NHE000457-0001

File : Gen 12

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PORTSMOUTH & S.E. HANTS HEALTH AUTHORITY
- 3 NOV 2000
FAREHAM & GOSPORT PCGs

Notes of the PCG Leads meeting held on 13 October 2000

Present:	Dr C Lewis Mr J Kirtley Dr J Barton	Mrs S Clark Dr G Sommerville
In attendance for item 5	Mrs D Evans	
Apologies for absence	Dr J Hughes David Crawley	Dr M Johns

No.	Discussion	Action
1.	**Minutes of the previous meeting**	
	The minutes of the meeting held on 8 September 2000 were agreed.	
2.	**Matters arising**	
	SE Hants Early Years Steering Group - SR to write to Martin Dennison to confirm representation arrangements	SR
	New consultant appointments – SR to draft a letter to PHT suggesting that the process for seeking purchaser approval of new consultant appointments needs to be agreed. New appointments should be seen in the context of the Trust's manpower plan, additional resources requirements should form part of the SFF process and not be sought in year.	SR
	Macmillan dietician – it was understood that PCGs were being asked to underwrite recurring funding for a post which would receive initial funding for two years. SR to seek additional information from Joan Monroe.	SR
	Maternity service review – SR reported that it had been agreed that Pat Shirley would represent all PCGs in the internally led review.	
	PCG specific commissioning decisions – Commissioning Group to act as forum for liaison on these in the future.	
3.	**CAMHS/ADHD local service**	
	Item to be carried forward to the next agenda.	
4.	**Medical manpower planning**	
	EJ and SC had met with John Bevan. It was noted that the PFI is not based upon a service by service manpower plan. SC to discuss the possibility of offering support to PHT to acquire the expertise to be able to prepare a detailed manpower plan.	SC

It was agreed that this issue must be part of a wider debate about manpower planning and not an isolated debate about a workload expansion plans.

5. Cancer Network

Mrs Evans gave a presentation on the local implications of the developing South Coast Cancer Network (slides attached). **Attached**

She noted that achievement against draft national cancer standards would be peer reviewed in February 2001, this would include primary care. A baseline data gathering exercise would precede this exercise. Practices would be expected to participate in this data collection exercise.

She reported that Cancer Networks would provide all cancer services and also be responsible for needs assessment and service planning. It was anticipated that Cancer Networks would receive funding directly and employ a small executive team to undertake the work of the network Board and Executive. The Network would complete a separate service development plan which would be outside local SFFs. It was acknowledged that this would cut across current financial and accountability arrangements and how this would be resolved was not clear nationally.

Mrs Evans suggested PCGs consider the Cancer Plan, which was published in September, and refer to HSC 021 guidance, which was issued in June. **All**

Mrs Evans suggested that local PCGs consider proposing GP representation for the Regional Steering Group developing the concept of the network as well as representation on the local Cancer Network. She suggested that all PCGs should be represented on the local Cancer Implementation Team. Those present understood that Nick Hicks had been asked to lead this. **All**

Mrs Evans was thanked for her presentation and advice.

6. Initial PCT Service configuration

Confirmed that this was to be finalised at a meeting on 18th October. **SC/SR**

7. Palliative Care

It was agreed that a meeting would be arranged in the new year

	with Dr Jones to discuss future possible models of Palliative Care services. SC to arrange.	**SC**
8.	**Nurse Consultant in Elderly Medicine**	
	Fareham had supported this in principle and Gosport on the basis that it would be cost neutral. Portsea Island had offered support in principle but was unclear how this proposal fitted with the wider nursing strategy.	
9.	**LMC Tripartite meetings**	
	It was noted that Chief Executives would be invited to future meetings.	**SC/JK/SR**
10.	**Request for representation on HealthCall**	
	The letter from HealthCall was discussed and it was not felt to be necessary for PCGs to be represented. CL to respond.	**CL**
11.	**Dermatology Waiting List initiative**	
	CL offered to draft a letter inviting expressions of interest in undertaking cases from the dermatology waiting list to all GPs. He would agree the letter with MJ before sending it out to all GPs.	**CL**
12.	**Date of next meeting**	
	10 November at 1.45.	**All**
	SC's apologies for absence were noted	

