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PORTSMOUTH
HealthCare
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To **Dr CHRIS TART**

Date **31-7-96**

For the attention of

Fax No **Code A**

From **Hugh Jones**

Pages (inc this sheet) **4**

COMMUNITY HEALTH SERVICES

St Christopher's Hospital
Fax No 01329 281173

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.

26.6.96.

B.C.
A.C.
H.V.
L.R.
C.T.
J.G.
Lads GP + 2

Gosport GP meeting.

1) None.

4) L.R. Thanks for invite, welcome opportunity

Bid to H.A. to Pilot scheme.

Cost of service 3 or 4 x budget.

2 people required for security - night service

CT CT Q? 1 nurse + minder CA-grade support worker + E grade nurse

CR confirmed that this was actually happening.

CR
£38k calculated cost but actual cost > 100k
ie > 3 fold increase.

CR. develop nursing service in conjunction with
Gosport evening service.

BC Midwives don't go out in pairs!

CT. difficulty in understanding discrepancy
in estimated vs real cost.



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CR

£78 per visit = cost.

CR write to HA keeping this on the agenda.

CR happy to receive ideas from GPs.

CR. What impact a GP via this service has stopped

CT. Deputising widely used but volume support in the evenings i.e. up until 11 pm.

CR Twilight service is still operational.

H.V. raise in Purchasing intentions.

400
20
00
28000

Cost.

② Trevor is employed nurse with relevant skills with this in mind.

Care of sick children. Paediatric nursing.

CR. Initially the Trust were bidding for care of the sick children contract, but by 1994 clear ② that this was not going to happen.

No body has been awarded a contract for care of sick children in the community.



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Sharing group with GP rep from Eastbury.

3 workshops, all with GPs + PHT.

CR circulated paper.

B.C. Quoted as example.

Recent meeting on June 5th to sort out simple ~~problems~~ ^{issues} could cause big problems.

BC suggested half hospital - half community ~~prob~~ ^{prob} in order to keep skills up to date.

CT concerned about getting the structure in place to stop ^{similar managed} ~~problem~~ ^{problem} arising with early prod. d.

CR self-managed teams - could achieve ideas + circulated a paper.

2.1 refurbishment late August.

ded 7th September - replace machines.

∴ service will still be operational!



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Clark's (ev).

2.2 2 practices in Gosport are involved in audit & should cover issues raised at last meetings.

CT. Mike. Tals lead of Harat - October
letter to PH - research group

To-do.

For P. Int. to all practices, get copy from Chris Tans ✓

Manuscripts

General view. too and time / too difficult to go through notes.

AC. No nationally set aside money in development bids!

JC. disclaimer on letter ie if patches correctly 'under care of breast unit'.



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Haslan
New appointment.

15th July (5)

GP, don't know people.

No
Answer machine, after 9.15 am.
fracture disc
optical
Cabin.

Cancelling clinics 6 month appointment
since after already waiting
3 months.

18th September 12.30



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