Health Councils (Portsmouth and South East Hampshire and Isle of Wight)
 - private hospitals (BUPA Hospital, Portsmouth; King Edward VII Hospital, Midhurst; Sherburne Hospital, Chichester; The Orchard, Isle of Wight)
 - family health services contractors (general practitioners, general dental practitioners, community pharmacists, optometrists)
 - local representative committees (Local Medical Committee, Local Dental Committee, Local Pharmaceutical Committee, Local Optical Committee)
 - councils of community service (Fareham Community Action; Gosport Voluntary Action)
 - members of parliament for Fareham and Gosport
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FOREWORD

The organisation of the National Health Service locally is changing rapidly.

A single new Health Authority for the Isle of Wight and Portsmouth and South East Hampshire was established from April 2001. This is in the context of the new role of health authorities described in "Leadership for Health" which emphasises their strategic leadership and performance management responsibilities.

Three new Primary Care Trusts were also established locally from April 2001 covering East Hampshire, Portsmouth City and the Isle of Wight. Primary Care Trusts have unparalleled opportunities to improve the front-line health services on which local populations rely. They have their own budgets and commission health services for their local population as well as lead work to improve health and integrate provision of primary and community care. They also bring improvements to the services provided by family doctors, in community clinics and in a range of community health services.

This consultation document proposes the establishment of a new Primary Care Trust from April 2002 for the populations of Fareham and Gosport.

The Health Authority and the Fareham and Gosport Primary Care Groups have worked together to develop the proposals to establish the new Primary Care Trust. It is hoped that this consultation document and the accompanying proposal document produced by the Primary Care Groups will provide the necessary background information to allow you to comment on the proposals.

If further information is required, please do not hesitate to request this by telephoning the information line on Code A

Details of how to comment on the proposals are set out in Section 4 of this document. The consultation period ends on 5 October 2001.

Penny Humphris
Chief Executive
Isle of Wight, Portsmouth and South East Hampshire Health Authority

Dr Gordon Sommerville
Chairman
Fareham Primary Care Group

Dr Jane Barton
Chairman
Gosport Primary Care Group

July 2001

EXECUTIVE SUMMARY

Section 1 - Background to the establishment of Primary Care Groups and Primary Care Trusts

- 1.1 The proposed establishment of Primary Care Groups and Trusts was set out in 1998 in the Government's White Paper on the modernisation of the NHS. The NHS Plan published in July 2000 set out Government policy that all Primary Care Groups are expected to achieve Primary Care Trust status by April 2004 at the latest.
- 1.2 Applications to establish Primary Care Trusts require local support, following consultation. Approval of Trusts is the responsibility of the Secretary of State.

Section 2 - Proposal to establish a new Primary Care Trust for Fareham and Gosport

- 2.1 The Fareham and Gosport Primary Care Groups and the Health Authority believe that there are benefits in establishing a new Primary Care Trust. The Primary Care Groups have received the support of their Boards and also the support of the Health Authority.
- 2.2 The Primary Care Groups' proposals are being circulated with this formal consultation document.

Section 3 - The next steps

- 3.1 Following the consultation process, the Health Authority will consider the responses and submit a report to the NHS Executive that will assess the proposals and make a recommendation to the Secretary of State.
- 3.2 If the application is approved, an Establishment Order will be made by the Secretary of State, allowing the Primary Care Trust to operate from April 2002.

Section 4 - Consultation arrangements and how to comment on the proposals

- 4.1 The consultation period will last three months from 5 July 2001 until 5 October 2001. During this period, two public meetings will be held at which there will be an opportunity to discuss the proposals.

