

File: Gen 27 John Kirtley

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Notes of the informal meeting of the Shadow Board of the Gosport Primary Care Group held on 18 February 1999

Present: Dr J Barton (Chair)
 Dr P Burgess
 Mrs R Butcher
 Mrs J Charman
 Dr J Grocock
 Mr C Hardy
 Mrs C Kelly
 Mr J Kirtley
 Dr R Pennells
 Dr D Young

In attendance Mr P Ifold

No	Discussion	Action
1.	<p>Apologies for Absence</p> <p>Apologies for absence were received from Dr D Lynch, Mrs R Pockley and Dr W Harrison.</p>	
2.	<p>Notes of the Meeting held on 21 January 1999</p> <p>These were received as a correct record.</p>	
3.	<p>Nurse Representation</p> <p>Mrs Butcher and Mrs Kelly were welcomed to the Board. They described the process which had led to their nomination. It was noted that 66% of Gosport nurses participated in the ballot.</p>	
4.	<p>Board Members: GP Representation</p> <p>Dr Barton reported that, apart from Dr Burgess, no other GP's had expressed an interest in filling the vacant place for a GP member of the Board. Consequently, Dr Burgess would become a member of the Board. Dr Burgess was welcomed to his first meeting.</p>	

5. **Information and IT**

Dr Pennells referred to a recent letter from Dr Chilvers concerning the Joint Information Strategy Group (JISG). Dr Chilvers is representing the PCG on this group.

Mr Kirtley confirmed that the JISG was responsible for coordinating and developing an IM&T strategy which would underpin bids for funding from the modernisation fund. It was anticipated that funds for development of IM&T systems in primary care, in particular linking to the NHS Net, would become available from the modernisation fund. It was noted that the process and framework for bidding against these funds had not yet been announced by the Department of Health.

6. **Health Improvement Programme**

It was noted that Dr Lynch and Dr Hildebrand were meeting to begin initial discussions on a draft action plan for the priorities identified at the last meeting of the Shadow Board. Mrs Charman and Mr Hardy expressed interest in contributing to the development of action plans for taking forward local priorities. Mr Kirtley agreed to inform Dr Lynch of this interest so that these members of the Board could meet and discuss how to further this work.

JK

7. **Organisational Development Sessions**

Board Members were encouraged to confirm their interest in attending particular sessions to Dee Lehan Matthews who is coordinating the arrangements. Dee can be contacted at Finchdean House.

Mr Kirtley said that if sufficient interest was expressed from Gosport and Fareham PCG Board Members it should be possible to arrange for particular sessions to be repeated locally.

8. **Incentive Schemes**

It was noted that all PCG's are represented on a group which together with Health Authority staff, is preparing principles to be applied to the development of prescribing incentive schemes for the next financial year.

It was noted that there is a lot of interest amongst nurses in training to be nurse prescribers. It was also noted that the training which nurses would need to undertake prescribing was separately funded by the Health Authority, and would not be a charge against PCG prescribing budgets.

9. **Royal Hospital Haslar**

Mr Kirtley updated the Board on two meetings of the Partnership Board which had taken place since the PCG Shadow Board last met. It was noted that the Partnership Board includes senior representation from the Defence Services Secondary Care Agency, Royal Hospital Haslar, the two local Trusts and the Health Authority as well as Dr Barton and Mr Kirtley representing the PCG.

Mr Kirtley referred to principles which had been agreed jointly by the Board, in particular the principle which recognised that given the timescale for reprovision of facilities the services currently provided at the Royal Hospital Haslar would be replaced progressively over the next five to seven years.

Mr Kirtley also emphasised progress being made between Portsmouth Hospitals Trust and the Royal Hospital Haslar in moves towards integrating and merging individual clinical specialties. He referred to potential difficulties in the next twelve months in particular specialties where shortages in consultant staff seemed most likely. He emphasised the importance of further integration between Portsmouth Hospital Trust and the Royal Hospital Haslar to enable NHS recruitment to assist in fulfilling consultant workload currently undertaken at Haslar.

