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**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
GOSPORT PCG**

Gosport GP Meeting

Notes of the Meeting held on the 6 May 1999 at Gosport War Memorial Hospital

Present:	Dr Jane Barton (Chair)	Dr Bob Pennells
	Dr John Bassett	Dr Wendy Harrison
	Dr John Grocock	Jayne Colebourne
	Dr Jonathan Hildebrand	John Kirtley
	Dr Evelyn Beale	Dr Paul Burgess
	Hazel Bagshaw	Pat Rimmer
	Dr David Young	Kathryn Rowles
	Dr Peter Lacey	Dr David Chilvers (guest attendance)

No	Discussion	Action
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1 Apologies

Declan Lynch and Chris Kelly

2 Notes of last meeting

Item 4 Practice Prescribing Budgets (para 4) – Dr Bassett requested that an additional comment be made to the effect that there should be a proviso to ignore para 85 of the Health Service Circular.

3 Health Improvement Programme

Jonathan Hildebrand presented the Draft Gosport PCG Action Plan for Asthma and Cancers, which follows from discussions he has had with Declan Lynch and Grant de Feu (Fareham PCG for shared asthma priority only).

4 Action on Asthma

Jonathan confirmed that Declan had also met with Dr Burgess and the two PCG Board nurses to agree a way forward for asthma patients in Gosport. It was suggested that all practices should maintain a register of asthma patients, particularly those on inhalers (relievers and preventers) and those receiving repeat prescriptions. Jonathan agreed to check with Mike Sadler whether this information was already collated as part of the Chronic Disease Management Programme. Jayne Colebourne believed this was unlikely because practices do not collect information in the same way. Dr Grocock suggested whether a template, which asked the right questions, could be produced. for practice use. It was agreed that this would be helpful.

DL/JH

5 Action on Cancers

2.5 (point 2) – Dr Grocock questioned whether GPs in Gosport would still be able to refer patients to Countess Mount Batten House. Jonathan Hildebrand confirmed that this is still the case but that there is now more opportunity to access services at the Rowans Hospice.

Item 2.5 (point 4) - Jane Barton questioned whether it was feasible that all GP referral letters arrive at the hospital within 24 hours and if this included patients with changes in bowel habit. Jonathan Hildebrand agreed to check this with his colleague, Nick Hicks.

JH

Item 2.5 (point 5) – Dr Barton suggested that issues concerning GP access to diagnostic facilities should be linked with discussions regarding Haslar.

Comments on process

John Kirtley confirmed that he would like to take the Draft Gosport Action Plan for Cancers/Asthma to the PCG Board in June. He added that Dr Lynch was now a member of Gosport's Healthy Alliance and that the aim would be to encourage other agencies/organisations to take on responsibility for some of the actions identified in the Plan, where this was feasible.

The Group agreed with the main thrust and content of the Draft Plan. Dr Barton advised colleagues to write directly to Jonathan Hildebrand at the Health Authority if they had any major objections. All

4 Primary Care IT Update

Dr Chilvers joined the meeting to update the Group on the position concerning primary care I M & T. He confirmed that he was Gosport PCG's representative on the district wide Joint Information Strategy Group (JISG), which meets bi-monthly and the GP Net Project Group.

Dr Chilvers referred to issues raised in the PCG IT update agenda paper and to a summary update presented at the meeting. He made specific reference to some national projects, which included tele-medicine, a health data collection initiative in general practice, (to be piloted in this district), electronic health records (involving an amalgamation of hospital held patient data and information from GP records) and GP connection to the NHS Net.

Dr Chilvers explained that the government's plan is to ensure that all GP practices are connected to the NHS Net. He confirmed that the full cost of this development would be met from central government funding with the exception of call charges, which GPs would have to pay themselves. The Group agreed that Gosport practices would not wish to pursue this development based on these terms of reimbursement. Dr Chilvers indicated that he would be writing to the Department of Health concerning the proposed fee structure. He also confirmed that the JISG would be considering what the alternative sources of funding might be to support this development locally if the Department of Health does not reconsider its position on reimbursing GPs for the cost of call charges. John Kirtley confirmed that the priority for GMS funding support during 1999/2000 was to support Year 2000 compliance issues. He also added that all the Fareham practices had been connected to the NHS Net as part of the Commissioning pilot arrangements. Although the indications are that practices are not accessing the NHS Net on a regular basis, it is seen to be the first step towards direct booking of out-patient appointments in the future.

