FAREHAM AND GOSPORT PRIMARY CARE TRUST

GOSPORT GP GROUP

Minutes of the Meeting held on Thursday 8 May 2003 at Thorngate Hall, Gosport

PRESENT:

Dr Bob Pennells
Dr David Young
Dr Peter Lacey
Dr John Bassett
Dr Tony Knapman
Jayne Coulborne
Dr Stuart Morgan
Jan Peach
Margaret Smith
Sue Halewood
Dr Nic Allen
Rachael Boyns
Peter King

IN ATTENDANCE:

Elaine Taylor
James Barton
Ben Genevieve

APOLOGIES FOR ABSENCE:

John Grocock
Declan Lynch
Tony Evans

		ACTION
1	**Minutes of the Meeting held on Thursday 6th March 2003** These were agreed.	
2	**Matters Arising** <u>General Physician enquiry</u> BP agreed to collate the responses, which will be circulated to all members of the group for information.	**BP**
	<u>Guidelines for assessment and admission to the GP Beds</u> Guidelines for assessment and admission to the GP Beds (Sultan Ward) have been circulated to all members of the GP Group. The guidelines were agreed and will be actioned immediately. Jan Peach reported that	

there is currently capacity of approximately 5 to 6 beds on Sultan Ward for GP admissions.

3 **Provision of Radiology and Pathology Services for Gosport Residents**

Ben Genevieve gave a short presentation on the future proposed plans for Radiology and Pathology Services. For pathology, it is proposed that specimens from Gosport and Fareham practices should be sent to Haslar Hospital instead of Queen Alexandra Hospital. The potential advantages are, the quicker transportation of results to the laboratory and decreased deterioration of specimens due to quicker analysis as a result of lighter workloads in comparison to QAH. The transfer of work to Haslar will also enable the department to retain accreditation. The department will ensure that a biochemist is available during normal hours to address GP queries. **BG**

The GPs queried the availability of results via GP links. Ben Genevieve confirmed that this issue is currently being explored but that if tests cannot be provided through GP links, then the transfer of work will not occur. The GPs also queried the impact on the availability of phlebotomy services. It was confirmed that the proposal would have no impact on the current phlebotomy services. Dr Stuart Morgan also raised the issue that Haslar could not maintain the anti-coagulation service over the Christmas period. It was agreed that prior to the transfer occurring, this issue needs to be addressed.

For radiology, Ben Genevieve explained that the Trust wanted to increase the provision of imaging services within the community to utilise of spare capacity at Gosport War Memorial Hospital, (as a result of the introduction of the IRMER guidelines) and the the X-Ray Department at Haslar. The service will be provided for Gosport residents and the patients of some Fareham practices who choose to attend Gosport War Memorial Hospital or Haslar, instead of St Mary's Hospital. Either an appointment system or a walk-in service can be operated. There is potential to also provide MRI and ultrasound services from Haslar. Confirmation would be required that the quality of the service would be guaranteed prior to the proposal being accepted by the PCT. It was noted that information sheets detailing the venues and times that the services were available would also be required, to enable GPs to promote the usage of the service to their patients.

Ben Genevieve reported that a paper is to be produced outlining the proposals for the future provision of Radiology and Pathology Services for consideration by the PCT Professional Executive Committee. If the proposals are approved by the PCT, and the issues regarding the reporting of results resolved, implementation could occur in September 2003.

4 **Inpatient Policy – Portsmouth Hospitals NHS Trust**

James Barton circulated a copy of the Inpatient Policy to the group. The policy covers the following key areas:

- Adding patients to the waiting list

- Suspending patients from the waiting list

Patients are suspended because the patient is medically unfit or for a social reason. Trusts are allowed to suspend patients for a maximum of 6 months and then review, (exceptions are pregnancy and deployment).

- Selection of patients for treatment

Patients are selected based on clinical urgency and then in turn.

- Cancelled operations

If a patient is cancelled on the day of admission, the hospital has a responsibility to recall that patient within 28 days. PHT is achieving this target. If a patient cancels the appointment on 2 occasions, then the standard policy is to refer the patient back to their GP.

