

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**Gosport Preparatory Primary Care Group**

**Notes of the Meeting held Wednesday 1 July 1998**

<b>Present:</b>	Bob Pennells	BP	Hazel Bagshaw	HB
	Wendy Harrison	WH	Ann Bullen	AB
	John Bassett	JBa	John Kirtley	JK
	Martin Ashbridge	MA	Hugh Janes	HJ
	Peter Lacey	PL	Alex Clark	AC
	David Evans	DE		
	Brendan Coonan	BC		

<b>No</b>	<b>Discussion</b>	<b>Action</b>
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**1 Apologies for Absence**

Jane Barton  
 Evelyn Beale  
 John Grocock  
 David Young (represented by Ashbridge)

**2 Notes of the meeting held on Thursday 4 June 1998**

These were agreed, but please note that JB referred to Jane Barton and not John Bassett.

**3 Matters arising**

**3.1 GP beds**

BP reported on a recent meeting between himself, David Young and Bill Hooper from Portsmouth HealthCare (PHC). A number of issues were discussed and these appeared to result in two options:

- 1) Fewer GP beds
- 2) The setting up of earlier discharge from Haslar and possibly PHT of local patients into the GP beds.

A number of issues arose from these options including the question of whether all 25 beds were staffed, in light of the apparent low occupancy rates.

**Post meeting note:** Bill Hooper has confirmed that they are fully staffed for these beds.

It was therefore agreed to discuss this issue in more detail at the next meeting of the Gosport Medical Committee and HJ agreed to look in more detail at the setup in Havant. BP also explained that a further meeting involving David Young and Bill Hooper had been arranged and the above issues and possible solutions would be discussed in greater detail.

HJ

BP/DY

#### 4 **Physiotherapy: update on practice-based waiting list pilot**

HJ circulated figures produced by Ian Latimer on the first 5 months of the pilot. The figures show that referrals from most practices still exceed the target levels and this is placing tremendous pressure on the department. HJ reported that staff within the department are apparently concerned that patients from high referring practices will have to wait longer than patients from practices referring at lower levels.

There was some concern that the department was under-resourced and that referral rates had not risen. HJ therefore agreed to look into this in more detail and compare current referral rates with those prior to the pilot.

HJ

**Post meeting note:** The attached sheet compares referral rates for 12 months prior to the pilot (April 1996 - March 1997) with the 5 months pilot figures (January - May 1998) aggregated up to 12 months. These again show considerable variation by practice, with an overall increase of 14%, therefore if the existing referral rates continue, Gosport will be referring at a rate of approximately 34.2 per 1000 ie 41% above the rate of 25 per 1000 at which the HA is funding.

HJ explained that there appeared to be two options, those being to either continue with the pilot as an equitable way to manage the existing resource, or to revert back to a single waiting list with the likely result that all practices will be faced with a long waiting list, this being one of the reasons why the pilot began. It was agreed that the pilot should continue, but that the physiotherapy department should visit high referring practices in order to try and assist in the process of prioritising referrals and to provide some direct feedback to the GPs. HJ agreed to raise this with the department.

HJ

JK emphasised the potential benefits of continuing the pilot, namely an equitable way of accessing limited resources and agreed with the need to feedback useable information to referring GPs.

#### 5 **Primary Care Groups (PCGs)**

##### 5.1 **PCG Development**

###### (a) **Board membership**

JK outlined the likely membership of a PCG board, which although not officially received by the Health Authority, would appear to be the likely structure:

4-7 GPs

1-2 nurses

- 1 lay member
- 1 HA Non-Executive
- 1 Chief Executive

This therefore provides GPs with the option to be in the majority on the board. JK then explained that Fareham has agreed the selection process together with the voting mechanism it wished to use, together with the election of the existing chair and vice-chair onto the board. It was agreed that this issue be discussed at the Gosport Medical Committee and the outcome would be discussed at the next steering group.

GPs

**(b) Links with Social Services**

HJ explained that a preliminary meeting had been set up involving the chairs of both Fareham and Gosport and it was agreed that Social Services be invited to a future steering group meeting in order to discuss issues of joint interest.

**(c) Report back from HCHS Budget Sub-Group**

BP reported back from this meeting, explaining some of the funding concerns surrounding the replacement of the ECR system.

**5.2 Arrangements for meeting with Haslar**

HJ reported that a meeting had now been set up involving the HA, Haslar and both JB and BC. HJ also explained that JB had been invited to join Haslar's Clinical Board and this appeared to be a very positive move that should help to improve communications between GPs and Haslar.