10. **Budgets for 1999/2000**

Mr Ifold presented the agenda paper setting out an introduction to PCG budgets. He explained the distinction between the various components of the budgets. He referred to current baselines and distance from target for the Gosport PCG for Hospital and Community Health Services budget, cash limited General Medical Services and Prescribing budget. He emphasised the difficulties in accurately assessing the impact of the Haslar service within the Hospital and Community Health Services target position.

Discussion of the paper included reference to issues surrounding pace of change and the change from the ECR to the Out of Area Treatment arrangements. It was noted that the PCG would need to make appropriate arrangements to keep under review those Out of Area Treatments funded from budgets which it managed.

In response to questions concerning the overall budget reposition of the Health Authority for next year Mr Ifold outlined the current situation concerning the recent pay awards and the very severe problems which this caused. The impact these difficulties would have on developments for Hospital and Community Health Services were noted.

Mr Ifold explained that some details concerning the preparation of budgets were still under consideration. Budgets would be presented to the Board at the April meeting.

11. **Draft Primary Care Investment Plan**

Mr Kirtley presented the draft Primary Care Investment Plan. He outlined the content of the plan and how this reflected the requirements in central guidance. It was noted that the timetable for producing the plan had meant that in many areas the draft plan could only provide a record of the current position. The plan therefore provided a stock take, with insights in a number of areas to development proposals for next year. In particular development proposals were outlined in the section concerning GMS funding. He emphasised that essentially the production of this plan was a two stage process and that a more comprehensive plan covering a three year period would be prepared by the end of September.

Mr Kirtley answered questions on several elements of the plan. A number of corrections and amendments were suggested. Mr Kirtley undertook to make these necessary amendments.

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There was discussion on the issues of the use of fundholders savings. Dr Pennells outlined a number of areas where recurring fundholder budgets were being used to provide services used by a range of practices, including the GU clinic at Royal Hospital Haslar. He also outlined arrangements concerning physiotherapy services and also ultrasound.

It was agreed in principle that existing services commissioned from fundholding budgets on a recurring basis would be rolled forward and the services reviewed during the next financial year. In addition it was noted that in one or two areas services are funded on a non-recurring basis from fundholders savings. It was agreed in principle that these services should also be rolled forward for the next financial year, provided fundholder savings were available. This would allow a review of the services and a decision to be taken on whether and how best to continue to provide such services. Dr Pennells undertook to provide details of funding required, and latest estimates of likely savings available, for the next meeting.

RP

It was agreed that, following corrections and amendments suggested, that a revised version of the draft plan should be circulated to all practices.

12. **Health Exchange Simulation Event: Follow Up Action**

Members of the Board who attended this event outlined some of the key issues which emerged. It was noted that a report would

be available to all Board Members, in due course. It was agreed that the next meeting of the Board, scheduled for 18 March, would be an informal meeting and will provide an opportunity for Board Members to reflect on the issues which they felt should form a part of the work of the PCG for the next year.

Mr Kirtley outlined a number of elements of the agenda which were predetermined at national and Health Authority level and said that these, together with those issues defined locally for action, would be reflected in an annual accountability agreement between the PCG and the Health Authority. Important components of the PCG agenda such as Clinical Governance, the Health Improvement Programmes and primary care development, summarised in the Primary Care Investment Plan, had already been discussed by the Board and would form a component of the first years work of the PCG. It was agreed that the next meeting should be informal and provide an opportunity to suggest and debate other priority areas for PCG focus for the first year.

It was noted that new members of the Board had not had the opportunities of the original Board Members to consider the central guidance set out in the HSC 1998/228. Mr Kirtley agreed to circulate copies of this to new Board Members. Dr Pennells said that this could provide a useful checklist for a stock take of issues at the next informal meeting.

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13. **Future Meetings**

It was agreed that formal public meetings of the Board would be held from April on a bi-monthly basis. It was noted that this frequency of public meetings was broadly consistent with other PCGs and the Health Authority.

14. **Next Meeting**

The next meeting will be an informal meeting. It will be held at 1 pm on 18 March in the Health Education Room, Gosport Health Centre.