File : Gen 12

Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

AGENDA

Board Meeting : 14 June 2000, Lecture Theatre, Portsmouth College, Tangier Road, Portsmouth at 7.15 p.m.

PART I

No	Item	Lead/Paper	Attachments
1.	Apologies		
2.	Chairman's Report	C Lewis	
3.	Minutes of last meeting		White
4.	Matters Arising		
	4.1 Questions from the Public		
	4.2 Portsmouth Hospitals NHS Trust		
5.	PCG Development		
	5.1 Consideration of PCT status including summary of results from GP Survey	S Clark/T Green	Blue
6.	Health Improvement		
7.	Commissioning Issues		
	7.1 Commissioning Performance Report	J Douglas	Cream
	7.2 Commissioning & Performance Sub Group Minutes		Green
8.	Primary Care Development		
	8.1 IM&T Sub Group Minutes		Salmon
9.	Finance Issues		
	9.1 Finance Report	T Green	Lilac
10.	Quality and Clinical Governance		
	10.1 Quality & Clinical Governance Sub Group Minutes		Grey
	10.2 Communication and Public Involvement Sub Group Minutes		Yellow
	10.3 Patient Conference ideas for October	J Hooper/M Potter	
11.	Prescribing		
	11.1 Prescribing Sub Group Minutes		White
12.	Date and venue for Next meeting 20 September 2000 at 7.15 p.m. in the Lecture Theatre, Portsmouth College		
13.	Resolution to exclude the Press and Public from the rest of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted		
14.	Refreshments and discussions with Public		