- DNAs

If a patient DNAs, then the patient can be removed from the waiting list. In reality, each case is reviewed by the consultant and a decision taken. The GP is informed of this decision.

The importance of having a clear review process when a patient was on the suspended list was stressed. This needs good communication between the Trust and the patient's GP.

If GPs have any further queries regarding the Inpatient Policy, James Barton can be contacted on **023 92 286000 Ext 3394.**

5 **Prescribing**

Prescribing Budgets 2002/03
Peter King reported that based on month 11 data, the PCT was showing an overspend of £1,055,121 across Fareham and Gosport Practices. The forecast overspend for 2002/03 is £1,156,987.

Prescribing Budgets 2003/04
Peter King explained the rational between the three models proposed for setting the 2003/04 practice prescribing budgets. It was agreed that model 3, incorporating equity and historical spend, was the preferred model for calculating practice prescribing budgets. It was agreed that the split should be 20% equity, 80% historical spend. **PK**

Prescribing Incentive Scheme 2003/04
Sue Halewood outlined the proposed Incentive Scheme for 2003/04. The following 3 targets have been suggested:

- Individual Antibiotics Prescribing – volume of antibiotics prescribed
- Antibiotics Prescribing – cost of antibiotics prescribed
- Practice Targets (linked to practice prescribing variances).

It was noted that the PCT is currently exploring whether practices that deliver the targets but still overspend, can still receive an incentive payment.

Sue Halewood reported that information regarding performance against the 3 targets can be provided by practice and GP, if required. Practices were asked to inform Sue Halewood if the information is not required by GP. It was noted that the Prescribing Incentive Scheme payment is £400 per partner per target. **ALL**

District Formulary
Sue Halewood reported that the District Formulary is available under **http:nww.ports.nhs.uk.** The formulary can be accessed through clinical

information/district formulary.

6 **Any Other Business**

Emergency Planning Policy
The PCT Emergency Planning Policy was distributed to the group. This will be discussed at the next meeting of the Gosport GP Group. Any queries regarding the policy can be raised with Caroline Harrington prior to the meeting.

7 **Date of Next Meeting**

Thursday 3 July 2003, 12.30 – 2.00 p.m., Seminar Room, Gosport War Memorial Hospital.

Gosport Steering Group

Meeting May 8th

Report from RP re my letter General Physician enquiry.

This refers to 2 things – I wrote asking what irks you? Didn't get many replies but here is a distillation of the replies I did get, in no particular order:

Good

Goodwill amongst colleagues
FargoDOC – (sadly now defunct)
Sultan Ward – (altho' not all would agree with that)
Fast track clinics – esp Breast and Haematuria
Back pain pathway
Home detox service
Dolphin Day Hospital
Phoenix Day Centre
Labs efficiency
Patient contact

Bad

Early discharges
Compartmentalisation – specialisation
Long waits
Difficulty getting patients admitted
MAU seems inadequate for the job
Slow, inadequate response from ambulance service
Recurrent requirement to re-refer
Lack of joined up thinking – re patient care
Profession demoralised
Increased accountability but reduced resources
Poor information for non-principals – (this came from a retained Dr)
Lack of info re Consultants subspecialties
Inpatients inadequately investigated and treated
Interference from politicians
We are told more money being invested but no evidence that it is
Out of Hours
Increased cost of Primecare recently
Loss of services on Gosport peninsula
Removal of services from GWMH
PEC membership conveys no apparent benefit
DSS forms
Reducing prescribing budgets
Social Services underfunded/resourced
Lack of Care Home places
Xray reports – slow service from GWMH
Answering machines in hospitals when a human is who you want to speak to
Increasing the elderly population of Lee-on Solent, whilst closing pubs!

Those thoughts came from 8 people, one of them was me – mainly individuals – I expect many of us would agree with them – there may be others – let me know.

The second thing was – to whom do we refer general physician enquiries when the problem is not for a specific specialty? I have replied to this before, but just to get this off the agenda. Replies from J Watkins and G Zaki were equivocal – it turns out they wanted us to suggest a response, or send them to the military consultants. If we don't ask for a specific consultant – the allocation is done by a clerk in outpatients. So no help there. Evelyn Beale suggested that a trained reception person should do it – but that would mean more money and we know that won't be an option.