

File: Gen 27

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

GOSPORT GP GROUP

Notes of the Meeting held on the 4 March 1999 at Gosport War Memorial Hospital

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|-----------------|------------------------|--------------------------------------|
| Present: | Dr Jane Barton (Chair) | Dr Phillip Gray (for items 2/3 only) |
| | Dr John Bassett | Dr Peter Nichol (for items 2/3 only) |
| | Dr John Grocock | Pam Wayman |
| | Dr Declan Lynch | Liz Ross |
| | Dr Evelyn Beale | John Kirtley |
| | Dr Peter Burgess | Dr Jonathan Hildebrand |
| | Dr David Young | Hazel Bagshaw |
| | Dr Peter Lacey | Katie Hovenden (for item 7) |
| | Dr Wendy Harrison | Kathryn Rowles |
| | Dr Bob Pennells | |

| No | Discussion | Action |
|----|--|--------|
| 1 | <p>Apologies for Absence</p> <p>No apologies.</p> | |
| 2 | <p>RH Haslar - Dr Phillip Gray</p> <p>Dr Gray had asked to address the meeting on the local campaign to 'Save Haslar'.</p> <p>He reported that he is a member of a sub committee that had just produced a report, which presents the case for Haslar staying open. The report emphasises a number of key issues, including service recruitment, the ability of Portsmouth Hospitals Trust to take on the additional workload, levels of patient care and the financial implications of the closure. He expressed a view that the funding available to re-provide services at Queen Alexandra Hospital (QAH) will 'fall short' of what is actually required.</p> <p>John Kirtley indicated that a figure in the region of £7 million would be available to provide services at QAH for Gosport residents. He explained that this figure had been derived from an assessment of the marginal cost, rather than the total cost, of providing care for civilians at Haslar.</p> <p>Dr Gray informed the Group that he had been invited to meet Frank Dobson when he visits the area later on in the week.</p> | |
| 3 | <p>Gosport Naval Services - Surgeon Commander Peter Nichol</p> <p>Dr Nichol joined the meeting in his capacity as representative of the three naval bases in the area and as a general practitioner at HMS Sultan. He indicated that he and his colleagues are also keen that Haslar remains open as they would need to refer patients to QAH if the hospital closes.</p> <p>Dr Nichol understood that about 90% of patients currently treated at</p> | |

Haslar are civilian, if in-patient, day case, out-patient and casualty attendances are taken into account. John Kirtley indicated that figures provided to the Health Authority from Haslar suggest that civilians account for about two thirds of the workload and military personnel a third.

Dr Nichol explained that there are about 15,500 servicemen in the Portsmouth area as a whole, with up to 10,000 of this number living/working in Gosport. He thought that the naval bases in Gosport would probably still be providing primary care in 5/10 years time but that this would depend on whether general practitioners can be retained within the Service.

It was not clear how links between the naval bases and the PCG could be developed at this stage. It was agreed that the best way forward would be to ensure that a copy of PCG agenda papers are sent to Dr Nichol.

JK

Dr Gray and Dr Nichol left the meeting

4 **Notes of previous meeting**

Item 2, para 5 - It was noted that Portsmouth Hospitals Trust would be putting a urology package together and not Portsmouth Health Care Trust.

Item 4 - Dr Barton indicated that the Strategic Board would be meeting in April to discuss local provision of secondary care.

Item 6 - Physiotherapy service provision would be raised again at a later meeting.

Item 7 - Dr Barton indicated that Katie Hovendon would be joining the meeting to discuss the PCG's prescribing budget for 1999/2000. Dr Lynch was concerned that the Group would be expected to agree the budget without adequate opportunity to study the papers fully. Dr Bassett understood that Katie Hovenden was attending the meeting to introduce the paper.

Item 8 - Dr Barton indicated that the PCG would not be interested in laser treatment at this stage.

5 **Management costs and GP remuneration**

John Kirtley presented the agenda paper, which provided an overview of management costs for the Gosport and Fareham PCGs and for the Health Authority. The Department of Health set a separate management cost ceiling, which excludes certain items of the management budgets, such as Prescribing Advisers and health promotion. The Health Authority's management cost limit is around £5 million.

John Kirtley outlined the staff, board member and non-staff costs for the Gosport & Fareham PCG's, which total around £431k excluding Pharmacy Advisers and Locum costs for Board Members. It was noted that when inflation was added to the figure of £431k it exceeded the

PCG allowance, based on £2.42 per head of weight of population, by around £40k. It was noted that in addition to these costs a further £30k associated with office accommodation for Gosport and Fareham PCG's would be funded separately from Health Authority budgets.