Mr John Kirtley
Chief Executive
Fareham & Gosport PCG

PORTSEA ISLAND PRIMARY CARE GROUP

PUBLIC BOARD MEETINGS

DISTRIBUTION LIST

1	Alder K Miss	Prescribing Advisor	PI PCG	Part I and II
2	Bajric N Ms		Portsmouth	Ag & Mins Only
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4	Barton J Mr	Chair, Copnor	Portsmouth Neighbourhood Forum	Ag & Mins Only
5	Bishop D Mr	Chief Executive	Portsmouth Hospitals Trust	Part I Only
6	Breton L Mr	Chair, North End	Portsmouth Neighbourhood Forum	Ag & Mins Only
7	Burgess M Mr	Chair, Anchorage Park	Portsmouth Neighbourhood Forum	Ag & Mins Only
8	Burkinshaw J Mrs	Chair, Milton	Portsmouth Neighbourhood Forum	Ag & Mins Only
9	Cameron-Davies R Mr	Chairman	Portsmouth LOC	Part I Only
10	Carr S Mr	Policy Implementation Mgr	Policy & Performance	Part I Only
11	Churchill D Mr		Old Portsmouth	Ag & Mins Only
12	Clark S Mrs	Chief Executive	PI PCG	Part I and II
13	Coles C Mr	Chair, Portsea	Portsmouth Neighbourhood Forum	Ag & Mins Only
14	Croker R Mr	PCG Link	Local Pharmaceutical Committee	Part 1 Only
15	Cullen J Mrs	Nurse Representative	PI PCG	Part I and II
16	Daley P Mrs	Community Librarian	Portsmouth City	Part I Only x 7
17	Doyle G Mr	Chair, West Southsea	Portsmouth Neighbourhood Forum	Ag & Mins Only
18	Durham Neil	Health Correspondent	Portsmouth Evening News	Part I Only
19	Dye N Mrs	Alzheimers Society	Portsmouth Branch	Ag & Mins Only
20	Fellows E Dr	Board Member	PI PCG	Part 1 and II
21	Francis P Mr	CHC	Community Health Council	Part I only
22	Fuller R Mr	Chair, Central Southsea	Portsmouth Neighbourhood Forum	Ag & Mins Only
23	Godden Janet	Non Exec Director	Oxfordshire Mental Healthcare Trust	Ag & Mins Only
24	Gowers P Mr	PCG Link	Local Dental Committee	Part 1 Only
25	Green T Miss	General Manager	PI PCG	Part I and II
26	Grummit C Dr	Head of HealthCare	Kingston Prison	Part I Only
27	Gurney N Mr	Chief Executive	Portsmouth City Council	Part I Only
28	Harris S Dr	GP Board Member	PI PCG	Part I and II
29	Hogan J Dr	Vice Chair	PI PCG	Part I and II
30	Hooper J Professor	Non Exec	PI PCG	Part I and II
31	Hudson P Mr	Chair, Buckland	Portsmouth Neighbourhood Forum	Ag & Mins Only
32	Hughes J Dr	Chair	East Hants PCG	Part I Only
33	Hutchinson R Mr	Social Services	Portsmouth City	Part I and II
34	Jackson M Cdr	Chair, Old Portsmouth	Portsmouth Neighbourhood Forum	Ag & Mins Only
35	Jones C Mrs	Chair, Stamshaw & Tipner	Portsmouth Neighbourhood Forum	Ag & Mins Only
36	Kirtley J Mr	Chief Executive	Fareham & Gosport PCG	Part I Only
37	Knight H Mr	PCG Link	Age Concern	Part 1 Only
38	Lewis C Dr	Chair	PI PCG	Part I and II
39	Lovell M Mrs	Chief Executive	Community Health Council	Part I Only
40	McKenning S Dr	Chairman	Portsmouth LMC	Part I Only
41	Millett M Mr	Chief Executive	Portsmouth HealthCare NHS Trust	Part I Only
42	Murray P Mr	Chair, South Somerstown	Portsmouth Neighbourhood Forum	Ag & Mins Only
43	Newcombe S Ms	Chief Executive	Portsmouth City Community Service	Part I Only
44	Olford C Dr	Vice Chair	PI PCG	Part I and II
45	Painter T Mr	Chair, Landport	Portsmouth Neighbourhood Forum	Ag & Mins Only
46	Plumb D S Mr	Secretary	Local Pharmaceutical Committee	Part 1 Only
47	Potter M Mrs	Lay Member	PI PCG	Part I and II
48	Robinson P Miss	Nurse Representative	PI PCG	Part I and II
49	Robson S Mrs	Chief Executive	East Hants PCG	Part I Only
50	Rose E Mr	Carers Association	Portsmouth & SE Hampshire Branch	Ag & Mins Only
51	Samuel R Mr	Policy & Performance	Portsmouth Health Authority	Part I Only
52	Shepherd T Mr	Chief Executive	Age Concern	Part 1 Only
53	Smith J Ms	Chair, Baffins	Portsmouth Neighbourhood Forum	Ag & Mins Only
54	Smithson M J Mr	Chair, North Somerstown	Portsmouth Neighbourhood Forum	Ag & Mins Only
55	Sommerville G Dr	Chair	Fareham PCG	Part I Only
56	Stone L Mrs	Link Officer	Fratton Neighbourhood Forum	Ag & Mins Only
57	Stratford M Mrs	Patient Participation Mgr	Public Health Department	Part 1 Only
58	Swinney A Mr	Service Dev Manager	PI PCG	Part I and II
59	Tarrant D Mrs	Service Dev Manager	PI PCG	Part I and II
60	Thornton J Dr	GP Board Member	PI PCG	Part I and II
61	Wainwright V Mr	East Southsea	Portsmouth Neighbourhood Forum	Ag & Mins Only
62	Wastall D Mr	Chief Executive	Isle of Wight Health Authority	Part I Only
63	Wellman J Mr	Chair, Eastney	Portsmouth Neighbourhood Forum	Ag & Mins Only
64	Widdecome Teresa	NHS Business Manager	Janssen-Cilag Ltd	Ag & Mins Only
65	Wilkinson T Dr	GP Board Member	PI PCG	Part I and II
66	Wright Joan	Practice Manager	Lake Road Surgery	Ag & Mins Only

D R A F T

Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

NOTES OF THE PUBLIC BOARD MEETING

Notes of the Meeting held: Wednesday, 12 April 2000 at Portsmouth College, Tangier Road, Portsmouth

Present:	Dr Charles Lewis (Chair)	Julie Cullen
	Dr Jim Hogan	Pauline Robinson
	Dr Colin Olford	Professor Jean Hooper
	Dr Tim Wilkinson	Marie Potter
	Dr Elizabeth Fellows	Sheila Clark
	Dr Simon Harris	Sarah Mitchell (on behalf of Rob
	Dr John Thornton	Hutchinson)
	Kathryn Alder (in attendance)	Tracy Green (in attendance)

No **Discussion**

1. Apologies for Absence

Apologies were received from Rob Hutchinson.