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- Broad framework for the delivery of cancer services in England and Wales, 1995
- "all patients should have uniform access to high quality care" (1st principle)
- No guidance on implementation or quality assurance

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Peer Review

- Preceded by collection of baseline information
- Teams will be multiprofessional
- Teams will have adequate training and support
- Appraisal will be against clearly defined standards and performance indicators
- Evidence of structure and process of care

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Cancer networks:

Quality Improvement Framework (HSC pending)

- publication of standards which span the 'patient pathway'
- eleven topics
- consultation process in June/July
- requires delivery of care in networks with strong clinical and managerial leadership
- intends to monitor care through peer review site visits co-ordinated by regional offices

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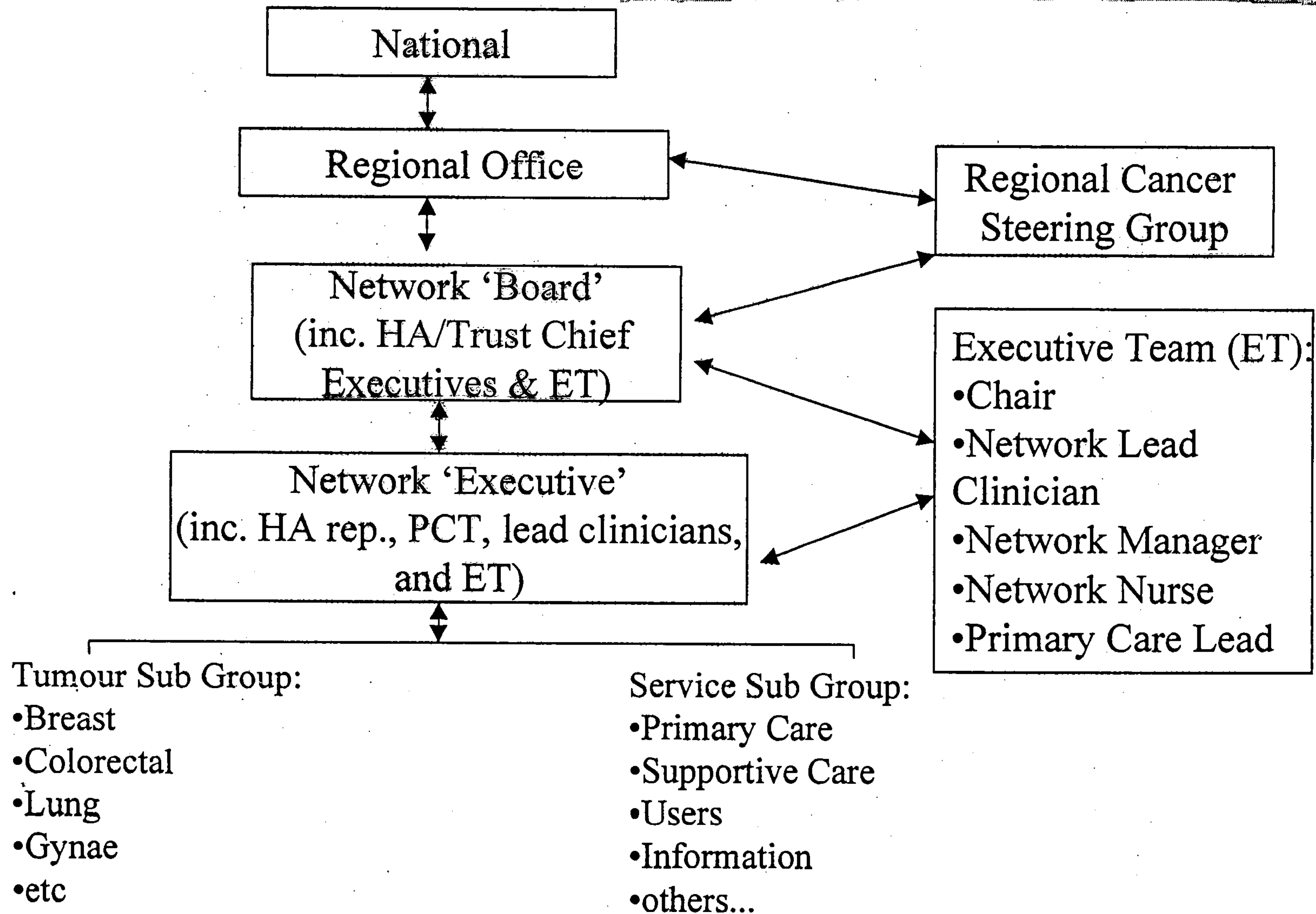
Topics

