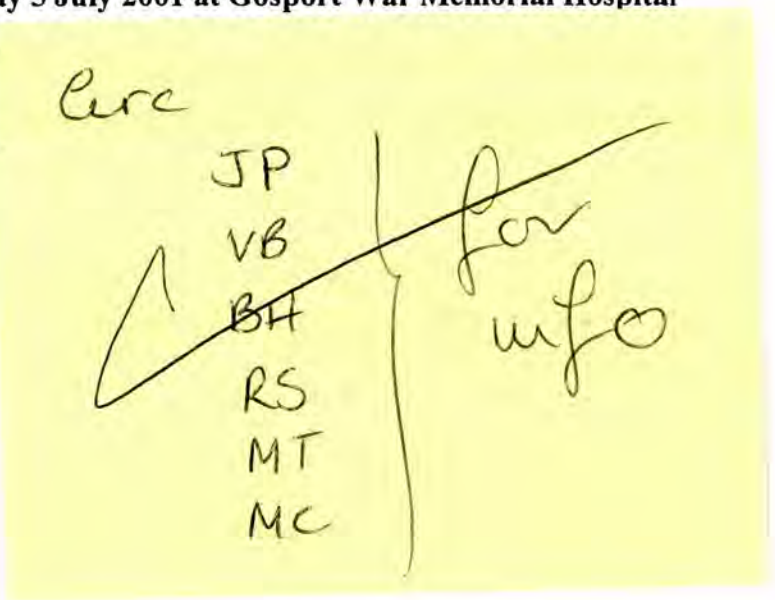
**Isle of Wight, Portsmouth and South East Hampshire Health Authority**

**Gosport Primary Care Group**

**Gosport GP Group**

**Notes of the Meeting held Thursday 5 July 2001 at Gosport War Memorial Hospital**




Present:
Dr Martin Ashbridge
Dr Jane Barton – Chair
Dr John Bassett
Hazel Bagshaw
Elizabeth Emms
Dr Tony Evans
Dr John Grocock
Peter Ifold
John Kirtley
Dr Declan Lynch
Dr Peter Lacey
Dr Jan Lloyd
Dr Bob Pennells

In attendance:
Lou Bruce
Dr N Hedger
Dr Peter Howlett
Alison Rippingale

| No. | Discussion | Action |
|---|---|---|

**1. Apologies**

Dr Evelyn Beale
Jayne Colebourne
Dr Wendy Harrison
Dr David Young

**2. Rebalancing of acute services between sites across Portsmouth & SE Hampshire**

Dr. Howlett presented his paper outlining a proposed model for the creation of a single referral and access point for emergency medical patients via an expanded Medical Assessment Unit (MAU) at Queen Alexandra Hospital (QAH).

Currently the Medical Assessment Unit (MAU) provides rapid assessment of patients in less than six hours. By increasing the length of stay in the MAU by up to 33 hours it will be possible for a proactive approach with respect to initial investigations, particularly diagnostics, and treatments. This would require an expansion to a seven-day per week service. By providing a rapid triage/rapid assessment diagnostic package the need for beds on the acute site would be reduced. The increased number of community/intermediate beds will also reduce the need for acute medical

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beds. The expanded MAU will have appropriate levels of consultant input, junior medical staff cover and enhanced diagnostic input.

Dr. Howlett explained that the creation of a single point of access for all emergency medical patients, prior to the completion of the Private Finance Initiative in 2006/07, was necessary due to increasing difficulty organising specialist consultant cover across three hospital sites, and the provision of an appropriate environment for junior medical staff to be both supervised and trained. Dr. Howlett outlined the staged implementation of the proposed model leading to an expanded MAU at QAH becoming fully operational from April 2002.

Dr Barton asked about communication with the residents of Gosport about these changes. Dr Howlett responded that the Health Authority is taking the lead in this process, and is currently ensuring that clinicians are informed.

Lou Bruce explained that during the period 1 August 2001 to 31 March 2002, additional medical beds would be available on the two sites. Due to recent events the number of these additional beds will be less than original planned. There will be an ongoing weekly audit of the change process and a Gosport GP representative was invited to participate.

Dr Lynch enquired about the impact of these changes on the services provided by Hampshire Ambulance and about continuity of care for complex acute patients.

In response, Lou Bruce presented a draft flow chart (attached) outlining the proposed operation of the Patient Access Unit (PAU) which will triage all referrals to the MAU. The PAU is a 24 hour seven day week service. Patients will be referred to the PAU, which will have access to the live bed states for the MAUs at St Mary's Hospital and QAH. The PAU will find a bed dependent primarily on clinical need followed by postcode. Lou Bruce acknowledged that there is still work to do with Hampshire Ambulance Paramedics on the triaging of patients.

