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ADMINISTRAT

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Locality commissioning pilot schemes

It is becoming apparent since the publishing of the Watte Paper in December that progress towards Primary Care led Commissioning will be rapid with purchasing devolved to local groups and the Health Authority standing back as an advisory accountable body. The first step towards this has been the setting up of Locality commissioning Pilot schemes of which there are three in Portsmouth and SE Hants. Havant and the SE part of the district, Portsca Island and Fareham. The two larger groups at present are approximately 200,000 strong.

These groups are already working on limited prescibing budgets and considering their commissioning priorities. There seems no doubt that <u>before the millenium prescribing constraints will be applied to all practices</u> and all except very specialised services will have their commissioning devolved locally with purchasing decisions made within the pilot groups. Not all practices in each locality have agreed to join and there is a mix of fundbolding and noufundholding practices at present.

All participating practices have agreed to the cornersione of the scheme; a cash-limited prescribing budget and pharmaceutical advisors have already begun work within practices. Each member of the group has to take collective responsibility for over or under spending.

Overspend amongst nonfundholders will be clawed back from their HCHS budget while underspends may be reinvested within the practices for training or in HCHS with the agreement of the Health Authority. The effect of a large number of practices locally joining a locality scheme

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will be that the whole District will effectively become each limited rather than the bill being settled centrally. This will affect all practices within or outside the pilots.

Amongst the purchasing priorities already under consideration are:- **Prescribing** mentioned above but crucial to the success of any scheme. **Physiotherapy**: Gosport already has a scheme for practice based waiting lists under way. The data has already been collected and the scheme is up and running. The rest of the District is watching.

Palliative care We are closely concerned with the current review of palliative care by a District team which will be reporting soon. We must ensure that our special local needs are reflected in any district wide policy. **Direct Access to MRI/CAT** We must be directly involved in any discussions held with the RHH lest the situation change in the future and our informal arrangments break down.

GP Beds Again this is under active consideration by the Health Authority at present and any District Wide decisions made on future usage and staffing must involve us right from the start. It would not be appropriate for example for the Havant group in which 3 of the community hospitals are situated to dictate our work methods both in subacute, post acute and palliative care. **Community Nursing** We have an active dialogue underway with the Healthcare Trust on the distribution of Healthvisitors and District Nurses. In view of potential future changes in service we should also be talking to the Acute Trust about midwifery services in the community.

These locality specific matters and the more wide ranging dialogues planned with both Trusts about future services and even eventual mergers makes it imperative that Gosport fully considers the implications of discussions and close cooperation with Fareham. Our combined size would equal the other arms of the Groups and ensure a robust opinion and clear voice in any future plans for the District.

PCGS will also manage cash limited GMS (for premse's, I.T. & practice staff) + Out of thours find allocation
The HA is pressing for "real maney" for the Haslar service «this may change views
DSCA review of services likely to impact on Gosport significantly.