- Patient centred care
- Multidisciplinary team
- Imaging and Pathology Services
- Non surgical oncology support to cancer centres
- radiotherapy
- Chemotherapy
- Specialist palliative care
- Education training and cpd
- Communication between primary secondary and tertiary sectors
- Management and organisation of cancer services
- Cancer networks

What are cancer networks responsible for?

- Cancer networks *will provide* all the services needed for prevention, screening, diagnosis, treatment and care of cancers except for some rare cancers which are best managed on a regional or supraregional basis

- Cancer networks *are responsible* for:
  - needs assessment
  - service planning - inc. achievement of national objectives and plans to reconfigure services
  - service delivery


National
Regional Office
Regional Cancer Steering Group
Network 'Board' (inc. HA/Trust Chief Executives & ET)
Executive Team (ET):
•Chair
•Network Lead Clinician
•Network Manager
•Network Nurse
•Primary Care Lead
Network 'Executive' (inc. HA rep., PCT, lead clinicians, and ET)
Tumour Sub Group:
•Breast
•Colorectal
•Lung
•Gynae
•etc
Service Sub Group:
•Primary Care
•Supportive Care
•Users
•Information
•others...

CENTRAL SOUTH COAST CANCER NETWORK EXECUTIVE TEAM

- Lead Health Authority Chair
- Cancer Network Lead Clinician
- Cancer Network Lead Manager
- Cancer Network Lead Nurse/Health Care Professional
- Cancer Network/Lead General Practitioner
- Cancer Network Lead health Authority representative
- Trust Calman Hine Lead Teams (Basingstoke, Winchester, Southampton, Isle of Wight, Portsmouth, St Richard's Hospital)
- Palliative Care Lead
- Patient Representative
- Research and Development Lead
- Audit Lead.

POLICY BOARD MEMBERSHIP

- Chair (on a rotational basis), a Health Authority Chief Executive (currently Southampton and SW Hants Health Authority)
- Hampshire, West Sussex, Wiltshire and Isle of Wight Health Authority Chief Executives or their director-level representatives.
  This will include:
  - A Director of Public Health
  - A Director of Finance
  - A Director of Planning/Policy/Performance
- Trust Chief executives or their director level representatives.
  This will include:
  - A Director of Finance
  - A Medical Director
  - A Director of Nursing
  - A Director of Planning
  - A Director of Personnel
- Chief Executive of the Wessex Cancer Trust.
- Post-graduate Dean – Wessex Deanery
- Director of Cancer Intelligence Unit
- The Regional Cancer Lead
- The Cancer Leads of the Network Executive
- Clinical representation by invite for specific issues.

ACCOUNTABILITY

- The Network Policy Board will be accountable to South East Regional Office.

- The Network Executive Group will be accountable to the Chief Executive Lead of the Central South Coast Network Policy Board.

- Clinical responsibility lies with the host Trust.

Nick: I think you are better briefed to add to these following from your paper, if you would be so kind.

Issues

- highlighted need for strategic review of infrastructure
- identified importance of networks being properly managed and supported by trusts and HAs
- raises challenge of how to secure funding on a network basis
- widespread recognition of the need to rebalance investment across the patient pathway following policy implementation on the 2 week wait for urgent referrals
- address need for better integration of primary and palliative care within treatment protocols
- improve availability of patient information and support for patients and carers

Finally :

Need to identify mechanisms to ensure

- Accountability
- Links to local HImP
- Links to local Service Developmental Plans (SAFF previously)
- Clinical governance
- Public involvement
- Local champions