SECTION 1

BACKGROUND TO THE ESTABLISHMENT OF PRIMARY CARE GROUPS AND PRIMARY CARE TRUSTS

Primary Care Groups and Trusts

- 1.1 The development of Primary Care Groups and Trusts was at the heart of the Government's reforms to modernise the NHS, set out in the 1998 White Paper "The New NHS - Modern and Dependable".
- 1.2 Over the past three years, Primary Care Groups have played a key role in improving health, developing primary care and ensuring accessible, convenient local health services for patients. The Health Act 1999 provided for the development to Primary Care Trust status for those Primary Care Groups which are able to demonstrate benefits for, and the support of, local patients and the wider health community.
- 1.3 The NHS Plan, published in July 2000, reinforced the Government's wish for all Primary Care Groups to develop to become Primary Care Trusts and stated that this process should be complete by April 2004.
- 1.4 The White Paper described four separate levels of Primary Care Groups and Trusts:
- Level One: a Primary Care Group in an advisory capacity to the Health Authority
- Level Two: a Primary Care Group with delegated budgetary and commissioning responsibilities
- Level Three: a Primary Care Trust with full responsibility for budgets covering management costs, prescribing, GP services, primary care development, secondary and community health services commissioning and management costs, but no direct service provision
- Level Four: a Primary Care Trust with full responsibility for budgets (as Level Three) but also able to provide community health services, and employ the necessary staff, therefore having both commissioning and provider functions.
- 1.5 All four levels of Primary Care Group and Trust have the same key responsibilities:
- improving (and addressing inequalities in) the health and wellbeing of their community
 - developing primary and community health services
 - commissioning secondary care services

The main distinction is that Primary Care Groups operating at Levels One or Two are sub-committees of the Health Authority, whilst Primary Care Trusts operating at Levels Three and Four are free-standing statutory NHS bodies.

- 1.6 The first Primary Care Trusts were established in April 2000, and most Primary Care Groups will have either become Primary Care Trusts or are planning to become Trusts by April 2002.

General practitioners and other contracted primary care professionals

- 1.7 The establishment of Primary Care Trusts does not change the contractual position of general practitioners and other contracted primary care professionals, such as general dental practitioners, optometrists and pharmacists, who will remain independent (self-employed) practitioners free to employ their own staff.

Arrangements for the establishment of Primary Care Trusts

- 1.8 The decision on whether to establish a Primary Care Trust rests with the Secretary of State who will wish to be assured that the process for the establishment of a Primary Care Trust is open, transparent and inclusive. Primary Care Trusts will therefore be developed on the basis of thorough consultation and on the views expressed by local NHS bodies, partner organisations and the public whom the Primary Care Trusts will serve.
- 1.9 A Primary Care Group proposing to establish a Primary Care Trust is expected to work together with its Health Authority to identify strengths and weaknesses and what resources it will need to become operational. The Health Authority is required to undertake formal public consultation on the proposal and report the results of this consultation to the Secretary of State to enable a decision to approve the new Primary Care Trust to be made.
- 1.10 Following public consultation an application to establish a Primary Care Trust can be made. This should describe the benefits that will be achieved, the degree of local support for the proposal, the "fitness" of the proposed organisation to deliver, and the impact on other organisations. Supporting evidence in these areas will need to be supplied to the Regional Office of the NHS Executive.

SECTION 2

PROPOSAL TO ESTABLISH A PRIMARY CARE TRUST FOR FAREHAM AND GOSPORT

Primary Care Groups established in the Isle of Wight, Portsmouth and South East Hampshire Health Authority area

- 2.1 Following public consultation, the Portsmouth and South East Hampshire Health Authority agreed in 1998 to establish four Primary Care Groups and these were established from April 1999. These covered East Hampshire (226,000 registered patients), Portsea Island (158,000 registered patients), Fareham (110,000 registered patients) and Gosport (76,000 registered patients).
- 2.2 In the same year, the Isle of Wight Health Authority agreed to establish the Isle of Wight Primary Care Group (127,000 registered patients).

Establishment of Primary Care Trusts locally

- 2.3 During 2000, all the Primary Care Groups within the Isle of Wight, Portsmouth and South East Hampshire with the exception of the Fareham and Gosport Primary Care Groups, decided to proceed to Level Four Primary Care Trust status. Consultation on these proposals took place during July and October 2000, and new Primary Care Trusts were established in April 2001 covering the areas of East Hampshire, Portsmouth City and the Isle of Wight.
- 2.4 As part of the establishment of the East Hampshire and Portsmouth City Primary Care Trusts, a change in the boundary between these areas was agreed and this resulted in a change of registered populations. The East Hampshire Primary Care Trust registered population became 192,000, while the Portsmouth City Primary Care Trust registered population became 185,000.