2. Chairman's Report

Dr Charles Lewis welcomed everyone to the meeting and the Board members introduced themselves to the members of the public. Dr Charles Lewis reminded members of the public of the ways they could be involved and noted that for this meeting members of the public were also welcome to contribute to discussions under items 6.2 and 10.1.

2.1 Review of 1999 Business Plan

Dr Charles Lewis noted that the PCG had just completed its first year and thanked the members of the Board and the PCG management team for their efforts and noted the achievements and progress that had been made during the first year.

3. Minutes of the last meeting

The Board considered the minutes of the previous meeting held on 16 January 2000.

The Board approved the minutes as accurate and Dr Charles Lewis signed them.

D R A F T

No	Discussion

4. Matters Arising

4.1 Questions from the Public

No questions had been received from the public

4.2 Terms of Reference/Terms of Office

Dr Charles Lewis reminded the Board of the discussions at the previous meeting where the Board approved the proposal to extend the length of election of Board members to three years rather than two. Since then discussions had been held with the Local Medical Committee who were supportive of the proposal and with the Steering Group from which 5 responses had been received which were split in their views.

However in light of the current review of the PCGs boundaries and the possible impact on the PCG should the consultation conclude that the Cosham/Drayton area should join the PCG, Dr Charles Lewis proposed that this proposal be deferred until the outcome of the review is known (September).

The Board approved the proposal.

4.3 Portsmouth Hospitals Trust Presentation

Sheila Clark reported that following discussions at the last Board meeting regarding the red alert at Portsmouth Hospitals that the Trust had agreed to attend the June Board meeting to lead a presentation on waiting list and emergency pressure issues.

5. PCG Development

5.1 Business Plan 2000/01

Sheila Clark explained that the Business Plan for the next financial year had been pulled together from various sources including: national and regional requirements and actions arising from the business of the PCG in 1999/00. The emphasis was strongly on working with partners, particularly Social Services on patient services issues. The document has four sections and will form the basis for objectives for Board members and the management team and the accountability agreement between the PCG and the Health Authority.

Dr Colin Olford asked if the section entitled 'Financing health improvements' on page 4 should now be more optimistic in light of recent Government budget announcements. Sheila Clark confirmed that this was correct.

Dr Colin Olford asked if, with regards Asylum Seekers, funding would be forthcoming from the Home Office. Sheila Clark reported that no additional funding would be forthcoming and that the PCG was obliged to provide appropriate health care services for asylum seekers living within the PCG, as it is for any other resident within the PCG.

Marie Potter explained that she had not received a copy of the Business Plan in her papers and therefore could not express any opinions on the proposal.

No **Discussion**

In response to a question from Julie Cullen, Sheila Clark explained that the PCG intended to support individual practices that wished to develop practice based nurse triage. The PCG would take a strategic overview of the developments to see if it would be appropriate to roll out nurse triage further across other practices within the PCG.
Sheila Clark, in response to a question from Dr Elizabeth Fellows, stated that it was hoped to roll out the District Nurses as Care Managers across the PCG in a manner that was supported by General Practitioners and that the additional resources announced for the Health Service may enable this.

Pauline Robinson enquired whether the Scenario Plans from the Health Authority, currently out for consultation, would impact on the PCG Business Plan. Dr Charles Lewis felt that there should be no conflicts.

Sheila Clark proposed that as a consequence of all Board members not having received the Business Plan in advance of the meeting, that Board members should be given a two week period to provide comments and their approval.

The Board agreed to provide Sheila Clark with any comments and, if appropriate, their approval no later than 16 April 2000.

6. Health Improvement

6.1 Housing

Dr Charles Lewis welcomed Helen Keats, Housing Initiative Manager, Portsmouth City Council to the meeting. Helen Keats provided a presentation to the Board of the Housing Strategy of the City Council. The presentation outlined: why the City Council had a housing strategy, provided feedback from the Government Office of the South East regarding the 2000/01 strategy, and outlined how the 2001/02 strategy would be formatted and developed.