5 RH Haslar Update

John Kirtley reported that the Health Authority would be circulating a discussion paper, outlining proposals for future health service provision in Gosport, at the end of May. He indicated that there would be press coverage to raise public awareness about this. John added that a formal consultation paper would follow this in the autumn.

6 Palliative Care Services

Pat Rimmer referred to changes in palliative care service provision as outlined in the agenda paper. He explained that the Rowans will be providing additional bed capacity at its own risk and that at some stage the Hospice is likely to approach the Health Authority for additional funding support. The Group expressed the view that this should not result in future dis-investment in services provided at Countess Mountbatten. Pat indicated that this would only become an issue if workload shifts from Countess Mountbatten to the Rowans. This is unlikely if local GPs referral patterns remain the same.

7 Prescribing Issues

Prescribing incentive scheme

Dr Bassett confirmed that there is a requirement for PCGs to operate an incentive scheme. He indicated that there was potential for practices to gain from this might that it might be at the financial risk of the PCG. However, based on current figures it would appear that Gosport PCG will be under budget

this year although it there is wide variation between over and under spending practices. He indicated that two possible options for rewarding practices under an incentive scheme might be for practices to:

- Option 1. be rewarded on an equal basis.
- Option 2. work towards achieving the three quality standards.

Hazel Bagshaw confirmed that the Health Authority is currently working up these standards and that they would be budget linked. She confirmed that whatever scheme is agreed locally the quality standards would have to be met to achieve maximum funding.

Dr Bassett indicated that practices could opt for a scheme whereby they achieved maximum gain or agree to adopt a more modest approach. He indicated that the option 1 could be divisive by setting practices against one another. He also reminded colleagues that they could each secure £3,000 by achieving the quality targets alone and that this would not put the PCG prescribing budget at risk. The GPs present agreed that in principle option 2 (ie work towards achieving the quality standards) would be the preferred choice, if feasible. John Kirtley indicated that the PCG Board would have the final decision on what scheme is adopted locally. He proposed that a paper setting out the options and quality standards should be presented at a future Board meeting.

JB/HB

Dr Bassett also suggested that the incentive scheme could be linked to defined list, which identifies what savings could be spent on. John Kirtley indicated that a list already existed and agreed to circulate this to GPs.

JK

Erythropoietin

Dr Bassett confirmed that Gosport PCG was contributing £27,171 towards the cost of prescribing EPO. He confirmed that the other PCGs were in favour of shifting this prescribing responsibility back to the secondary care. The implications of this would be that the PCG prescribing allocation for this drug would be passed to the Trust. The Group agreed that on clinical grounds EPO should be prescribed in secondary care and that allocated PCG funding for this should follow.

TTA's

Dr Bassett referred to discussions, at district level, concerning 'take away' drugs to patients discharged from hospital. The group agreed that the current arrangement, based on a 7 day supply, was not satisfactory and that a months supply, where required, would be a preferred arrangement. Hazel Bagshaw pointed out that there might be some risk in predicting accurately what the cost of this might be.

Drug Reps.

Dr Bassett reported that East Hampshire PCG had produced a policy, which sets out the approach for dealing with Drug Representatives. All practices in that PCG area are expected to sign up to this. It was agreed that this was not an issue for Gosport PCG at the moment.

District Formulary

Hazel Bagshaw confirmed that the District Formulary is due to be revised. She invited GPs to make suggestions or put forward proposals in writing to Dr Bassett or herself. She indicated that a committee would be established involving representation from general practice, the local Trusts, Haslar and the Health Authority. The aim will be to gain consensus on a range of preferred drugs.

All

Comparative Drug Costs

Hazel informed the group that this would be presented in bar chart format. She asked that practices let her know how many copies are required (eg. one per partner and a spare copy for locum/GP registrar).

All

8 AOB

Dr Pennells indicated that his practice wished to use fundholding savings to purchase further CAB sessions for five other practices in Gosport, which includes Evans, Hajiantonis, Anderson, Coonan

and Lacey. The cost of the service for six practices totals £6,394. Dr Bassett and Dr Beale indicated that their practices would also be interested in participating in the scheme if Health Centre accommodation could be found for the fortnightly session. Dr Pennells indicated that it should be possible to meet the cost of providing this service for the current year from 1997/98 savings. The group agreed that, subject to there being sufficient fundholding savings, the service should continue during the current year but that alternative sources of funding should be explored.

BP/JC/
KR

The next meeting will be held on the **1 July, 12.30pm in Seminar Room** at Gosport War Memorial Hospital.