

Code A

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Gosport Locality Steering Group

To be held at Gosport Health Centre Seminar Room on Wednesday 26 June at 12.30 pm

AGENDA

- 1 Apologies for Absence
- ✓ 2 Matters arising
 - ✓ 2.1 Diagnostic imaging
 - ✓ 2.2 Day surgery audit
- 3 Mammography screening
- ✓ 4 Liz Ross to speak about:

Community Night Nursing service

Sick Children's nurse

- 5 Haslar review
- 6 AOB
- 7 Date of next meeting

GP info. from Haslar,

B Purchasing intentions ✓

Mike Townsend

Podiatry

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Code A

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Gosport Locality Steering Group

Notes of the Meeting held Wednesday 26 June 1996

Present:	Chris Tart	CT	Felicity Shaw	FS
	John Grocock	JG	Alex Clark	AC
	Brendan Coonan	BC	Hugh Janes	HJ
	Ros Reid	RR		
	Liz Ross	LR	attended for item 4	

No	Discussion	Action
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1 Apologies for Absence

None.

**4 Liz Ross
Service Manager for Primary Care Co-ordination
Portsmouth HealthCare NHS Trust (PHC)**

LR thanked the group for inviting her to attend the group, welcoming the opportunity to update them on recent service developments.

Community Night Nursing service

LR detailed the background to this service explaining that it started as a result of a successful bid to the Health Authority for an initial pilot in Fareham and Gosport. Details of the pilot scheme were circulated (attachment 1), along with copies of recent correspondence between the HA and Portsmouth HealthCare Trust (PHC). LR explained for security reasons, two people were required for each night visit; a nurse and a support worker. The cost of the service far exceeded the initial calculations, by a factor of about three, and as a result, it had been agreed with the HA that the service could not be continued. BC questioned why nurses need to be accompanied given that this does not apply to midwives. LR stated that they were working within the nursing guidelines and that this was one of the factors leading to the service proving to be quite expensive, averaging £78 per visit.

LR stated that she had written to the HA in order that this issue be kept on the agenda and she would also welcome ideas from GPs on alternative ways of providing such a service. CT stated that deputising was widely used, but those GPs who used this service would also welcome support in the evening ie. Up until 11 pm. LR stated that the twilight service was still operational and this should address this issue. HJ suggested that if GPs felt that this was an area requiring the service to be developed, it should be included in the Purchasing Intentions 1997/98 and its relative priority discussed in conjunction with other service developments requested by GPs.

Sick Children's nurse

LR explained that pre 1994, PHC were looking to bid for a contract specifically dealing with the care of sick children and with this in mind, some nurses with relevant skills had been employed in the Gosport locality. LR stated that by 1994 it became clear that no such contract would be awarded, a position that remains today ie. there is no contract specifically dealing with the care of sick children in the community. LR circulated a paper (attachment 2), which detailed the findings of a recent steering group, whose membership included GP representation. BC quoted a recent example of a relatively simple issue which caused a big problem and CT stressed the need for a managerial structure that stopped similar problems arising with each new child. LR explained the notion of self-managed teams as one way of improving the situation and stated that she would welcome any further ideas. BC suggested that one possible solution could be the employment of staff that spent half their time working in hospital and half in the community, thereby enabling them to keep their skills updated.

2

Matters arising from previous meeting

Diagnostic imaging in GWM

AC explained the above service would be operational during its refurbishment, although there may be some short term reduction in capacity during this process.

Day surgery audit

AC explained that there were two Gosport practices involved in the MAAG audit and that this should address the issues raised at the previous meeting.

3 Mammography screening

The general view expressed by the GPs present was the excessive time required to go through the notes prior to the screening. AC explained that no national money had been set aside, therefore requests for additional staff time would need to be in the form of development bids against available GMS.

5 Haslar review

HJ updated the group on the recent monthly review meeting with Haslar and agreed to circulate the notes from the forthcoming quarterly review. Some concern was expressed by GPs over the lack of information coming from Haslar on recent changes and HJ agreed to raise this at future meetings. Concern was also expressed that answer machines were frequently switched on during normal working hours in various departments at Haslar and HJ again agreed to raise this issue.

HJ

HJ

6 AOB

None

7 Date of next meeting

Wednesday 18 September, 12.30 pm in the Seminar room at Gosport War Memorial Hospital.