Helen Keats reported that the City Council had been rated the best Local Authority in the South East and consequently had received additional funding of £500,000 per annum for a three year period – based on the 2000/01 strategy. Helen Keats outlined some of the strands to the strategy such as plans for the single homeless, ethnic minorities, and supporting people.

Helen Keats, in response to a question, explained that Asylum Seekers should not affect the availability of council housing as they were accommodated within the private sector.

Helen requested that Board members and members of the public completed the form available with the three most important things Housing could do to assist them as organisations and individuals within the next week.

Dr Charles Lewis thanked Helen Keats, on behalf of the Board, for an excellent presentation.

No **Discussion**

6.2 Coronary Heart Disease Proposal

Sheila Clark referred to recent reports in the media regarding the success of this proposal. She explained that no ministerial decision had yet been made approving the proposal, although the Regional Office had indicated that the proposal would be approved. No action to develop the eight projects could be made until the ministerial announcement, but as soon as funding is confirmed; planning for implementing the projects over a 3 year period will commence.

Sheila Clark explained that the proposal had been pulled together through working with many local partners, including ideas generated from the Patient Conference. Smoking Cessation projects had been excluded from the proposal as separate funding was expected for these schemes.

Dr Charles Lewis thanked the GP, hospital clinicians and management who had been involved in pulling the bid together at very short notice.

Professor Jean Hooper commended the way the bid had been put together and felt that the proposal was very exciting.

In response to a question from a member of the public, Dr Charles Lewis explained that improving waiting time from consultation to surgery for procedures such as coronary artery bypass grafts were one of the targets set on the recently launched National Service Framework.

7. Commissioning Issues

7.1 St Mary's Hospital

Sheila Clark outlined the agenda paper that set out a summary of the discussions following time out with GPs within the PCG. It was noted that the document was an aspiration and vision and would be used a basis for negotiation with local partners.

Marie Potter asked when the public would be asked their views. Sheila Clark explained the Portsmouth Hospitals are required to undertake formal consultation on their PFI scheme, and the PCG should not duplicate this process. Professor Jean Hooper stressed how important it was to urgently progress the development of the vision, in light of the additional funding now available to the NHS, and that the principles set by the Gosport and South Fareham public consultation should be used as the basis for the City. It was agreed that this item should be included as an item for the next patient conference.

Dr Jim Hogan, in a response to a question from Pauline Robinson regarding what the definition of 'elderly' was, responded that this probably should be done by pathology and not age, and that this would lead to a blurring of traditional definitions.

The Board approved the recommendations as a basis for future negotiations with partners.

D R A F T

No **Discussion**

7.2 Commissioning and Performance Sub Group Minutes

Dr Charles Lewis outlined the current work of the sub group and drew the Board's attention to the items being considered by the group for future commissioning Board reports, which had been developed from ideas expressed at previous Board meetings.

The Board approved the minutes of the meeting held 1 March 2000.

8. Primary Care Development

8.1 Asylum Seekers

Dr Simon Harris explained that the PCG has had to respond to a sudden and unexpected requirement to meet the needs of asylum seekers. In order to try and minimise the impact on services, a nurse triage centre had been developed as a pilot, and this had commenced this week. Dr Simon Harris noted that the biggest barrier was language and it was hoped that the centre would be able to assist with this.

Dr Charles Lewis thanked everyone for their input into this development and noted that the Regional Office were holding the Portsea Island triage centre as a model of good practice.

9. Finance Issues

9.1 Finance Report

Tracy Green presented the finance report for the period April 1999 – February 2000 and advised the Board of a projected overspend for the financial year of £28,000. She explained that the movement from the slight underspend projected in earlier reports to an overspend was due to a worsening financial position with regard primary care prescribing expenditure, which for the month of November had deteriorated by a further £105,000.

Tracy Green explained that a provisional year end report would be produced in May, but that the final year end position of the PCG would not be known until August when the final accounts of the Health Authority and its PCGs would be closed. This was further complicated by the long delays in receiving prescribing information.

