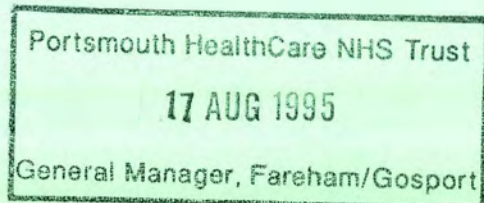


Portsmouth Healthcare NHS Trust
MEMORANDUM

From
Tony Horne
Ref
AMH/gc/

To
Bill Hooper
cc

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18/8
18/8 55



16 August 1995

GP BED FUND PAYMENT - GOSPORT HOSPITAL

Thank you for your 5th July memorandum and apologies for not having got back to you sooner. The issue seems to be rather confused however if I understand correctly the GPs payments should theoretically be based on the number of beds available to them which since 1989 has been a reducing figure (from 37 - 24). It might help to clarify the situation to review the regulations upon which the existing payments were originally based. Do you know what this was? (Health Circular/Whitely regulation?).

However in our current contracting environment the reality is that we contract with the Health Commission and the GPs earn the income to enable us to pay them by the number of finished consultant episodes we deliver. Although they may now theoretically be using less beds, my guess is that the workload counted by finished consultant episodes and occupied bed days has probably risen. If the minor injuries dimension is also added I am sure this is the case. My inclination is therefore exactly as yours that we don't open a debate that could backfire on us through lost goodwill or demonstrable proof of increased workload.

I do think nonetheless that we need to demonstrate we have looked at this in some detail in case of subsequent audit query and to ensure we are getting a reasonable deal. Could you therefore:

- i) Ask Trevor to pull together chapter or verse on the regulations governing GP payments for this work.
- ii) With Information Services do a year on year analysis dating back to 1989 if possible to look at
 - ◆ Annual occupied bed days for Gosport War Memorial Hospital
 - ◆ Completed finished consultant episodes for Gosport War Memorial Hospital
 - ◆ Minor Injuries attendances for Gosport War Memorial Hospital

Can we pick this up at the Divisional Review to make sure we are clear on the way forward and to pick up any queries you might have?

Many thanks

Georgie Calkin
for Tony Horne

11-12-95

Bill

PORTSMOUTH
HealthCare
NHS
TRUST

HAS TREVOR et al BEEN ABLE
TO MAKE ANY PROGRESS YET ON
THE ISSUES WE AGREED RE THE
GP BED FUND PAYMENT.

(My MEMO of 16/8 REFERRED - COPY
ATTACHED)

TONY .

WITH COMPLIMENTS

PP - Sam

PORTSMOUTH HEALTHCARE NHS TRUST CENTRAL OFFICE

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Tel: 01705 822444 Fax: 01705 293437

Tony Horne

AMH/gc/

Bill Hooper

16 August 1995

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Many thanks

Portsmouth HealthCare NHS Trust

14 DEC 1995

General Manager, Fareham/Gosport

W M Hooper

Tony Horne,

WMH/LD

As per Distribution List

5.7.95

GP Bed Fund Payments Gosport Hospital

It has been brought to my attention that the current payment scheme which historically has been a mystery to me, will cause the Division an overspend due to the re-calculation of pure GP Beds on site now that Gosport Phase I and II have been completed.

Apparently the funding is based on the actual number of GP Beds which in the past few years e.g. since 1989 to date, have included 13 surgical beds serviced by the GP's which transferred to Elderly Long Stay, the closure of the Paediatric Beds also surgical, and the temporary cover provided by GP's at Northcott House and Redclyffe Annexe.

The latter establishment has now been provided with a Clinical Assistant for the last couple of years and all the long-stay elderly beds on the War Memorial site have been covered by a Clinical Assistant since 1991.

To add to the confusion, the Gosport Hospital payment includes the Minor Injury cover by practices on a rota basis. E.g. There is no split between Bed Fund and Minor Injuries on this payment.

The actual change in pure GP Beds which is now calculated at 24 on site, is a decrease from 37 with the above changes paragraph 2.

This change from a financial situation changes the amount of funding available for the GP's payments now that we are not counting all the beds as GP responsibility.

There are currently 45 GP's on the rota who, for this financial year, are receiving £77.49 each month per GP. This amount does not as yet, include the April pay award.

Based on our original calculations, the monthly payment per GP, including the Pay Award should be £61.40p. (That's based on the original cover arrangements for the whole Hospital which I have indicated above and has changed substantially over the past six years on an insidious basis.

This makes the potential current year overspend of $£16.09p \times 12 \text{ months} \times 45 \text{ GP's} = £8689$ plus the possibility at 4% for superannuation.

The situation has been flagged up by Salaries and Wages and could be identified as an Audit concern that we are knowingly overpaying GP's from a budget that will not sustain the level of funding at the above rate, but for the sake of goodwill, political currency at present with

GP's, and the potential for them to 'not cover' the Minor Injuries Department, could place the Trust in a very delicate and difficult situation.

Options

Continue to pay as indicated above and be aware that the over-payment could be used as currency if the GP national push is for further funding and the be up-front that we have not withheld funding to them even though they have had a drop in GP Beds.

Option 2

Raise the issue at the Local GP Committee and wait for the backlash.

Option 3

Do not pay the April pay award and review the situation when the GP national scenario becomes clearer.

The enclosed booklet on circulation, Community Trusts at a Crossroads for GP's, page 3, highlights this particular issue and I am sure it will surface locally again in due course.

Further Action

I cannot stress too highly the last year's attempts to recruit Doctors to the Elderly Ward and EMH to give us limited cover which was non-existent and we lived on the goodwill of GP's giving us Monday to Friday cover which worked exceedingly well and covered us for the Elderly Day Hospital for emergency cover through casualty.

I will await the outcome of your deliberations with Ian on this problem area and am aware that the Petersfield Hospital has been pressurised for some time for further increase in salaries to GP's covering their beds and perhaps it is an area that needs to be reviewed overall as we progress more Community Hospital GP Beds on the funding arrangements Trust wide and how much we will pay as part of our Service Agreement with them?

Distribution List:

Ian Piper
Martin Gould
Trevor Abbotts