

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Notes of the Informal Meeting of the Shadow Board of the Gosport Primary Care Group held on 21 January 1999

Present: Dr J Barton (Chair)
 Mrs J Charman
 Dr J Grocock
 Mr C Hardy
 Dr W Harrison
 Mr J Kirtley
 Dr D Lynch
 Dr R Pennells
 Mrs L Ross
 Dr D Young

In attendance Dr J Hildebrand
 Dr P Burgess

| No | Discussion | Action |
|----|---|--------|
| 1. | Apologies for Absence | |
| | An apology for absence was received from Mrs R Pockley. | |
| 2. | Notes of the Meeting held on 15 December 1998 | |
| | These were received as a correct record. | |
| 3. | Nurse Representation | |
| | Mrs Ross said that there were nine candidates for the two Board places for Gosport nurses. Candidates had given presentations to nurses. Voting was underway and the results should be available on Tuesday 26 January. | |
| 4. | Draft Constitution | |
| | Mr Kirtley confirmed that a revised version was circulated on 8 January. This would be amended as necessary when the model Standing Financial Instructions and Standing Orders for Primary Care Groups were made available from the Department of Health. Department of Health guidance stated that these model documents would be available by the end of January. | |
| | It was noted that whilst the Constitution set out the usual period for members to serve on the Board it was possible for members to resign at any time. | |

5. **Information and IT**

Dr Pennells made reference to the request for the PCG to send a representative to the JISG (Joint Information Strategy Group). It was noted that Dr Chilvers would represent Gosport.

Mr Kirtley reported that Sue Pittam had been appointed as the Information Analyst for the PCG Management Team. He added that Sue was currently preparing a checklist on information and IT use within practices and would shortly be contacting practices to organise a visit for an initial stock take of systems and information use within the PCG area. This would provide a baseline for the Board to consider further information and IT issues in due course.

6. **Royal Hospital Haslar**

Mr Kirtley distributed copies of a paper prepared by the Health Authority Chief Executive which had been considered at the January Health Authority meeting. He explained the proportion of the overall acute care workload for the district as a whole which was accounted for by the figures set out in the paper.

It was noted that discussions had been started with the Regional Office of the NHS Executive about the need for funding arrangements to be revised to ensure that changes can be managed as services are reprovided from Haslar hospital. It was also noted that arrangements were already in place to initiate the necessary joint review of how best to reprovide services from the Royal Hospital Haslar. An initial discussion will take place on Monday 25 January. This discussion will involve the Defence Secondary Care Agency, the Royal Hospital Haslar, the two local Trusts and representatives of the Health Authority and PCG.

7. **Health Improvement Programme**

Dr Hildebrand gave a presentation outlining the key points in the development of the Health Improvement Programme (HimP). He explained that there was a requirement to identify at least one local and one national priority for particular attention during 1999/2000. It was noted that the timetable set for production of the Health Improvement Programme had coincided with the establishment of PCG's and that there had therefore been limited opportunity for involvement in preparing this first document. It was noted that the HimP Steering Group had included a wide range of organisations, including local authorities as well as PCG representatives.

Dr Lynch outlined key factors concerning the Gosport position in relation to asthma. These included the highest admission rates in the district. It was also noted that there is good evidence that

intervention in this area can make effective improvements in health.

There was unanimous agreement that asthma should be selected as the local priority, within the HimP.

Discussion on the national priority concentrated on coronary heart disease/stroke, cancers and accidents.

DL/JH

Dr Lynch outlined key advantages and disadvantages of selecting each of these priorities. He said that there was a considerable evidence base in relation to health improvement for coronary heart disease and stroke. However, it was noted that the relocation of the local resuscitation facility from Haslar could become a factor in outcomes in coronary heart disease.

The problems of identifying the need for further expenditure on Statins, without a source of funding, was also considered.

Dr Lynch outlined some key statistics in relation to death from accidents within Gosport. The existence of an Accident Prevention Group involving Gosport Borough Council was noted. However, it was noted that direct input from primary care in this area may be limited.

The importance of cancer as a cause of death locally was noted, and the acknowledgement of this within the population generally. The potential for a broad based approach in this area was discussed which could include health promotion on skin cancers, active pursuit of the target population not attending for breast cancer screening and the emergence of new clinical guidance on treatment of colo-rectal cancer.

After further discussion it was agreed that cancer should be selected as the national priority for particular attention during 1999/2000. Dr Lynch was thanked for his input in taking a lead in this area and it was noted that the next step would be for him to consult with others, including Dr Hildebrand, to begin to draft an action plan developed from the key objectives set out in the Health Improvement Programme relating to asthma and cancers.

8. **Organisational Development Programme for Primary Care Groups**

The paper was welcomed by Board members as providing a comprehensive programme for addressing a whole range of key issues for Board members. It was noted that the programme was intended to enable Board members to attend particular sessions on areas where they felt they required a briefing, or wanted the opportunity to explore issues.

Mr Kirtley reported that the start time of the sessions had been revised to enable GP's, particularly those travelling from Fareham and Gosport, to attend. The revised start time for each of the sessions will be 1 pm, with the exception of three sessions. The exceptions are those sessions to be held on 14 April, 19 May and 16 June.

9. Incentive Schemes

It was noted that recent national guidance includes an outline on the possibility of developing incentive schemes for general practice. The PCG noted that principles in this area were being considered by the Health Authority and would be considered by the district-wide Budget Setting and Equity Group.

It was agreed that this area needed careful consideration to avoid developing incentives which were divisive, when the practices within Gosport had joined the PCG in order to foster collaboration, to underpin improvement in local services and health.

10. District Nurse Prescribing

Mrs Ross provided an outline of the national requirements to provide training over the next twelve months for appropriately qualified practice and community nurses. It was noted that one practice nurse in Gosport has already participated in prescribing, when she worked as part of the national pilot run in Somerset. The need for close collaboration between nurses and GP's in implementing this development was noted. Careful consideration would be given to clinical and financial aspects of implementation.

11. Next Meeting

It was confirmed that this would take place at 1 pm on Thursday 18 February. It was noted that the seminar room at Gosport War Memorial was not available and an alternative venue would be sought. The alternative venue would be stated on the agenda for the meeting.