The Board noted the report.

9.2 Service and Financial Framework 2000/01

Tracy Green outlined the agreed uses of the initial Health Authority allocation, the initial budgets issued to the PCG, outstanding adjustments and allocations, and the potential impact of the additional funding being received as a consequence of the Chancellors budget announcement.

Tracy Green explained that normally full initial financial programmes would be bought to the PCG Board in April for approval but due to several factors including the negotiations of Service Agreements with providers, delays in targets from the Regional Office, and the additional funding announcements, this had not been possible. Updates to the financial position would be bought to future meetings.

The Board noted the report.

D R A F T

No **Discussion**

10. Quality and Clinical Governance

10.1 Public Involvement

Marie Potter outlined the responses received from a survey of members of the public who had attended PCG Board meetings.

Marie Potter particularly noted: the poor availability of public transport to the current board venue, the apparent poor impact of advertisements in the media, the need to consider ways of involving the public more in the meetings, the need to reduce the length of the meetings and the use of terminology and jargon.

Professor Jean Hooper felt the timing of the meetings maybe an issue. Dr Simon Harris questioned whether the PCG should consider having questions from the public at the end of each Board meeting.

Dr Charles Lewis proposed that the points made be considered by the next Communication and Public Involvement sub group who would develop an action plan.

The Board approved this proposal.

10.2 Prompt Scheme

Dr Charles Lewis outlined the initial proposal to reintroduce a prompt scheme to allow informal feedback on services. The scheme was a two way scheme between primary and secondary care. It was agreed that the prompt card needed to be redesigned along the lines of the prescribing drug alert cards. Pauline Robinson stressed the need to have the pads available on every desk.

The Board approved the general principle of the proposal and noted that the proposal would be further developed.

10.3 Communications and Public Involvement Sub Group Minutes

Dr Charles Lewis outlined the work of this group and highlighted the use of citizen panels and the undertaking of the patient survey.

The Board approved the minutes of 31 January 2000.

11 Prescribing

11.1 Budget Setting Process

Dr Colin Olford and Kathryn Alder gave a presentation to the Board outlining the Budget Setting Process. The presentation included: background information, the aims and objectives of the process, the available allocation, and the proposed methodology (in the absence of any recognised model).

Marie Potter asked how the impact of the LEAP project would be funded. Kathryn Alder explained that the PCG had received an 8.8% uplift for this year that included provisions for inflation and cost pressures.

The Board approved the contingency to be held at PCG level at £300,000.

The Board approved the budget setting methodology proposed for 2000/01.

D R A F T

No **Discussion**

11.2 Prescribing Expenditure Report

Dr Colin Olford presented the prescribing figures for November 1999, which showed a worsening position. Dr Colin Olford surmised that this might be high due to the impact of flu vaccinations and preparations for the Christmas and Millennium holidays.

The Board noted the report.

11.3 Prescribing Sub Group Minutes

Dr Colin Olford outlined the work of the prescribing sub group.

The Board approved the minutes of both the 25 January 2000 and 17 February 2000.

12 Date and Venue of Next Meeting

The next Board meeting will be held on Wednesday 14 June 2000 at 7.15pm in the Lecture Theatre, Portsmouth College, Tangier Road, Portsmouth.

13. Resolution to exclude the Press and Public

Dr Charles Lewis read out the resolution to exclude the press and public. Press and public to be excluded from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Signed : _____ **Date :** _____

Chair – Portsea Island Primary Care Group

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Agenda Item No: 5.1

Progression to Primary Care Trust (PCT): GP survey

Background & Summary

A steering group of the PCG was held on May 17th 2000 to consider the timescale for progressing to PCT. The PCG board members and representatives from every practice on Portsea Island attended the meeting.

Background reading had been provided to enable full discussions in small and large group format during the meeting. The background reading included a letter from the Local Medical Committee Chief Executive.

The Chairman set the scene by summarising some of the local contextual issues:

- The impact of the proposed new Health Authority for Portsmouth and South East Hampshire and the Isle of Wight
- Other PCGs progressing to PCT
- Scenario Plan for local health care provision
- Community hospital and intermediate care opportunities
- Changes at the Royal Hospital Haslar

A number of benefits were noted covering both local service commissioning and service provision issues as well as those issues more closely aligned to developing primary care collaboratively and new freedoms associated with becoming a PCT .

