Hugh James

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH COMMISSION

Gosport Locality Steering Group

To be held at **Gosport Health Centre Seminar Room** on Wednesday 8 May 1996, at 12.30

AGENDA

1 Apologies for Absence

2 Matters arising

2.1 - apologies from Major Rosie Bamford, RHH
2.2 - physiotherapy provision & waiting times update
2.3 - GP beds and paper from Martin Severs

3 Withdrawal of the community night nursing "on call" services

4 Paediatric community nursing review

5 Diagnostic Imaging
- audit
- refurbishment & temporary closure

- New consultants
- MRI

Tom Radcliffe
Philip Bush

6 Day surgery audit

7 Quarterly Haslar review meeting

8 Portsmouth Hospitals Draft Strategic Plan
- presentation at 1.00pm by Nicola Hartley, Strategic Planning Manager (PHT)

9 Cash limited GMS funding up date

10 Changes to waiting time reporting

11 Future changes to meeting format
11.1 - role of lead GP
- designated deputies
- organisation of future meetings

12 AOB

Dr Bassett
Dr Dell

Growth.

Cooran or Dr Bassett

Tart

Portsmouth Hospitals NHS Trust
Draft Strategic Plan 1996 - 2001
(Briefing Paper)

Background

The two DGHs' policy no longer viable.
QAH will be turned into a single site DGH
St Mary's Hospital will be developed into a substantial "Community Hospital Plus" for Portsea Island with facilities for elderly care, rehabilitation and for services provided in collaboration with local GPs.

Objectives

(a) Queen Alexandra Hospital to be developed as the main District General Hospital
(b) St Mary's Hospital sites to be rationalised
(c) Opportunities to be explored by the Trust to support the redevelopment of the estate under the Private Finance Initiative
(d) Specified services to be provided by the Trust in primary care settings.

(a) Centralise acute services at QAH with St Mary's as a "Community Hospital Plus".
Under this objective, the requirement for acute in-patient beds for PHT would fall. Excluding Elderly Service bids (part of Portsmouth HealthCare NHS Trust) there are currently 1074 in-patient beds and this would fall to about 970, an estimated reduction of approximately 100 beds.

(d) It is the intention of the Trust to commit itself to expanding the provision of health care in the primary care setting. There is a conscious effort by the Trust to take patient care closer to the patient where appropriate. Through such developments, the Trust is likely in the future, to be involved in some direct primary care provision.
To enable the Trust to provide differentiated services to Localities and GPs.
To improve the responsiveness of the Trust to differing local needs.

Specific proposed developments

Changes in diagnostic equipment to enable remote imaging (i.e improved service direct to GPs).
More outreach clinics for outpatient, diagnostic treatment and therapeutic services.
Greater focus for acute renal care with chronic in primary care settings.
Integration of acute medicine and elderly care admission process.
Improved facilities for paediatrics.
Improved A&E facilities for children.
Development of paediatric surgical service.
Potential expansion of neonatal unit.
Access to MRI facilities.
Multi-storey car park at QAH.
Mobile Cardiology Unit.
Sylvan X-Ray.
Renal outpost Totton.

Development if integrated head injury/stroke unit jointly financed by the Health Authority.
Provision of total locally based orthopaedic service for local residents and the implementation of 5-day all day trauma sessions.
Need to assess the impact on the service of the "Hospital at Home" scheme to be piloted by Portsmouth HealthCare Trust.
Centralisation of ITU on the QAH site and the commissioning of a 10th bed.
Development of both acute and chronic pain relief services.
Replacement of Lithotripter in the next five years will require evaluation between static and mobile options.
Creation of combined GUM/Family Planning Service.
Reduction in residential accommodation.
Increase in electronic links with GP surgeries.

The Haslar Factor

The centralised hospital facilities for all three armed services at RH Haslar, will significantly enhance this acute service potential competitor.
Developments include:

- Increase in beds from 200 to 375
- Dedicated twin day surgical theatre suite
- Dedicated twin endoscopy unit.

Both the Trust and Haslar recognise that the potential competition could, in the long term, be destructive to both organisations. It is, therefore, intended to establish collaborative measures that will enable competition where appropriate but avoid fragmentation of service provision for the local population.

The increase in beds represents approximately £2m at a 50% discount. Any prospect of significant real growth in the total income for patient services provided by the Trust in the period covered by this Strategy is overshadowed by the potential impact of the expanded Tri-Service Hospital at Haslar.

Fundholding

With the trend towards increased services in primary care, GP Fundholders are planning to undertake minor procedures in their own surgeries and this will impact on the Trust. It is important for the Trust to ensure it maintains its market share of GP Fundholder income and this will require developing additional services and additional customers.

