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PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
 20 APR 1999
 GOSPORT GP GROUP
 Notes of the Meeting held on the 1 April 1999 at Gosport War Memorial Hospital
 AT PCGS

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

No	Discussion	Action
1	<p>Apologies for absence</p> <p>No apologies.</p> <p>Pat Rimmer, General Manager to Gosport & Fareham PCGs was formally welcomed to the meeting.</p>	
2	<p>Notes of last meeting</p> <p>Item 4 (7) Dr Lynch asked that any document requiring a decision from the Group should be circulated at least four working days before the meeting.</p>	PCG
3	<p>GMS staffing developments 1999/2000</p> <p>John Kirtley presented the agenda paper on the priorities for approving practice staffing developments against the available funding of approximately £45,000 for 1999/2000.</p> <p>The Group agreed the priorities for funding the bids, as set out in the paper. Practices would be informed about the outcome of this.</p> <p>There followed a discussion regarding the funding approved for the Community Practice Teacher (CPT) post for practice nursing. Two concerns were expressed. First, that the Gosport nurse trainer would be required, on occasions, to work across the district. Second, that Gosport, as the smallest PCG, would be contributing a comparatively higher level of funding for this development than some of the other Groups.</p> <p>Kathryn Rowles explained that the CPT in Gosport (Chris Kelly) was one of five nurses involved in providing practice based training support for local practice nurses. She confirmed that the other four CPTs are based in the Fareham, East Hants and Portsmouth City areas. At the moment, they all work flexibly across the district in order to accommodate the varying training needs and demands from practices. Kathryn explained that this arrangement also had the</p>	KR

advantage of ensuring that the different clinical skills and interests of these nurses could be used in the most effective and appropriate way.

Kathryn indicated that one of the main reasons for developing the CPT role was to ensure that local practice nurses would be able to access the new community specialist degree programme (for general practice nursing), which includes practice based assessments. She confirmed that the CPTs are also involved in the induction of new practice nurses, smear training and acting as a resource to practices on identifying training needs and available courses.

Kathryn confirmed that it had been a difficult task to identify suitably qualified and experienced practice nurses to undertake the CPT training course. She believed that the role would evolve as practices/PCGs start to develop a clearer understanding of what practice based training support might be required. This might result in different working arrangements in the future. Kathryn explained that the CPTs would be keeping a record of the what training activity they are involved in this year. Given that the CPT role is a new development for practice nursing, it was agreed that this should be reviewed mid year.

KR

Kathryn also indicated that she was in the process of producing the CPT's job description and agreed to circulate a copy of this once it had been discussed with the trainers.

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4 Practice Prescribing Budgets for Gosport PCG

Dr Bassett referred to the recent prescribing paper that Katie Hovenden had circulated and a meeting he had with her two weeks previously to discuss the implications for the PCG.

He introduced a paper that he had just circulated, which identifies three possible options for allocating the PCG prescribing budget for 1999/2000:

- Option one essentially reflects the budget allocation proposed by Katie Hovenden, which is based on an equity formula
- Option two identifies a more radical approach
- **Option three** supports Katie Hovenden's proposed allocation but with the pre-requisite that a more accurate and equitable individual practice budget should be developed during the year.

Dr Bassett re-confirmed that there is no current national formula on which PCG budgets could be based. This meant that the budget proposal for 1999/2000 had been based on:

- historical prescribing patterns
- an equity formula determined by old census data
- transitional relief for some practices

Dr Lynch voiced a concern that the equity adjustments identified may be unfair from an individual practice perspective. Dr Bassett accepted this but recognised the need to use Katie Hovenden's proposed formula as the baseline. He reminded the Group that the formula had been designed to set the budget at PCG rather than practice level and this is

what Gosport practices would be required to work within.

JB/HB

The Group agreed that option three, presented in Dr Bassett's paper, offers the most appropriate way forward for Gosport PCG at the moment. Dr Lynch suggested that the budget setting process for the next financial year could begin from December 1999, with morbidity data possibly being collected from practices during the interim period. Dr Grocock indicated that this might have staffing implications for some practices, which would need to be addressed.

There was some discussion about the use of pooled savings within the PCG. Hazel Bagshaw indicated that if practices in the Gosport area agreed to pool their savings they would all need to be at the same stage. She was not convinced that this was the case at this current time.