Concerns were identified in four areas

- Potential loss of independent contractor status
- The political nature of PCT Board appointments
- Continued shifts of work into Primary Care
- Pace of change

The chairman agreed to survey all GPs on Portsea Island in confidence to ascertain levels of support for progression to PCT for April 2001 and to initiate a draft application for consideration by the PCG Board at its June meeting. An analysis of the survey follows.

Recommendations:

1. The PCG Board is asked to note the considerable level of support for progressing to PCT status and the concerns to be addressed.
2. The PCG Board is asked to formally approve the intention to apply for PCT level 4 from April 2001.

Date: 31st May 2000

Paper Prepared by: Sheila Clark and Charles Lewis

Portsea Island Primary Care Group: consideration of progression to PCT.

Introduction: The survey form and covering letter which was sent to all GPs in Portsea Island PCG is appended.

This report is an analysis of the results of the survey in four sections:

- Response rate and quantitative summary
- Reservations regarding support for 2001
- Areas of biggest concern and how these might be addressed
- Other issues regarding timing

1. Responses

1.1 Response rate:

88 surveys were sent out and 73 returned giving a response rate of 83 %. One of the returned forms was from a GP who was moving away and felt unable to respond in detail. One form was copied and returned by a new GP There was no noted difference in response rate from particular geographical areas.

1.2 Quantitative summary

Do you feel able to support the PCG Board in preparing a draft application for formal consultation for level 4 PCT status with effect from April 1st 2001?

	Number	**%**
Yes	36	49%
Yes, with reservations	18	25%
Unsure	10	14%
No	9	12 %
TOTAL	73	100%

The cumulative support for progressing to 2001 is as follows:

Yes	49%
Yes, with reservations (see plan to address these)	74%
Unsure, with concerns that could be addressed through further discussions or information	81%

The cumulative concerns for progression beyond 2001

"No" – 2002	1%
"No" – 2003	3%
"No" – beyond 2003	12%
Unsure and no indication that concerns might be addressed in any particular way	19%

2. Reservations and how these might be addressed

2.1 Timing

There were a total of 30 reservations expressed by 18 respondents who supported the move to PCT from 2001. 17 /30 (57%) were about whether there was time and expertise to prepare an application and conduct the necessary preparations and developments without losing PCG impetus on planned work for 2001 or having sufficient time to ensure success and engage all GP colleagues.

However, 5 respondents qualified their statements by suggesting that it was inevitable and better done as soon as possible.

2.2 Independence and contractor status

7/30 reservations (23%) mentioned a perceived loss of clinical freedom, independence or independent contractor status which needed to be explored and addressed satisfactorily.

2.3 Financial concerns

Another 4/30 (13%) of reservations were from respondents seeking reassurance over finances –either the adequacy of the amounts available or the risk associated with assuming responsibility for finite budgets.

2.4 Control of own destiny

There were two other reservations expressed concerning a perceived lack of control over the ability to control workload or employ practice based staff. One other respondent was concerned that PCTs might signal the demise of small practices.

Suggested action: More objective information should be produced and disseminated to GPs which provides reassurance in all four of these areas.

3. Concerns and how they might be addressed

There were a total of 22 concerns expressed from the 10 "unsure" respondents covering

- Perceived workload increases as a result of being in a PCT from 2001 (3)
- Loss of independence (2)
- Lack of GP experience/current skill base in area (4)
- Lack of knowledge about PCTs (4)
- Lack of control over political issues and national agendas (2)
- Financial risks (1)
- GP representation and size of new group(1)
- Accountability (1)
- Unsure of how patients will benefit (2)
- "cronyism" and political appointments on PCT Board (2)

There were 13 suggestions that further discussion and information might aid resolution of the first four listed concerns through PCG wide discussions, practice visits or locality based discussions. There were no suggestions about how the last six in the list might be addressed. One solution suggested was that all 4 PCGs should merge in the District.

Suggested action: Conduct a programme of practice based, PCG wide and constituency discussions to explore the concerns.