Attachment 1



Community Night Visiting Service

Fareham/Gosport

Pilot Scheme

AIM OF SERVICE

- ❖ TO PROVIDE A CONTINUING COMMUNITY NURSING SERVICE THROUGHOUT THE NIGHT
- ❖ TO PROVIDE A NIGHT NURSING SERVICE FOR ACUTELY ILL PATIENTS
- ❖ TO PROVIDE A NIGHT NURSING SERVICE FOR THE CARE OF THE TERMINALLY ILL PATIENTS
- ❖ TO PROVIDE A NIGHT NURSING SERVICE FOR ADVICE AND SUPPORT FOR PATIENTS/CARER/NIGHT SITTERS FROM THE TRUST AND OTHER AGENCIES
- ❖ TO PROVIDE A SERVICE WHERE IT IS MORE APPROPRIATE AND ACCEPTABLE TO HAVE A NIGHT VISITOR THAN A NIGHT SITTER
- ❖ TO PROVIDE A SERVICE FOR GP'S TO ACCESS WHERE NURSING SKILLS CAN BE USED

REFERRAL PATTERN

MONTH	GP	NIGHTSTAFF	PATIENT	CARER	TOTAL
AUGUST	1	-	18	7	26
SEPTEMBER	2	16	20	24	62
OCTOBER	5	22	52	10	89
NOVEMBER	-	7	10	30	47
DECEMBER	4	34	29	20	87
JANUARY	1	37	29	22	89
TOTAL	13	116	158	113	400

SEPTEMBER CALLOUT BY GP

DR MORGAN	10
DR TAYLOR	5
DR NORTH	7
DR ASHBRIDGE	5
DR PENNELLS	4
DR ASKEW	2
DR BASSETT	1
DR LYNCH	3
DR BROOKS	1
DR DAVIES	1
DR WHITE	1
DR COLLINS	2
DR PETERS	1

Attachment 2

CARE OF SICK CHILDREN IN THE COMMUNITY**THE RESEARCH FINDINGS IDENTIFIED KEY THEMES AS:**

- **IT NEEDS 24 HOUR COVER**
- **STAFF PROVIDING THE SERVICE MUST BE DUAL TRAINED, I.E. RSCN/COMMUNITY**
- **EXPERTISE FOR ALL PARTICIPANTS NEEDS TO BE INCREASED**
- **ACCESS TO EQUIPMENT AND SUPPLIES IS ESSENTIAL**
- **ACCESS TO THERAPIES AND OTHER SPECIALITIES IS ESSENTIAL**
- **GOOD COMMUNICATION SHOULD EXIST BETWEEN HOSPITAL, COMMUNITY AND OTHER AGENCIES**
- **SOCIAL SERVICES PLAY A CRUCIAL ROLE AND VOLUNTARY SECTOR HAVE A ROLE TO PLAY**
- **ACCESS TO MEDICAL CARE/EXPERTISE IS ANOTHER KEY FEATURE**
- **NEED TO CLEARLY IDENTIFY THE CHILDREN NEEDING THE SERVICE**

FEEDBACK FROM PARENTS, USERS AND PROVIDERS

KEY ISSUES EMERGED

- **INFORMATION FOR PARENTS ON AN INDIVIDUAL BASIS AS WELL AS A CONDITIONAL BASIS SHOULD BE CONSISTENT**

- **THE FEEDBACK DID NOT BEAR OUT ASSUMPTIONS THAT THE LENGTH OF STAY COULD BE REDUCED**

- **GP'S WERE KEEN TO POINT OUT THAT IF THE SERVICE WERE TO BE DEVELOPED IT NEEDED TO BE LARGE ENOUGH TO COVER ALL ISSUES**

- **THE FEEDBACK DID BEAR OUT OUR ASSUMPTIONS THAT THERE IS CURRENTLY A GAP IN THE SERVICES**

KEY PRINCIPLES WERE:

- ◆ 24 HOUR SERVICE
- ◆ SPECIALIST SUPPORT
- ◆ PARENT CHOICE
- ◆ JOINTLY TRAINED NURSES
- ◆ 24 HOUR ACCESS TO MEDICAL INTERVENTION
- ◆ RESPITE FOR SICK CHILDREN AND FAMILY
- ◆ INFORMATION
- ◆ EQUIPMENT AND SUPPLIES
- ◆ COMMUNICATION
- ◆ PARENTAL/TRAINING AND SUPPORT

ACTION PLAN

- 1 **DEVELOPMENT PROPOSAL TO STRENGTHEN THE
HEALTHCARE PROVISION FOR SICK CHILDREN IN
THE COMMUNITY**

- 2 **COMMITMENT TO ADDRESS THE ISSUES THAT WOULD
IMPROVE THE CURRENT SERVICE:**
 - ⇒ **TO REVIEW THE DISCHARGE PROCEDURE**
 - ⇒ **COMMUNICATION BETWEEN PARENT AND
PROFESSIONALS**
 - ⇒ **EQUIPMENT - THE NEED AND THE GAPS**
 - ⇒ **INFORMATION TO PARENTS - REVIEW AND IMPROVE**