**5.3 Prescribing update**

HB reported that she had now visited 8 practices and was discussing a number of issues including consultant lead prescribing and the District Formulary. HB offered assistance where Haslar appeared to be prescribing expensive items for which there may be less costly and equally effective alternatives; GPs experiencing such problems were encouraged to contact HB. HB also raised awareness of stoma products being sent through the post, with GPs subsequently being encouraged to prescribe these products.

6 **AOB**

7 **Date of next meeting**

Thursday 6 August at 12.30 in the Seminar Room at Gosport War Memorial.

Copy of figures  
tabled during  
the meeting.

PORTSMOUTH  
**HealthCare**  
TRUST

Wendy Mills  
Advisor in Physiotherapy  
Havant and Petersfield Divisional Offices

Out ref  
Your ref  
Date 25.06.98  
Ext 2216

GP PRACTICE BASED WAITING LIST  
PILOT PROJECT FOR PRIMARY CARE PHYSIOTHERAPY SERVICES AT  
GOSPORT WAR MEMORIAL HOSPITAL

The Pilot scheme commenced on 1 January 1998 and this is an interim report at the end of the first five months.

The Royal Hospital Haslar are participating in the scheme and are now taking forty referrals per month which are forwarded from Gosport War Memorial Hospital.

Shown in the table below are target figures for the first five months of the Pilot scheme.

Practice	Target Numbers	Received Referrals	% over/under	Number on waiting list at end of May
Dr Anderson	121.5	82	-32.49	6
Dr Evans	72.5	113	55.86	12
Dr Bassett	52.5	56	6.67	4
Dr Beale	12.5	41	328	6
Dr Collins	98	127	29.59	18
Dr Coonan	85.5	198	123.58	10
Dr Hajiamonis	57.5	56	-2.61	4
Dr Knapman	130.85	111	-15.17	3
Dr Lacey	43.5	70	60.92	11
Dr Pennells*	150	220		8
Consultants	150	171	14	24
<b>Total</b>		<b>1245</b>		<b>106</b>

Total referrals received to date of 1245 against a target figure of 975 (as suggested by Hugh Janes based on the 1997 population figures) included 276 urgent and 156 soon. Only five soon referrals remain on the waiting list.

The Pennells practice is still contracted to treat 30 referrals per month until March 1999. From April 1999 their target as proposed by Hugh Janes will be 214 referrals per annum which would equate to 89.15 referrals for the five month Pilot scheme and not 150 as shown.

**Code A**  
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## Comparison of referrals to Physiotherapy prior to and during the pilot

The following table shows the referral rates to the physiotherapy during the first five months of the pilot project. It is again clear that considerable variations exists between practices and that the overall rate is considerably above the rate at which the department is budgeted. This is therefore causing concern within the department and, if this rate continues, is likely to result in longer waiting times.

**Table 1 Referrals to physiotherapy during the 5 month pilot, January - May 1998**

Practice	Target	Referrals	% over/under
Anderson	122	82	-33
Bassett	53	56	7
Beale	13	41	228
Collins	98	127	30
Coonan	86	198	132
Evans	73	113	56
Hajiantonis	58	56	-3
Knapman	131	111	-15
Lacey	44	70	61
Pennells <sup>1</sup>	89	220	147
<b>Total</b>	<b>764</b>	<b>1074</b>	<b>41</b>

<sup>1</sup> The practice, as fundholders, have contracted for a higher rate, however this would be their target if the service was funded to the same rate as the non-fundholding practices.

The following table compares referrals prior the pilot project with those during the project, this latter figure being aggregated up from five to twelve months. Again there is considerable variation between practices together with an overall increase of 14%. Part of the reason for this apparent increase may be linked to the inclusion of Haslar figures, however if these levels of referrals continue, waiting lists may well rise.

**Table 2 Comparison of referrals before and during the pilot**

Practice	Before pilot	Pilot figures aggregated to 12 months	% change
Anderson	112	197	76
Bassett/Beale <sup>1</sup>	230	233	1
Collins	274	305	11
Coonan	358	475	33
Evans	396	271	-32
Hajiantonis	123	134	9
Knapman	250	266	7
Lacey	95	168	77
Pennells	430	528	23
<b>Total</b>	<b>2268</b>	<b>2578</b>	<b>14</b>

<sup>1</sup> Figures for the two practices have been combined to enable comparison with the pre-pilot figure.