Alex Clark 2 May 1996

QUEEN ALEXANDRA HOSPITAL	ST MARY'S HOSPITAL
General Medicine	General Medicine
Cardiology	Cardiology
Thoracic Medicine	Thoracic Medicine
Neurology	Neurology
Diabetes	
Gastroentrology	
	Dermatology
Acute Elderly/Long Stay	Elderly Rehab/Long Stay
	DSC
Rheumatology	
General Surgery	
Orthopaedics	
ENT	
Audiology	
Ophthalmology	
Maxillofacial	
A&E	
ITU	ITU
Pathology	Pathology
Clinical Haematology	Clinical Haematology
Radiology	Radiology
Breast Screening	
Medical Physics	Medical Physics
	Renal Medicine
	Renal Transplant
	Radiotherapy
	Maternity
	Gynaecology
	Urology
Paediatric Surgery	Paediatric Medicine
	Infectious Diseases
	GUM
Pain	
Day Surgery	Day Surgery
Outpatients	Outpatients
	Private Patients
	Patients Hotel
	Nursing Day Unit
	Family Planning

Table 7.2.1 Current Sites Split

QUEEN ALEXANDRA HOSPITAL	ST MARY'S HOSPITAL
General Medicine Cardiology Thoracic Medicine Neurology Diabetes Gastro Acute Elderly Rheumatology General Surgery Orthopaedics ENT Audiology Ophthalmology Maxillofacial A&E ITU Pathology Clinical Haematology Radiology Breast Screening Medical Physics Renal Medicine Renal Transplant Radiotherapy Maternity Gynaecology Urology Paediatric Medicine Paediatric Surgery Infectious Diseases Pain Day Surgery Procedural Outpatients Private Patients Patients Hotel	Dermatology Rehabilitation Services DSC Chronic Dialysis Non-procedural Outpatients GP Direct Access Imaging GP Maternity Elderly Slow Stream Beds Family Planning Infertility Services GUM

Table 7.2.2 Proposed Sites Split - QAH Main Site; SMH Community Hospital Plus Site

John Grocock Ros Reid
Alex
Brendan Cowan
Chris Tart
~~Coby~~ ~~GP~~ F. Shaw

2.2
Physio - xtra resource

Spare capacity at Haslar ∴ recommend AC referrals here

2.3. MS to attend GMC to update + provide further info. Paper to be sent out with minutes.

3) Pilot £75k recurring F + G.
Report - very succesful

Revised cost for division £78k - tried to generate more internally but did not bid to H.A.
Money into twilight service now. Letters of support would be welcomed.
B.C. queried letter ie 'was a bid submitted?'

General agreement amongst GPs.

Stats/Lis were circulated to GPs about usage of service.

Letter from individual GP, fwd to Barbara Robinson.

4) 2 sick childrens nurses in Gosport. AC

PHC reviewed role of these nurses across the district

B.C Health Visitor - role has changed & there is an apparent gap in the service for children 'core & terminally ill children'

CT questioned appropriateness of work by these two nurses in Haslar.

AC AC - nurses had been working in Haslar.

AC - no 24hr 7 day service

Letter written to Paula Turvey Feb '96 highlighting certain areas that need to be addressed as part of the current review.

Another letter is required & AC to write it.

Cdg GP - where is nurses going?

5) AC updated comp.

Another audit to be carried out.

Jubs / Ansaf refurbishment - cover to be agreed.

& ↓ closed 2 months.

Improved communication.

6) CT

division on this.

MAAG Charles Lewis currently doing a project on communications,

Charles will send a copy of his report to Gosport.

AC. HJ to speak to Charles Lewis - extending audit to cover Gosport?

8) Nicola Hartley Draft strategy end June then 3 months to October.

~~Author~~

1st time developed a strategic plan for 5 year

∴ general view

Outline business case also about new buildings

contains detail by specialty ie projected level of admit = bed number = building size.

4 key objectives.

1) Summary . see document.

a) develop Q.A.

b) rationalise St Mary's & Portsea island Community Hospital +

c) private finance initiative

d) develop ~~out pa~~ services in communities.

Lady G?

Paeds? are Q.A

Read →

split site list.

p60

Now More likely to be 'one build' thereby ↓ timescale. / become more likely to obtain private finance.

John accomodation ↓?

Yes - rationalisation.

University accomodation ≃ 60 places.

Brendan

↓ accomodation may ↓ attractiveness of hospital for GP registrars.

Caddy GP - Dunn.

Division with planned Parts City.

Brenda - Medical record problem

Answer - hopefully be resolved.

CT - concern ↓ bed state 1074 to 970

Answer - govt policy to ↓ patient bed nos.

Brendan - need ↑ diagnostic facility

NH Admission ward, probably 40 beds.

Elderly patients in beds. - who manages Elderly - PHT or PHC ?

CT consultation with GPs

NH - would hope so.

Codes GP.
do plans take account of Haslar.

Joint task force - PHT + Haslar. target of Sept.

NH Views for GPs

St. Marys ?

John - irrelevant ie don't use that much.

Public transport to Q.A requires improvement.

Don't want to ↓ outpatients at Q.A.

↑ mobile facilities.

7) Minutes one per practice.

CT deputy.

HJ + AC updated group on new role.

CT Services in practices - eg 26th June
accomodation costs. 12.30 -

11.1 GF
CT CMC - PH negotiations
end June role finished