Dr Young raised the issue of whether the PCG would wish to adopt a Portsmouth wide prescribing formulary. The Group agreed that it might be preferable to follow a unified prescribing habit within the district, which would accommodate patient movement across the area. It was suggested that if a common formulary was used, Gosport practices could add to this to reflect local preferences. It was recognised that it would not be mandatory for individual GPs to follow the formulary. It was suggested that the PCG might wish to issue a statement to practices, which encouraged doctors to work to the formulary where possible. This message could also be reinforced through the prescribing bulletins.

HB/PCG

5 Nurse Prescribing

Kathryn Rowles referred to the paper she recently circulated on the roll out arrangements for nurse prescribing. She confirmed that a Steering Group had been formed and that a part-time project manager (Sarah Kingdom) had just been appointed.

Kathryn indicated that approximately 280 community nurses in the district would be eligible to train as a nurse prescriber. This number included 3 practice nurses. A total of eight training courses would be run locally over the next two years, with the first course starting later on in April. The six nurses from Gosport who would be attending this first course were named as:

Nicky Cornell (DN Knapman practice)
 Chris Fisher (HV Knapman practice)
 Rosemary Lawes (DN Hajiantonis practice)
 Lyn Wain (DN Bassett practice)
 Kath Clark (HV Anderson practice)
 Barbara Higgins (HV/Team Co-ordinator)

She confirmed that about 24 community nurses from the Gosport area will have completed the training by the end of March 2000. Kathryn pointed out that only half of this number would be prescribing by the end of the end of this financial year because of the time delays anticipated for UKCC registration. On this basis, Katie Hovenden has proposed that 0.125% is top sliced from the PCG prescribing allocation during 1999/2000. This would be an indicative budget and not a cash

allocation to Trust.

Kathryn confirmed that local monitoring arrangements would be established with the Trust for community nurse prescribers during the year. She indicated that the PCG might wish to develop its own Nurse Prescribers formulary, based on the nationally agreed formulary, to reflect local practice. It was agreed that Hazel Bagshaw would explore the feasibility of developing a local formulary in discussion with Katie Hovenden and the other PCG pharmaceutical advisers.

Kathryn indicated that a communication mechanism would be needed to ensure that GPs are informed about the items prescribed by attached community nursing staff. This would have to include the reporting of any adverse reactions. Access to patient medical records and confidentiality arrangements would also need to be considered. Kathryn confirmed that these issues will be addressed by the Nurse Prescribing Steering Group. She welcomed any suggestions about this.

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AOB

Dr Lynch informed the Group that he had received a copy of a draft letter from the LMC on patient confidentiality, which sets out the limits of what data should be shared at PCG level. It is proposed that it should be circulated to all practices. Dr Harrison agreed to discuss the issue further with Dr Button.

WH

Dr Hildebrand reported that a strategy on the future direction of Adult Mental Health Services was being developed. He explained that the Centre for Health Service Development is facilitating a number of 'open space' events to help collect information to support this process. He indicated that there would be a number of seminars /focus groups held during April and GPs should contact him they are interested in attending.

Dr Barton reported that East Hants PCG had given notice to the Trust to provide a vasectomy service and that a tender for this work was being prepared. She understood that the tender specification for this service would also be circulated to all practices.

JK

Dr Lynch requested some feedback on the latest position concerning IT. John Kirtley suggested that Dr Chilvers, as the local representative on the Steering Group, should be invited to the next meeting.

Jayne Colebourne informed the Group about the changes that will come into force concerning the employers contribution to the superannuation scheme. From the 1 April 2000, the employers contribution will be 5%. This will increase to 7% from 1 April 2001. John Kirtley indicated that this would need to be addressed though the GMS development programme.

On behalf of the nurse representatives on the Board, Jayne Colebourne asked whether one or both of the nurses could attend future GP meetings. After discussion, it was agreed that the Board nurses or representatives from other organisations should be invited as and when there are relevant agenda items for discussion.

Dr Young informed the Group that Nigel Edwards, from the London Health Economics Consortium, had been asked by Penny Humphris to act as an independent facilitator to assist the Health Authority to review future service provision in relation to RH Haslar. He confirmed that a meeting had been arranged on the 20 April and that local GP representation was required. Dr Barton reported that she would be unable to attend that meeting. It was suggested that Dr Pennells might be able to attend in her place.

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Future meetings

The next meeting will be on the 6 May, Seminar Room, Gosport War Memorial Hospital. This will be followed by alternate meeting dates on the 1 July, 2 September and 4 November.