Proposed establishment of a Primary Care Trust in Fareham and Gosport

- 2.5 The Fareham and Gosport Primary Care Groups decided in 2000 to retain their Level Two status for the time being. Over the past year, the two Primary Care Groups have demonstrated significant development in the three key areas of responsibility:
- improving the health of the local community
 - developing primary and community health services
 - commissioning secondary and community health services
- 2.6 During the past year, the two Primary Care Groups have considered the benefits of progressing jointly to Primary Care Trust status. They have undertaken informal consultation locally and believe that they are ready for and would benefit from progressing to Primary Care Trust status at Level Four. Having gained the necessary support, they are now proposing the establishment of a single Level Four Primary Care Trust serving both Fareham and Gosport.

Proposal for a new Primary Care Trust for Fareham and Gosport

- 2.7 The details of the proposed new Fareham and Gosport Primary Care Trust are set out in the table below:

Proposed new Fareham and Gosport Primary Care Trust

Area covered	Whole of Fareham Borough and Gosport Borough
Number of GP practices	21
Resident population	185, 038
Number of registered patients	187,410

Organisational arrangements for the new Primary Care Trust

- 2.8 The proposal for Primary Care Trust status envisages that the new organisation will operate at Level Four, and so be able to provide community health services, and employ the necessary staff. The separate consultation document includes outline proposals for the range of services to be provided in the first year of the Primary Care Trust's operation.
- 2.9 As a free-standing NHS organisation, the new Primary Care Trust will have a new Board appointed to ensure effective public accountability. The Board will meet in public.
- 2.10 The Secretary of State will appoint the chair of the new Primary Care Trust and also five additional non-executive members to the Trust Board. These will be local lay members and the Health Authority would welcome members of the general public applying for these positions. Details of how to obtain further information on applying for non-executive positions are included in Annex 2 at the end of this document.

SECTION 3

THE NEXT STEPS

Health Authority consideration and report

- 3.1 Following the end of the consultation period on 5 October 2001, a report will be prepared for consideration by the Health Authority at its meeting on 16 October 2001.
- 3.2 The Health Authority will then report a summary of the consultation results to the Secretary of State, through the Regional Office of the NHS Executive, identifying in particular its own view and the views of the Primary Care Groups.

Regional Office assessment

- 3.3 The Regional Office of the NHS Executive will assess the proposals against a clear set of national criteria and also consider them within the plans for the development of all local health services. A recommendation will then be made to the Secretary of State on whether to approve the new Primary Care Trust.

Establishment of the Primary Care Trust

- 3.4 If the Secretary of State approves the proposals, an Establishment Order will be made. This will specify the name of the Primary Care Trust, its establishment and operational dates, the area for which it will be responsible, and the Level at which it will operate. It is hoped that the Establishment Order will be made no later than December 2001.

Preparatory period

- 3.5 The period between the establishment and operational dates will be a preparatory period during which the new Primary Care Trust may operate in shadow form, thus providing time for the appointment of board members, planning internal operational arrangements, appointing new staff and entering into any service agreements required.
- 3.6 It is likely that the establishment date will be 1 January 2002 and that the preparatory period will be three months.

Operational date

- 3.7 The operational date for the new Primary Care Trust will be 1 April 2002.

SECTION 4

CONSULTATION ARRANGEMENTS AND HOW TO COMMENT ON THE PROPOSALS

Consultation period

- 4.1 The public consultation commences on 5 July 2001 and runs for three months to 5 October 2001. All comments received by the end of the consultation period will be logged and recorded, and will inform the Health Authority's report to the NHS Executive on the outcome of the consultation.

