

Direct Line
Fax Number

Code A

hj/gos/letters/051296.wp6

5 December 1996

Dear

Gosport Locality Steering Group: 13 November, 1996

Please find enclosed the notes from the above meeting, which was attended by Haslar's Commanding Officer, Brigadier Guy Ratcliffe and their Director of Patient Services, Wing Commander Philip Bush.

Yours sincerely

Hugh Janes
Locality Commissioning Manager (Fareham & Gosport)

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Gosport Locality GP Steering Group

Notes of the Meeting held Wednesday 13 November 1996

Present:	Chris Tart	CT	Ros Reid	RR
	Brendan Coonan	BC	John Grocock	JG
	Felicity Shaw	FS	Alex Clark	AC
	Jane Barton	JB	Hugh Janes	HJ

Haslar's Commanding Officer, Brigadier Guy Ratcliffe (GR) and the Director of Patient Services, Wing Commander Philip Bush (PB) attended to discuss agenda item 3.

No	Discussion	Action
-----------	-------------------	---------------

1 Apologies for Absence

None

2 Matters arising

Covered by the agenda.

3 Haslar review

HJ thanked GR and PB for attending and outlined the purpose of this group, explaining that it was effectively a working group reporting back to the Gosport Medical Committee. HJ also outlined JB's role as Locality Commissioning GP, explaining that CT had performed the previous role of Locality Lead GP, from which JB's role has developed.

GR thanked the group for inviting him and acknowledged the importance of good communications with the local GPs, given that they were responsible for referring the bulk of Haslar's work.

CT raised the issue of answering machines, stating that he had frequently attempted to contact various departments during normal working hours, notably orthopaedics, only to encounter an answer-machine. There was general agreement amongst the GPs that this was a common problem, with FS stating that the Ophthalmology department frequently used an answer-machine. BC also questions whether departments closed at 4pm, as contacting them after this time was problematic. GR agreed that in many cases, this would seem to be inappropriate and would look into the matter.

GR

FS thanked GR for the information detailing each consultant's telephone number and asked whether a contact number, namely a secretary, could be also be provided, as in many cases GPs may not want to phone the consultant directly. GR accepted this but stated that recruitment of civilians was very difficult.

FS raised the issue of patients being sent letters informing them of non-attendance at outpatient appointments, yet these patients had not received prior notification of these appointments. GR reported that PB's primary task was to improve the services offered to patients and he hoped that instances such as these would be sorted out. PB explained that he was currently setting up a centralised computer system of booking appointments for patients and sending out the necessary letters. JG commented upon the apparently high number of changed and/or cancelled appointments. PB stated that this was something they also hoped to address.

PB

PB

GR asked for views on the faxing of discharge summaries to GPs and the GPs replied that it was very helpful. PB asked of the HMR1's were still arriving and this was confirmed by the GPs. PB also reported that a secure fax existed at the hospital in the patient services centre and this number was as follows:

Code A

JC explained that the prescriptions given to patients attending Haslar could only be used in hospital pharmacists, as is the case with most hospital prescriptions, however some patients were being given prescriptions at times when the hospital pharmacy had closed. This often meant a visit to their GP in order that he/she may provide them with a prescription that could be exchanged in non-hospital pharmacists. HJ commented that this issues had been raised by other GPs and in relation to other hospitals and agreed to pass this back to the HA.

HJ

CT highlighted the need for good communications between Haslar and the local GPs. He explained that relationships in the past had been good, but the recent changes within Haslar had lead to some confusion as to which members of staff had left and which remained. CT also suggested that a series of regular meetings between the local GPs and Haslar's medical staff would be helpful. GR explained that Haslar held regular clinical meetings on Wednesday lunchtimes and GPs would be welcome to attend some of these. FC stated that Portsmouth Hospitals held evening meetings, therefore perhaps the solution was a combination of both evening and lunchtime meetings. GR agreed to look into the setting up of meetings with the local GPs.

GR

There was some concern expressed over the difficulty experienced by some GPs in speaking to consultants at Haslar, something that appeared to be less of a problem at other hospitals, with the suggested reason being a greater number of consultants having secretaries. PB reported problems in recruitment of civilian staff, stating that this process often took up to six months and therefore agency staff were therefore frequently used and this lack of continuity may contribute to this problem. However he recognised the importance of good communications and anticipated improvements in communications over the next few months. The GPs did feel that Haslar were extremely good at informing them on the rare occasion when a patient died and this was very much appreciated.

RR asked what plans there were for the Paediatric service. PB expressed concern that referral from Health Visitors seemed to have stopped and wondered whether the perception was that Haslar do not accept referrals for children. GR reported the arrival of an additional consultant, Lieutenant Colonel Moorthy, to support Surgeon Commander Chris Kershaw and hoped that this would improve the service. FS asked whether Haslar were abiding by the national guidelines on paediatric surgery and GR confirmed that they were. The GPs felt that guidelines on children's services available at Haslar would be useful and that information in the form of a newsletter would also be appreciated. PB reported Haslar's intention to produce a regular newsletter. GR also reiterated that Haslar did not treat very sick children, unless they required immediate treatment in order to stabilise them before being transferred to Portsmouth.

PB

The issue of cancer services was then raised, with concern being expressed by the GPs over Haslar's accreditation status. BC explained that accreditation required a certain minimum number of patients to be seen and from memory recalled that for Breast cancer, Haslar saw approximately 50 new cases a year, whereas Portsmouth Hospitals saw approximately 350. There was therefore some concern over whether Haslar treated sufficient patient in order for the consultants to retain their expertise in certain areas. GR explained that Haslar aimed to offer a consistent high quality service and planned to work with Portsmouth Hospitals in order to achieve this.

Finally GR thanked those present for inviting him to attend and stated that he would shortly be making arrangements for a series of future meetings at Haslar. The GPs thanked both GR and PB for attending and felt that the meeting had provided a useful exchange of information. They also looked forward to similar such meetings in the future, together with clinical meetings at Haslar.

GR

4 Purchasing for Health 1997/98 Consultation

HJ reported that the Purchasing for Health Consultation meeting, had been well supported and the notes from this meeting would shortly be circulated. The group therefore felt that a further meeting was not required. HJ asked that any further views on this be passed to him by the 12 December, either verbally or in writing.

5 Urology

5.1 GP pre-prostate clinic

AC explained that the GP pre-prostate clinic was running very successfully, but that this was a pilot project which was funded on a non-recurring basis. The GPs felt that this was a very useful that should be continued. AC agreed to provide a report detailing the usage of this service together with projected running costs and HJ agreed to raise this within the Commissioning Directorate, although explaining that money was very tight in the forthcoming financial year.

AC

6 AOB

None.

7 Date of next meeting

Wednesday 15 January at 12.30pm in the Seminar room at Gosport War Memorial Hospital.