4. Other timing issues:

4.1 Three respondents wished the PCG to act immediately and saw risks in delaying any further.

4.2 Seven of the nine respondents who said "No" to the main question posed all stated a preference for a time later than 2003 for progression to PCT and one of these quoted 2004 as the GP in question was due to retire then.

4.3 One respondent was of the opinion that 2002 would give more time for consideration and preparation and one respondent gave 2003 as a preferred date.

4.4 Two responses included in the "after 2003" category were of the opinion that "not at all" was an option like fundholding had been.

5. Conclusions

5.1 The overall response rate of 83% can be regarded as good given that this follows a PCG wide Steering Group discussion and forms part of the pre-consultation process. As with any postal survey this one is likely to have attracted respondents expressing views from "extreme" positions.

5.2 Nine of respondents (12%) were against progression for 2001; seven of these thought later than 2003 would be the best option – with two of this group of respondents still feeling that "not at all" was an option to be considered. This could lead one to the conclusion that the timing decision is really around "now" or "much later, if at all" in many GPs minds.

5.3 The cumulative charts indicate that there is support for progressing at 2001 (49%). There is substantial support for progressing for 2001 (74%) if reservations can be addressed and reassurances given regarding being able to meet the timescales, ability to maintain independent contractor status, assessment of financial risks and being able to control own destinies regarding employment of staff, workload etc. The cumulative charts also show that this figure (74%) is further enhanced to 81% if those concerns expressed by "unsure" respondents can be addressed through their expressed preferred ways of PCG meetings, constituency meetings and practice visits to discuss their concerns in more detail.

5.4 The reservations and concerns expressed should be addressed with the development of more information and information sharing/discussion events during the consultation process.

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Portsea Island Primary Care Group

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Ref: g:\PCT status\All GPs preconsult 190500.doc

19 May 2000

«Title» «Initials» «LastName»
«Practice»
«Road»
«Town»
«City», «PostalCode»

Dear «Title» «LastName»

Consideration of PCT level 4 Status for Portsea Island PCG

I am writing to every GP Principal on Portsea Island following the Steering Group Meeting held on Wednesday 17 May 2000, where the majority of the time was spent with representatives from each practice, discussing the relative benefits, concerns and timing issues associated with progressing to PCT status.

Enclosed with this letter are four key documents:

1. A summary of the proceedings and discussion points from the Steering Group
2. A copy of my letter to Dr Button, Chief Executive of the LMC
3. A copy Dr Button's response
4. A pre-consultation, confidential, survey

Please read the first three documents, and if you wish please discuss within your practice.

There was a significant amount of interest shown in preparing a draft application for formal consultation, for progressing to PCT status with effect from April 2001. However, I feel that it is very important to seek views from each GP on the Island before taking any proposal to the PCG Board. Please note that the survey is confidential and will be used solely for the purpose of informing the PCG Board of the level of support and preferred timing for progression to PCT status. This survey constitutes part of the pre-consultation process and in no way pre-empts or influences the formal consultation process and the independent confidential ballot that will be conducted by the LMC at a later date.

At the steering group several people wondered if it would be useful to have a PCG wide meeting inviting all GP Principals on the Island. I would be interested in your views on this also.

Thank you for taking the time to help us with this important issue. I should be grateful if I could have your completed survey form returned to me no later than **Tuesday 30 May 2000**. Please use the enclosed envelope to ensure that your form is returned to me in confidence.

Yours sincerely

Code A

Dr Charles Lewis
Chair

Enclosures

PRIVATE AND CONFIDENTIAL

PORTSEA ISLAND PRIMARY CARE GROUP
CONSIDERATION OF PROGRESSION TO PCT STATUS - PRECONSULTATION

GP Name:	**«Title» «Initials» «LastName»**
Practice:	«Practice» «Road», «Town» «City», «PostalCode»

Please respond to the following questions:

1 Having read the attached summary of the Steering Group meeting and the LMCs response to concerns raised, do you feel able to support the PCG Board in preparing a draft application for formal consultation for level 4 PCT status with effect from 1 April 2001?