Public Meetings

- 4.2 Two public meetings will be held to discuss the proposals. These will be attended by representatives of the Health Authority, the Fareham Primary Care Group and the Gosport Primary Care Group. The meetings will provide an opportunity to hear about the proposals and to put questions.

- 4.3 Details of the meetings are as follows:

- Monday 3 September 2001
at 7pm
Thorngate Halls
Bury Road
Gosport
- Tuesday 4 September 2001
at 7pm
Ferneham Hall
Osborn Road
Fareham

- 4.4 Further details of the meetings may be obtained from the:

- Portsmouth and South East Hampshire Community Health Council
Second Floor
Admiral House
High Street
Cosham, PO6 3BZ
- | |
|---------------|
| Code A |
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How to comment on the proposals

4.5 Comments can be made as follows:

- by post to:

Penny Humphris
Chief Executive
Portsmouth and South East Hampshire Health Authority
Finchdean House
Milton Road
Portsmouth, PO3 6DP

- **Code A**
- by e-mail to: PCT.consultation@portsha.swest.nhs.uk

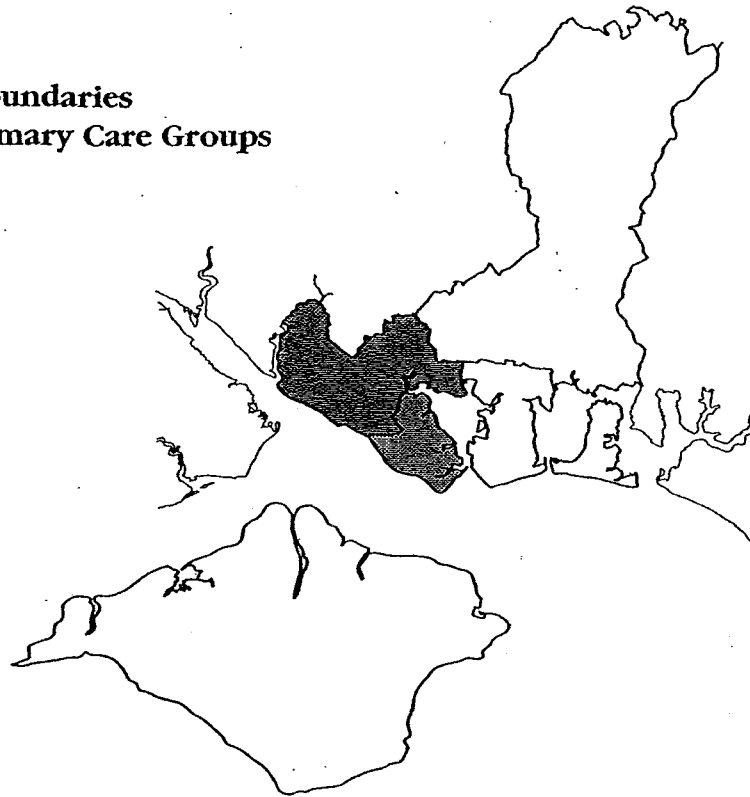
Additional copies and further information

4.6 Additional copies of the document, and further information, may be obtained from the above address or by telephoning the information line on **Code A** or e-mailing PCT.consultation@portsha.swest.nhs.uk. The text of the document is also available on the Health Authority's website at <http://portsha.hants.org.uk>.