3. **Extended Scope Physiotherapy Service for Orthopaedic Knee Referrals**

Alison Rippingale, Clinical Physiotherapy Specialist (CPS) for Fareham and Gosport explained the background to her post which aims to decrease orthopaedic waiting list time and ensure effective and efficient use of consultant time without compromising the quality of care the patient receives. Alison will work in conjunction with the consultant Orthopaedic Consultants to triage knee referrals. The service will commence September 2001.

Alison was appointed December 2000 and her post is 0.5 WTE. Since appointment, Alison has undergone an extensive training period working closely with the Orthopaedic consultants to ensure they were clinically competent to hold independent clinics. The Physiotherapists had also undertaken training with the Radiologists to be able to order and interpret x-rays.

Alison presented the care pathway for knee referrals to the CPSs (attached).

It was noted that GPs would continue to refer patients in the normal way directly to the Orthopaedic consultants. The referral letters will then be triaged and appropriate patients allocated to attend the CPS clinics. The CPS will assess the patients and decide on the most appropriate management of their condition. This could include referral to another speciality (for example, rheumatology or the pain clinic), referral to a consultant for surgery, or advice on the management/ treatment of the condition.

**4. Notes of Meeting – 3 May 2001**

These were agreed.

**5. Matters Arising**

Healthcall

Dr Mostyn's letter was discussed. Mr Kirtley explained the background, and support available for a single point of access out of hours at Gosport War Memorial Hospital. Healthcall have decided that a base at Gosport War Memorial Hospital is not appropriate for their service. Dr Rushen's proposals to establish a co-operative across Gosport and Fareham were being discussed with interested practices. It was still unclear if this proposal for a co-operative based at the War Memorial Hospital was viable It was agreed that no further action needed to be taken in response Healthcall at this stage.

**6. Investing in Primary Care**

Mr Kirtley presented his paper. He explained that £72,000 of recurring money has been allocated for the development of local incentive schemes which develop and improve primary care services in ways which contribute to the implementation of the NHS Plan and the delivery of the local Health Improvement Programmes. The money will be allocated depending on list size 1 April 2001.

During 2001/2 there are no additional resources to fund Practice staffing developments or local service developments. This funding could potentially be used to fund Practice staff investments linked to the development of local incentive schemes to improve access to primary care services or to help meet the standards contained within the National Service Frameworks (NSF), for example, Coronary Heart Disease (CHD).

John Kirtley went on to explain that in addition to the recurring £72,000, a further non recurring incentive payment of £72,000 will be made available in April 2002 to Practices who have delivered their intended improvements. The allocation of this funding will be subject to random audits, and the PCG's schemes are required to be posted on a Department of Health website.

The meeting agreed that the funding will be used to help meet the requirements of the NSFs, and that Elizabeth Emms would work with Dr Grocock to agree an incentive scheme, and with the Gosport Practice Managers to define the monitoring of the scheme.

## 7. Sultan Ward Beds

John Kirtley explained that he and Dr Bob Button seem close to agreement on the funding for the step down/intermediate care workload on Sultan Ward. Mr Kirtley explained that around 60% of admissions to Sultan Ward are from the patients' homes, and the remaining 40% from other hospitals, representing the step down/intermediate care workload. This workload equates to the equivalent of around 7 of the Sultan Ward beds. Suggested rates for this workload are around £1,000 per bed per year. Additional funding of £7,000 per year is available. Dr Button will be discussing with Gosport GPs the division of this funding.

Mr Kirtley went on to explain that Dr Button had requested that he should ascertain the current funding for the bed fund. Enquiries with PHCT revealed this is based on BMA rates per bed and totals around £13000. However, further funding of around £30,000 has been paid to GP's to provide cover for the minor injury service at GWMH. This was based on a nominal number of sessions per week at the GWMH Minor Injuries Unit. This service ceased to operate 1 August 2001. PHCT will be writing to GP's concerning the cessation of payments for cover of the GWMH Minor Injuries Unit.

GP members of the Group agreed that the way forward should be discussed at a Gosport LMC meeting.

## 8. Prescribing Update

Prescribing Budget 2000/2001 – Incentive Scheme Payments
Peter Ifold presented a paper. Hazel Bagshaw agreed to write to Practices to notify them of their incentive scheme payments.

Prescribing Budget 2001/2002
Peter Ifold outlined the proposed allocation of Practice prescribing budgets for 2001/2002.

28 day prescribing
Hazel Bagshaw reported that 28 day prescribing for TTOs is progressing.

