Copies

APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

Please complete this form and send it with the fee to:

PORTSMOUTH HOSPITALS NHS TRUST
Queen Alexandra & St Mary's Hospitals

Dr A White
G P Tutor
Education Centre
St Mary's Hospital
PORTSMOUTH PO3 6A

Course No : _____

Approved: _____ G P Tutor _____ Date

Title of Course: GOSPORT GP GROUP - IMPLICATIONS OF THE WHITE PAPER

(Please restrict title to 20 characters)

Date(s): 12 MARCH 1998

Timing : *(Please tick)* Morning ☐ Lunchtime ☐ Afternoon ☐ Evening ☑ ..Days/Weekend ☐

TYPE OF MEETING:

(Please tick)

Open *(anyone can attend)*		**Closed** *(limited attendance)*	
Lecture	☑	Intra-practice	☐
Workshop	☐	Age Specific	☐
*Small Group	☐	Sex Specific	☐
Other	☐	Other (ie Medical Societies)	☐

Inter- Practice ☐

Wessex Trust ☐ **Independent** ☐

**A small group meeting is a regularly held group of 6 - 8 doctors*

ACCREDITATION CHARGES:

Wessex Trust Meetings

You can apply to Dr White for your accreditation fee (£10 per hour) to be paid for by the Trust. However, this does mean that any GPs who attend, who are not members of the Trust will be charged £10 per hour, and as organiser you should make these GPs aware of this.

Independent Meetings

£10 per hour for mainstream meetings. £10 per event for small group meetings.
£10 per individual programme of study for a maximum of 30 hours.

Pharmaceutical Company Meetings

£30 plus £10 per hour for all meetings held outside individual practices

Is the meeting sponsored Yes/~~No~~ ✓ **Name of Sponsor** H. A. ✓

Nature of sponsorship: catering/venue costs/evaluation/chairmans fee/
(please tick or give detail plus estimated costs)

Venue: *(please tick)* **Name of venue:** GOSPORT WAR MEMORIAL

PGMC ☐ Other NHS ☑ Practice ☐ Non-NHS ☐

Name of nominated Organiser: JANE BARTON
(usually a GP experienced in medical education)

Contact Person: HUGH JANES

Address: **Code A**

Tel No: **Code A**

Expected number of participants - GPs 35 Other categories 8

Categories and hours of Education

(Whole hours only (no fractions) and exclusive of refreshment time)

AM				PM			
Session	National Category	Hours	Content Code	Session	National Category	Hours	Content Code
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			

(The content code will be entered by the GP Tutor)

TOTAL HOURS & CATEGORIES

	Total Hours
Service Management	2
Disease Management	
Health Promotion	

AIMS OF THE COURSE:

Implications of the White Paper.

To follow.

I enclose a cheque for £ 20 made payable to St Mary's CME Account

I enclose the course programme and I note an official Evaluation Form must be completed

IT IS THE RESPONSIBILITY OF THE NOMINATED ORGANISER TO ENSURE THAT OFFICIAL REGISTERS ARE COMPLETED AND CERTIFICATES OF ATTENDANCE ISSUED AT THE EN

Signed **Code A** Dated 17-2-98

(GP or other Medical Organiser)

ST MARY'S HOSPITAL, PORTSMOUTH
POSTGRADUATE EDUCATION ALLOWANCE

REGISTER FOR GP PRINCIPALS

COURSE TITLE: GOSPORT GP GROUP – IMPLICATIONS OF THE WHITE PAPER

COURSE NO: SMH542(C) **DATE:** 12 MARCH 1998

SERVICE MANAGEMENT	TWO	HRS
DISEASE MANAGEMENT		HRS
HEALTH PROMOTION		HRS

	SURNAME (in capitals)	INITLS	GMC CODE	HA	TRUST Y/N	SIGNATURE
1	DAVIS	MC		HANTS	Y	Code A
2	HARRISON	WA.		Hants	Yes	
3	Garratt	PP	3141122	Hants	Y	
4	ERSKINE	RD	1644207	Hants	Y	
5	BURGESS	PA	3013089	Hant	Y	
6	LYNCH	DN		HANT	Y	
7	BRIGG	M.J	2574354	Hants	Y	
8	TART	CS	1649703	Hants	Y	
9	PETERS	E.J	2395790	Hants	Y	
10	BEASLEY	J.A	1453GB7	Hants	Y	
11	CARMACK	MC		Hants	Y	
12	MORGAN	SRE		Hants	Y	
13	SUMNER	M		HANTS	Y	
14	NORTH	D	2241265	HANTS	Y	
15	BEALE	E	2609872	Hants	Y	
16						
17						

