

4 Updates

4.1 CDM and MDHU

Maggie Somekh reported that the Trusts now in contention to host the Centre for Defence Medicine were Birmingham, Newcastle, Oxford and Guy's & St Thomas'. The DSCA would be visiting the four Trusts in November for a tender evaluation exercise and hoped to identify one potential partner by the end of November, after which detailed negotiations would begin.

The DSCA had just sent an indicative statement of requirements for the MDHU to Portsmouth Hospitals Trust as a starting point for negotiations. The statement contained information on patient numbers which would allow the Trust to start work on the clinical specification for the MDHU, and also set out the accommodation needs for military staff which the DSCA would be looking to the Trust to provide. Accommodation costs would be met through the Host Agreement for the MDHU. In other parts of the country, MDHU agreements had a 10-year life although this was open to negotiation.

Numbers of military staff would fall significantly by 2005. Some staff would be withdrawn in 2001 to set up the CDM and in addition the DSCA planned to balance out the size of MDHUs around the country. This would involve reducing numbers at the Portsmouth MDHU and building up some smaller MDHUs.

The DSCA was drawing up a manpower plan for a gradual drawdown of staff which would allow the Trust to recruit civilian replacements in an orderly fashion. Maggie Somekh said that she had made clear to Brigadier Lilleywhite that the three services must all sign up to the manpower plan in terms of timing as well as overall numbers, and that there could be no premature withdrawal of staff. Sarah Smart stressed the importance of this from the Trust's point of view. There must also be a clear distinction between the process of transferring staff from the MoD to the Trust and the eventual transfer of staff from the Trust to a PFI contractor.

Mr Bishop noted that it could be six to nine months before a joint DSCA/PHT manpower plan was agreed. It was important to ensure that no decisions were taken in the meantime, for example on training rotas, which would jeopardise the eventual position. A joint meeting was planned for 6 October and after this some local discussion would be needed about how to handle the interim period. He suggested that Dr Nick Hicks be asked to set up a meeting between the HA, Trust and Deanery later in October.

Action: Penny Humphris

4.2 HA Consultation

Penny Humphris said that attachment 2 was a copy of a paper to the HA summarising responses to the outline proposals published in May 1999. At the request of the HA board she had sent it formally to Major General Callow and to Barbara Stocking as the NHS link with the Defence Medical Services. The HA and Trust were now working on the specification of future services in Gosport. Responses to the outline proposals had focussed on A&E and ambulances and there had been general agreement from the Haslar Task Force/Gosport Borough Council on other areas.

John Kirtley explained that he was leading work to identify the options for distributing activity between Gosport-based facilities and QAH/SMH; identify activity volumes and associated costs; and, using the Trust's PFI model, to compare the likely cost of reproviding services from Haslar against the £8.5 million to be transferred from the MoD. This work was an important element of developing proposals for the next stage of public consultation and should be completed within about 6 weeks.

Penny Humphris reported that the all-day workshop on A&E models had now been fixed for 22 October 1999. This would bring together key stakeholders with external experts to debate possible models of care. Two leading A&E clinicians, Mike Lambert and Roger Evans, and a former chief ambulance officer had agreed to take part as experts and participants would include Haslar Task Force members and representatives from NHS, local government and voluntary organisations. The day offered the opportunity for broad and genuinely open-minded consideration of the range of options available.

Dick Bishop said that there might be difficulties finding Trust participants at the right level as several key people were unavailable on that day. He would look into this and see who was available to attend.

Action: Dick Bishop

4.3 PFI

Dick Bishop reported that at his preliminary meeting with the PFI unit they had set out a clear timetable to 2002. Major milestones included completion of the MDHU specification by January 2000; pinning down MDHU finance sources (capital and revenue) by April/May 2000; OJEC advertisement in September 2000 (revised from May 2000); and submission of full business case in September 2002. A further series of milestones would be identified later up to completion in 2005/2006. These were absolute deadlines and the Trust would be held to account for any slippage against them. The NHS Executive required detailed monthly monitoring reports on progress with the PFI.

5 Integration of Clinical Specialties

5.1 ITU

Maggie Somekh noted that problems were emerging with the arrangements for ITU following the closure of the Haslar unit. There were concerns about access to beds in the QAH ITU by consultants at Haslar; the adequacy of the retrieval protocols; and overall ITU capacity across the district. Surgeon Commander Taylor said that the loss of the Haslar ITU was having a significant impact on the provision of acute and elective services: surgery at Haslar was now limited to minor and intermediate procedures on patients without medical problems. There were knock-on effects for Haslar's hyperbaric unit and the ability to take Medevac patients. Medical staff at Haslar felt that the arrangements for ITU across the district were inadequate, and were concerned about a lack of commitment on the part of some QAH clinicians.