Discussion then focused on the allocation of the £42k available within the Gosport PCG budget for the six GP Board Members, excluding the Chair. The paper provided an example of how GPs could be remunerated for their time

Several elements of responsibilities and workloads for GP's were identified. These included corporate involvement in Board meetings, lead responsibility in key priority areas and participation in the wider Gosport GP group.

It was agreed that lead responsibility should be recognised and appropriately funded in three areas:

Health Improvement Programme - Dr Lynch
Commissioning - Dr Pennells
Prescribing - Dr Bassett

In addition, it was noted that the lead role in clinical governance, undertaken by Dr Warner, for both Gosport and Fareham, would also require appropriate funding.

Whilst it was noted that the funding available was based on the national agreement, some members of the group felt strongly that the funding available was inadequate to recompense the time and commitment required from GP's.

In recognition of time pressures, and in an attempt to make an efficient use of time, it was agreed in principle that formal Board meetings should be held six times a year, with meetings of the Gosport GP Group held on alternate months.

Dr Barton suggested that whilst the level of available funding is far from ideal, GPs would have to work within it. This would mean that tailoring their involvement in some meetings. John Kirtley also indicated that Board members would be supported by linking/pairing them with staff in the PCG management team.

After further discussion it was agreed that the outline division of funding set out in the agenda paper should apply following the formal establishment of the PCG from 1 April.

6 GMS development priorities 1999/2000

John Kirtley introduced the agenda paper. He outlined the initial calls on growth funding from GMS, which included pay increases for practice staff above the 2.5% level funded, and further funding to meet additional costs on current budgets for relief, computer support and maintenance. He explained that after allowing for these calls on growth funding it was anticipated that a recurring staffing development programme of around £45k is available. It was noted that the total value of the bids did not exceed £45k. The issue of whether all the

funding should be committed was discussed.

The paper proposed that bids should be categorised against three priorities: to maintain existing service levels, to reflect responses to changing service needs and consideration of bids against current funding levels to practices.

After further discussion, it was agreed that the first funding priority should be to maintain existing service levels and that all the remaining bids should be ranked as high, medium or low priority in accordance with the Health Authority system, which compares funding levels of 'like' practices (SCOPE). Funding would be approved for bids that are high and medium priority. Bids ranked as low priority would be reviewed later on in the year following further discussion with practices.

John Kirtley agreed to present details of developments to be funded, based on the agreed priorities, at the next meeting. This would include a commentary on current relative funding levels for practice bids to be funded in the development programme for 1999/2000.

JK

7 Prescribing

Katie Hovenden joined the meeting to present the 'Practice Prescribing Budget' paper, which suggests an approach for setting budgets at practice level in Gosport PCG. She pointed out that there is no formula that has been fully validated, which can reliably determine what a practice prescribing budget should be. Budget setting has historically been based on components such as Astro-PU's but with application of other factors such as historical use of expensive drugs and the practice Jarman index.

The proposed prescribing budget for Gosport PCG during 1999/2000 is just over £7 million, based on 1997/98 spend plus a further 7.7% as a baseline with 2.5% growth.

It was noted that a small top slice to budgets would be required for 1999/2000 for nurse prescribing, the incentive scheme and for contingency reserves. Katie Hovenden confirmed that the budget at practice level would be indicative but would be cash limited at PCG level.

There was some discussion about under/over spending practices, incentive payments and options for using practice savings.

Katie Hovenden confirmed that the PCG/practice budget allocations have to be notified to the PPA by the end of March. The Group felt that this timescale was unacceptable given that practices have had no time to consider the implications of the proposal set out in the paper. Katie Hovenden would have further discussions with Dr Lynch, Dr Bassett and Hazel Bagshaw. It was agreed that Practice Prescribing Budgets would be included for discussion at the next meeting on the 1 April when a final decision would be reached by the Group.

KH

Dr Pennells raised an issue of concern to practice managers regarding existing procedures for claiming GMS reimbursement of staff training costs. John Kirtley agreed to look at the current arrangements to establish if they could be streamlined.

JK

Dr Hildebrand sought agreement from the Group to explore the feasibility of using GP beds for general surgical patients, based on the same criteria used orthopaedic patients. The Gps agreed that he should investigate this further.

JH

Dr Lynch informed the Group that he would submit comments on behalf of the PCG concerning the Tram proposal in Gosport.

DL

Kathryn Rowles mentioned that she was about to send out a letter to each lead GP concerning the roll out of community nurse prescribing and that this would be included as an agenda item at the next meeting.

KR

The next meeting will be held on **Thursday 1 April**, 12.30 - 2pm, Seminar Room, Gosport War Memorial Hospital.