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DISEASE MANAGEMENT		HRS
HEALTH PROMOTION		HRS

	SURNAME (in capitals)	INITLS	GMC CODE	HA	TRUST Y/N	SIGNATURE
V	19 COONAN	TJS.	1384165	HANTS	Y.	
V	20 BARTON	JA	1587920	HANTS	Y	
V	21 HUGHES	JR	1496064	Hants	Y	
V	22 PENNELL	RA	1495094	H	Y	
V	23 BELL	I-S.	3245930	H	Y	
V	24 SOMMERVILLE	AV	2500533	H	Y	
V	25 GROCOCK	JH	820559	H	Y	
V	26 LACEY	PA	2280767	H	Y	
V	27 YOUNG	DA	1703672	H	Y	
V	28 BREESE	SJ		H	Y	
V	29 KNAPMAN	A-C	4 27737	H	Y	
V	30 HAJIANTONI	N C	2362531	Hants	Yes	
V	31 EVANS	DA	1455863	HANTS	YES	
V	32 LYNCH	SME	2337171	HANTS	YES	
V	33 YEO	H ED		Hants	Y	
V	34 ALLEN	N.J.	3263437	H.	M.	
V	35 BASSETT	J.H.	2641755	Hants	Y.	

Code A

ST MARY'S HOSPITAL, PORTSMOUTH
POSTGRADUATE EDUCATION ALLOWANCE

REGISTER FOR GP PRINCIPALS

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COURSE NO: **SMH542(C)** **DATE:** **12 MARCH 1998**

SERVICE MANAGEMENT	TWO	HRS
DISEASE MANAGEMENT		HRS
HEALTH PROMOTION		HRS

	SURNAME (in capitals)	INITLS	GMC CODE	HA	TRUST Y/N	SIGNATURE
1	ASHBY.	J H.	2711032	Hants	Y.	Code A
2						
3						
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14						
15						
16						
17						

ST MARY'S HOSPITAL, PORTSMOUTH

ATTENDANCE REGISTER FOR NON-GP PRINCIPALS

COURSE TITLE: GOSPORT GP GROUP – IMPLICATIONS OF THE WHITE PAPER

COURSE NO: SMH542 (C)

DATE: 12 MARCH 1998

(PLEASE PRINT YOUR NAME AND TICK ONE CATEGORY)

SURNAME (in capitals)	INTLS	TRAINEE	ATTACHED TO PRIMARY TEAM	EMPLOYED BY PRIMARY HC TEAM	OTHER DOCTOR AND JOB TITLE
1 WRIGHT	JILL		DR ANDERSON + PARTNERS		
2 GREEN	LESLEY		DR KNAPMAN & PARTNERS.		
3 [illegible]	[illegible]		[illegible]	[illegible]	
4 WITHINGTON	P. J		Dr Collins & Partners.		
5 DAVIS	M.C.				
6 TANG	H.W				H.A.
7 CLARK	A				"
8 KIRTLY	J				"
10 HUMPHRIS	P				"
11					
12					
13					
14					

ST MARY'S HOSPITAL PORTSMOUTH

POSTGRADUATE EDUCATION ALLOWANCE

CERTIFICATE OF ATTENDANCE

This is to Certify that

Dr

of

attended Course No SMH0542(C)

entitled: GOSPORT GP GROUP - IMPLICATIONS OF THE WHITE PAPER

at : GOSPORT WAR MEMORIAL HOSPITAL

on : 12 MARCH 1998

which can be accredited towards the following:

SERVICE MANAGEMENT	for	TWO	hours
DISEASE MANAGEMENT	for		hours
HEALTH PROMOTION & PREVENTION OF ILLNESS	for		hours

Authorised by _____

(Adviser / GP Tutor / Course Organiser - as applicable)

This Certificate has to be given to your FHSA in order that your attendance record may be updated.

For Hampshire GPs please send your certificates to: Elaine Roddis, Payments Assistant, Portsmouth & South East Hampshire Health Authority, Operations Department, Friarsgate, Winchester, SO22 5DH

12-3-98

Gosport GP Group

JB intro

White Paper — New NHS

PH - slides - Public Health Green Paper

White Paper on Social Services due out late this year

+ Performance Framework - national framework

3 pilots live 1/4/98 - cash limited practice
- potential HCHS service budget.

Copies of guidance for me or Alex.

HIP slide focused on health needs of pop.
+ local authority roles

6 + a bit local authorities is an issue

- views of clinical governance eg Bristol paed.

- PCG/Ts - focus on health needs.

PCG slide

- all practices will be in one
- size of groups eg Purbeck 30 000 - is this affordable. Other groups / 200 000 can all practices participate
  ∴ compelling arguments for each end of scale

- Unified budgets – GMS (cash-limited)
  – cash-limited prescribing
  – HCHS
  - provides flexibility to move between headings

Criteria slide ① - local support

② bottom up by 31/7/98 but this is late
+ gives little time to set up by 1/4/99

Next steps slide

GPFH end 1/4/98

- services developed
- staff employed
- financial probity - auditable accounts.

Old + new agendas
- statutory duties to work in partnerships

Issues slide
- GP / Management partnership.
- local control of health services.