Prescribing across the secondary/primary care interface
Hazel Bagshaw reminded the meeting that none of the drugs approved by the Area Pharmaceutical Committee (APC) received funding via the SaFF process. As a result there may be an increase in requests from secondary care to prescribe these drugs.

Shared care schemes
An information template has been accepted by the APC. The importance of good communication by secondary care practitioners with the GP at an early stage in the proceedings was emphasised. It has been agreed that these documents should not be hand written, and that a letter should be received back from the GP stating that the GP is prepared to accept responsibility for shared care.

Relationships with the pharmaceutical industry
The issue of relationships with the pharmaceutical industry and GP Practices

is being discussed with the Fareham Prescribing Advisor and Lead. It is hoped a collective approach across the two PCGs can be developed.

Incentive Schemes
Some returns for the 2000/1 incentive scheme are awaited, as are Practice selections for the 2001/2002 scheme. Details of starting figures for NSAIDs, SSRIs and PPIs will be distributed in the near future.

Moving towards PCT Status
As the PCG moves towards Trust status, there is a need to reduce the prescribing overspend. To this end Gosport and Fareham PCGs are working together. Experience elsewhere suggests that it is possible to reduce prescribing overspend by formulary development and reviewing repeat prescribing. Key points to assist with repeat prescribing are being complied, and will be shared with all Practice staff. The meeting was reminded that the NSF for older people requires regular review of medication.

Generics
A PPA printout for Gosport and for each Practice was distributed with details of generic prescribing. This information demonstrated the scope for generic prescribing savings.

Practice Managers Meeting
Hazel Bagshaw will be attending the August Practice Managers meeting to discuss the process of repeat prescribing, wastage, and the use/supply of non promotional leaflets for pain, indigestion, colds and flu.

PPI leaflets for patients
An information leaflet for patients starting on PPIs was distributed.

**9. Any Other Business**

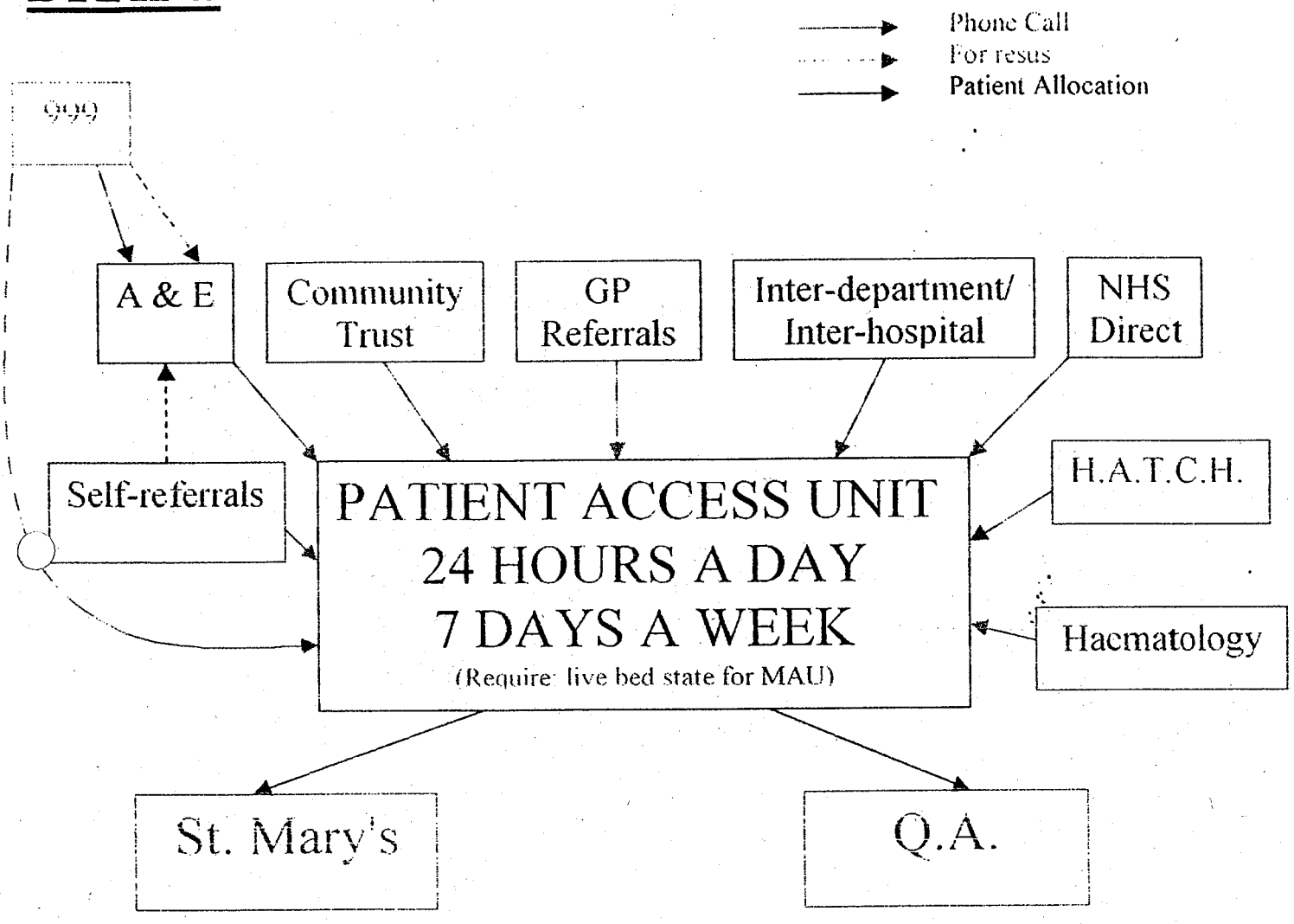
Dr Ashbridge
Dr Ashbridge enquired when GPs would be balloted about PCT status. John Kirtley explained that formal consultation is taking place between July and October, and that the LMC is responsible for organising the GP ballot, which will most probably take place in September.