In discussion, a number of separate sub-issues were identified:

- some of the problems identified arose from the fact that there was no longer an ITU at Haslar, rather than from any deficiency in the replacement arrangements as such. The Haslar ITU had closed because the DSCA could not staff it; there was nothing to suggest that this position had changed; and so reopening the ITU was not a viable option

- estimates of ITU requirements had been made with the involvement of key clinicians, who had considered that an 11 bed unit at QAH would be sufficient to meet the average needs of the district. It was accepted that without the Haslar ITU there was less capacity to respond to peaks of demand. However, physical, financial and in particular manpower considerations constrained the ability to increase capacity in the QAH unit
- difficulties with the retrieval protocols must be resolved as a matter of urgency. The protocols were identical to those which worked satisfactorily for St Mary's Hospital; if they were not working for RH Haslar the reasons for this should be identified and remedial action taken immediately. It was not possible to guarantee access to ITU beds for any group of clinicians but the Haslar clinicians should not feel disadvantaged in relation to their colleagues elsewhere in the district. Dick Bishop invited the key players from RH Haslar to join a meeting the following day to try and resolve the problem
- questions about the sustainability of unselected takes at RH Haslar in the absence of an ITU would need to be addressed. Similar issues arose for St Mary's and there were plans to move some specialties from St Mary's to QAH next month. This in turn raised issues about the value of posts for training but these could be solved by the use of rotations
- the issues raised were operational rather than strategic in nature and as such were for the Joint Interim Management Team rather than the Partnership Board. However, the Partnership Board had a role in exception reporting and could provide the impetus to ensure that problems were resolved.

5.2 Report on Clinical Specialties Integration

Sarah Smart explained that the report had been prepared for the JIMT in the first instance and set out in detail the state of play on integration, specialty by specialty. SERO wanted to monitor progress in considerable detail and the Trust was planning to send them this report together with the project plan. Penny Humphris noted that there might be some sensitivities about the wording on particular items and Dick Bishop asked for comments to be sent to Sarah Smart by Friday so that the report could be sent to Barbara Stocking.

Action: PPB members

5.3 Project Plan

Sarah Smart explained that the project plan provided an overview with key milestones and then more detailed milestones for each of the working groups. It was cross-referred with the PFI project plan and would be updated regularly as work progressed.

Maggie Somekh noted that a project support officer would be starting at Haslar in the middle of October. One of his early tasks would be to identify critical path issues within the project plan and to produce a high-level plan for the Partnership Board which would allow the Board to focus on the highest priority tasks.

Brigadier Ratcliffe commended the work which had gone into creating the project plan, which represented a major step forward in understanding and organising the work ahead. Penny Humphris asked for any comments to be sent to Sarah Smart.

Action: PPB members

6 **Accident and Emergency Changes**

Sarah Smart reported that a Project Team had been set up to look in detail at the work which would be required to make changes from August 2000 and had produced a draft model as a starting point. It was important not to underestimate the work involved. Recruitment and training of nurse practitioners, if they were to form part of eventual provision on the Gosport peninsula, would take at least nine months, and radiographer training had a similar lead time. The Project Team was meeting again on 7 October. Points for discussion then included the future of GP involvement in minor injuries provision in Gosport, and human resource implications of any change.

Penny Humphris stressed that changes to accident and emergency services in Gosport would have to be an issue for consultation. The Project Team was looking at the detailed implications and, since nurse practitioners would be a key element of any future service, it was prudent to start recruiting them now. However, the Project Team was not empowered to reach conclusions on the way forward for the Haslar A&E or the Gosport War Memorial Hospital minor injuries service, which formed part of the same decision process. It was important that the issue should not be prejudged in advance of the A&E day on 22 October. She circulated copies of a line to take and Q&A briefing which would be used by all members of the Partnership Board in the event of queries of the future of the A&E.

Tony Horne said that questions were surfacing in Gosport about the future of the War Memorial Hospital minor injuries service. It was important to be clear that no decision had been taken yet, and also what the decision point for that service would be. It was reasonable to say that the logic of the situation suggested a single facility on the Gosport peninsula, but that no decisions had been taken about the form of the service or its location.

Brigadier Ratcliffe noted that there had been references to telemedicine in earlier documents, but that this did currently seem to be under discussion. Sarah Smart explained that a supra-district group was looking at telemedicine although it had not yet made much progress.

7 **Date of Next Meeting**

In view of diary commitments, the date of the next meeting was changed to Thursday 18 November from 13:30 at RH Haslar.

CMM
18/10/1999

Distribution: those present and apologies

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
DEFENCE SECONDARY CARE AGENCY
PORTSMOUTH HOSPITALS NHS TRUST
ROYAL HOSPITAL HASLAR**

PORTSMOUTH PARTNERSHIP BOARD

Notes of the meeting held on 30 September 1999 at Finchdean House

- Present:** Penny Humphris Chair
Dr Jane Barton
Dick Bishop
Major General Chris Callow
Tony Horne for Max Millett
John Kirtley
Clare Moriarty
Brigadier Guy Ratcliffe
Sarah Smart
Maggie Somekh
Surgeon Commander Rodney Taylor
Dr Graham Winyard
- Observers:** Air Commodore Warwick Pike
Mike Blackwell
Sue Galley



No. Discussion

1 Apologies and Welcome

Penny Humphris welcomed Clare Moriarty and Sue Galley to their first meeting of the Partnership Board. Max Millett had sent apologies; Tony Horne would be joining the meeting in his place.

2 Notes of last meeting

The notes of the last meeting of the Partnership Board held on 6 July 1999 were agreed.

3 Matters Arising

General Callow reported that publication of the House of Commons Defence Select Committee report was now expected to be on 25 October 1999. There would not be much advance warning of the content of the report, although the MoD and possibly the DH Parliamentary branches might be able to secure advance copies. Sue Galley undertook to see if it would be possible to get early sight of the report.

Action: Sue Galley