JH

White Paper – no opt out for PCGs
– size
– steps 1-4
(enter at any steps)

Functions – integration + breaking down boundaries

PCGs – 'Fed right'
size – cross boundaries - manageable
– economies of scale
– JJ per Lead
– HA devolved management expertise
not to this
– too many groups = problems for providers.

PCG steps 1-4
because
3 - could be delayed by parliamentary time constraints
– autumn ?

4 = big pize!

Pros & cons – who decides ?
– shift for primary to secondary care
– carrots + sticks
– who controls eg prescribing / GMS ?

Practice Nurse
for H.A - Kathryn.

E. Hants

- history core GPFH - Multifocal 8th core → Pilot
- aiming level 2½ at present.

Go part - speed - what level

- size
- referral pattern - Herts, PAT, SLH } Comparable/Fareham different?
- community services
  - F+G
  - / \ 1
  - Subgroups.
- GMS
  - Practice staff OK small
  - Development - larger scale enough money

PM involvement?

JH Yes, but at what stage?

GP + senior staff 1st

Nurse/PM involvement = more practical issues

Q Prescribing budgets?

PH Similar process as applied to GPFH.

Q Management allowance?

PH JJ/Lead level 2 = over and above HA allowance.

possibly more at levels 3 + 4

HA devolvement = available skills, decided based upon personnel policy.

3 groups of staff — HA
— community
— GPFH

Q Management team dictates speed of process ie 1-4

PH No national guidance ∴ personal opinion.

Discussion with GPs a what they wish to achieve.

Managers work in partnership with GPs.

eg pharmacy support = ↓ prescribing expenditure

GPs actually refer/prescribe ∴ therefore commit expenditure

Q HA cannot be sued eg rationing lead to a patient dying.

PH Judicial reviews of HA eg beta interferon + treatment of Laparoscopics
but seeking national clarification + optimistic that this issue will be resolved.

Q Healthcare + money

DSCA review - recommendations yet to go to ministers.
- role for core military hospital?
if so, where?
+ level of cover especially for small specs.

HA preferred option - casemix/training ∴ need ↑ size ∴ acute services centralised on QA site
+ collaborative working.
+ allocation of money back into pot.
not 'Healthcare activity budget'.

Q Notification of withdrawal of service.

PH Trying over past 2½ years.
Integrated service facilitates smoothing out fluctuations eg PHT + Hosp
Orthopods 7 + 7 = 14
∴ loose 2 = less problematic.

Q Wider level for Gosport

PH Level 2

= devolved responsibility then progress onwards.

Q How is this going to happen?

Groups need to identify key GPs with relevant skills + abilities. + HA support.

() Hope to have a consensus view then consult with HA.

Q How do we know where we stand with reducing care?

HA need to do some further work, especially on OPs + equity formula. + pace of change

Q When do we know what our budgets will be?

() Some months of work + discussion.

Decision single group / + Fordham or after?

Q How quickly will HA stop commissioning when PCGs are ready i.e evolutionary change.

Q How will HA know the PCGs are overspent?

Info requirements - intervals for PCGs

- extend performance monitoring.

Q Over/under spends

Over = cut services

Under = agreed policies

Q Info ie how is info collected?

PH Info systems to collect data did people have confidence in.
Cannot afford to collect activity at GPFH level.

JH Find a way between HA & GPFH approach.
PCTrusts are improving their data accuracy but PCGs will need to collect data.

230 HCHS
50 Prescribing
9 cost limited GPs

JH Clinician to clinician dialogue = way of changing/improving services.

Q Amalgamating with Foundation Trust administratively separate?

JH Yes probably super structure + agreed way below this.

could start separately & now together later

PH stressed the need to think about economies of scale in the infrastructure + GP involvement i.e larger pool.

Q Plans ↓ no. of H.A,

No plans at present but 10 CW won't stay in its present form for much longer.

but may well come clear HT PCGs are established

Q No. on steering group

Pilot non/pilot issue

5 + non pilot + social events + board + nurse

= prep year.

Q Support for steering group.

PH Yes. But no additional resources ∴ HA is looking at ways to support this.

+ resourcing GP time

Q Resources for GP involvement + encouragement

PH looking to support where possible until TJ head becomes available.

JH Balance GP / managerial involvement in establishing PCGs.

Q Why can GPs make things happen if HA can't.

JH PCTs need to look at efficiencies within their system than in order to fund their developments.

PH HA has had some successes but now at a stage to take this further lead by clinician to clinician debate

- sensitive commissioning
  - small = more sensitive but ↑ cost
  - middle ground.
- ownership clinics driven by GPFH = good news.
- control of money

Q Overspend = ↓ GMS decision

PH Group discussion/decision
In reality GMS element is likely to remain relatively untouched.

Q Are budgets set by HA each year?

PH Yes, but national formulae may be part of this.