Dr Evans
Dr Evans informed the meeting that the pharmaceutical industry is offering resources to the PCG to assist with the implementation of the NSF for mental health. Dr Evans is currently working with Dr Roope from Fareham PCG to identify needs and agree priorities.

**10. Date and Time of Next Meeting**

The next meeting will take place 12.30 – 2 pm, Thursday 6 September 2001 in the seminar room, Gosport War Memorial Hospital.

# DRAFT




| CLINICAL CONDITIONS SUITABLE FOR ST. MARY'S | CLINICAL CONDITIONS SUITABLE FOR Q.A. |
|---|---|
| Cardio-respiratory (known to SMH or obvious diagnosis) | Gastro-Intestinal conditions |
| Dermatology | Endocrine / Diabetes |
| Oncology | <65 Cerebro-vascular accident |
| By postcode:<br>Other General Medicine | >65 Cerebro-vascular accident → Elderly Medicine |
| | Deep Vein Thrombosis |
| | Deliberate Self Harm |
| | Cellulitis |
| | Other requiring CT |
| | Cardio-respiratory if SMH full |
| | By postcode:<br>Other General Medicine |

# CLINICAL PHYSIOTHERAPY SPECIALISTS – ORTHOPAEDICS

A recent audit identified that there were approximately 2000 new knee referrals received each year by the Orthopaedic Department at Portsmouth Hospitals Trust. It was estimated by Orthopaedic Consultants that approximately half of these could be managed conservatively and that specialised Physiotherapists have the necessary expertise to fulfil this role. In December 2000 three Clinical Physiotherapy Specialists (CPS) were appointed as a Demand Management Group waiting list initiative to cover the areas of Portsmouth City PCT, East Hants PCT and Fareham and Gosport PCG.

The number of Chartered Physiotherapists working in extended scope roles has increased greatly over the last few years predominantly in the neuromusculoskeletal field. The main purpose of setting up this service in Portsmouth is to decrease orthopaedic waiting list times and ensure effective and efficient use of Consultant time. The CPS's role is to triage patients with knee problems specified by the orthopaedic department and ensure appropriate care pathways. The service is to be self auditing with a research component in the follow up of patients who have had TKR and THR.

## Setting up the Service:

At the outset there were no formal guidelines in place for setting up this service. The CPS's have undertaken a great deal of groundwork in order for these posts to become fully operational for a predicted start date of September 2001. Over a 10 month period, working closely with the Orthopaedic Consultants and other relevant professional groups, a Service Provision Framework has been produced.

Setting up this new Specialist role involved:

- Development of a self instigated training programme
- Formulation of Clinical protocols for requesting investigations, result interpretation and onward referral
- Drafting of Administration protocols
- Defining Scope of practice

The CPS's will start independent clinics in September 2001 on a twice weekly basis and in tandem with their Consultants.

**GP's should continue to refer to the Orthopaedic department as normal.** Orthopaedic Consultants will select appropriate patients to be seen by the CPS using agreed selection criteria, based upon the information contained in the referral letter.

**Alison Rippingale, CPS for Fareham and Gosport PCG.**

# CARE PATHWAY ACTION FLOWCHART FOR ORTHOPAEDIC CPS