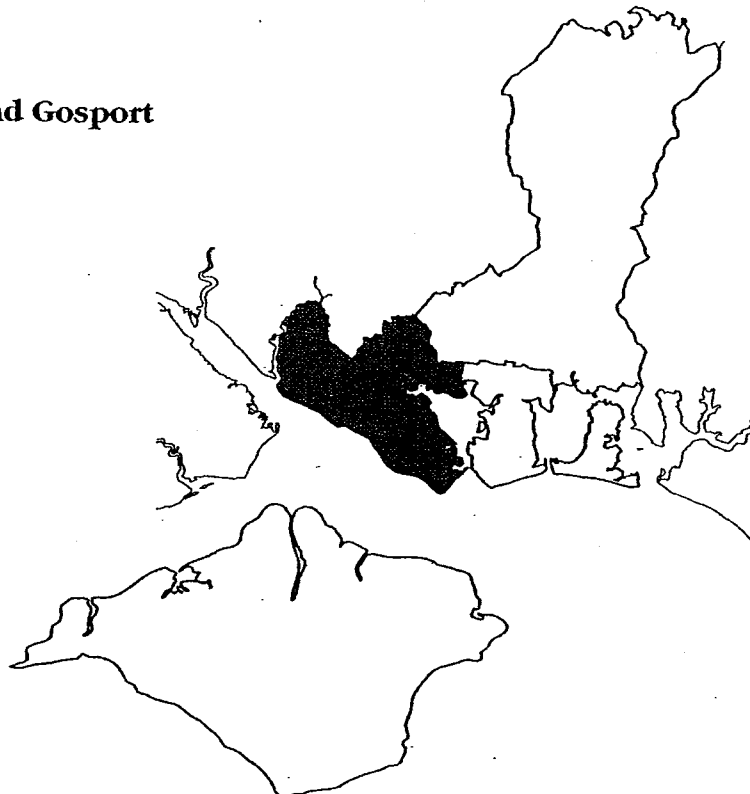
Annex 1

MAPS

Map showing the current boundaries of Fareham and Gosport Primary Care Groups



Map showing the boundary of the proposed Fareham and Gosport Primary Care Trust



Annex 2**GLOSSARY OF TERMS USED IN THIS DOCUMENT****Commissioning**

The process of deciding which health services best meet the needs of the population, are safe and cost-effective, then funding those services and monitoring them as they are delivered.

Establishment Order

The Order made by the Secretary of State in approving the establishment of a new Primary Care Trust.

Management costs

The level of costs incurred by a health organisation on the staff, premises and other non-clinical expenditure which it requires to support the functions which it undertakes; such costs are required to remain within an agreed allocation of funding.

Primary care services

Those health services provided by general practitioners, general practice nurses, dentists, pharmacists, opticians and other community-based professionals, to which patients may normally refer themselves for treatment or advice.

Secondary health services

Those health services, normally provided by NHS Trusts in hospital premises, to which patients are referred by a primary or community care professional for more specialist treatment or advice, or for emergency care.

Annex 3

HOW TO OBTAIN INFORMATION ABOUT BECOMING A NON-EXECUTIVE BOARD MEMBER OF A PRIMARY CARE TRUST

Although the Secretary of State has not yet agreed the establishment of the proposed new Primary Care Trust for Fareham and Gosport, the Department of Health is preparing now for the appointment of non-executive board members of the proposed Primary Care Trust.

The Secretary of State will be looking to appoint a chair and 5 other non-executive members to the board of the proposed Trust.

These are senior positions of leadership in complex organisations with multi-million pound budgets and are demanding in terms of intellectual ability and personal skills.

You will need to use local knowledge and work closely with hospitals, local authorities, GPs and other providers of primary care and community health services. You will need to demonstrate good judgement, analytical skills, sensitivity and a strong team working approach. You should also have experience either as a service user or carer, of working within the community or voluntary organisations, and/or relevant business skills. All candidates are expected to live within the area served by the proposed Primary Care Trust or be registered as a patient with a general practitioner whose practice is within the area of the Trust.

Applications will be welcomed regardless of gender, race, disability or sexual criteria. A guaranteed interview scheme is available for disabled candidates who meet the minimum criteria for appointment. The Department of Health is committed to the principle of public appointments based on merit with independent assessment, openness and transparency of process. Political activity will not be a criterion for appointment but candidates must subscribe to the objectives of the NHS.

Remuneration

Chairs will receive £12,589 for between 2 and 2½ days work per week. Other non-executive board members will receive £5,140 for up to 5 days work a month.

How to obtain further information

If you think you have the skills needed, the time to spare and wish to serve your local NHS, please call the information line on or for an application pack, or e-mail a request to: PCT.consultation@portsha.swest.nhs.uk.



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