YES		YES WITH RESERVATIONS		UNSURE		NO	

Please tick relevant box

2 If you answered **YES WITH RESERVATIONS** to question 1 what are your reservations?

3. If you answered **UNSURE** to question 1 –

a) What are your biggest concerns? (please list)

b) and how could they be addressed?

PCG wide discussion	
Constituency based discussion	
Individual Practice visits	
Information (specify)	
Other (please list) :	

Please tick relevant boxes

4. If you answered **NO** to question 1 what would be your chosen timing for the PCG to become a level 4 PCT?

April 2002	
April 2003	
Later	

Please tick relevant box

Please return this form to Dr Charles Lewis in the attached envelope no later than Tuesday 30 May 2000

Thankyou

Agenda Item No:
PART I : 7.1

Commissioning Performance Report

Background and Summary:

The attached report sets out the end of year position of the PCG against its Hospital and Community Services service agreements.

The report shows how an over performance of non-elective admissions at Portsmouth Hospitals NHS Trust has contributed to an overall over performance for the PCG, despite less activity than anticipated at Portsmouth Healthcare NHS Trust.

Waiting lists were 13% above target at the end of March, and details are provided of actions taken to address this problem. New cancer outpatient waiting times are also reviewed.

Recommendations:

The Board is asked to note the report.

Date

Friday, 02 June 2000

Paper Prepared by :

Jeremy Douglas, Information Analyst

PORTSEA ISLAND PRIMARY CARE GROUP

COMMISSIONING SERVICES - PERFORMANCE REPORT
1 April 1999 – 31 March 2000

For the June Formal Board Meeting – 14 June 2000

1 Introduction

This is the third Commissioning Performance report, and information on the PCG's first financial year is almost complete. The report reviews the PCG's performance against its service agreements for secondary care services as at the end of March 2000.

Waiting lists and times continue to have a high profile nationally, and these are also provided to the end of March together with actions being taken to address continuing difficulties. One of the common themes in this report is the importance of timely data.

2 Service Level Agreements

2.1 Information Availability

Inpatient Data
All NHS providers apart from Sussex Weald and Downs NHS Trust are providing the mandatory inpatient patient specific activity data via the ClearNET electronic service. The two non-NHS providers, King Edward V11 and Royal Hospital Haslar, were unable to use the ClearNET facilities but have provided aggregate format data. Portsmouth Hospitals NHS Trust have now integrated their information system with that of Haslar (May 2000), but these changes have affected the timeliness of data from Portsmouth Hospitals. At the date of this report, Portsmouth Hospitals NHS Trust has not supplied full details of their March activity.

Outpatient Data
For outpatient data, only 16 out of 26 NHS providers have been sending outpatient details electronically via ClearNET. Exceptionally for ClearNET data, one provider has failed data quality standards and therefore only data from 15 providers can be used. Waiting times data for outpatients is not available from local providers broken down to individual PCGs.

PCG Analysis
The ability of service providers to report secondary care activity at PCG level and to improve data quality has developed during 1999/2000. Both Portsmouth Hospitals NHS Trust and Portsmouth Healthcare NHS Trust are now providing data split by PCG, but where information is still provided at a district level the actual activity is allocated to PCGs using a historical basis. This applies to seven providers including Royal Hospital Haslar, and the lack of an accurate PCG activity split has compromised the robustness of the data reported at PCG level. More sophisticated data quality monitoring mechanisms are being developed to identify timeliness, availability and accuracy issues for discussion with providers through the service review mechanisms.

2.2 Portsea Island PCG Aggregate Position

The aggregate position provides an overall picture of the PCG's performance against each of the service agreement targets, the summary is set out by individual provider at Appendix 1. Where data is not being received at PCG level then an estimate, based on historical usage, has been used to split the district-reported position. Three Trusts failed to report March figures and are therefore not included in Appendix One.

Overall, there is an over performance of 13.3% against FCE targets and 0.44% against outpatient targets. The overall expenditure was 4.7% over target, representing an indicative over performance of £2,170,200, although it should be noted that as most service agreements are agreed on a block district basis, this figure is not what has been transferred to providers.

Six providers apart from Portsmouth Hospitals Trust reported actual activity as higher than target, but together the two local Trusts represent over 96% of Portsea Island PCG's expenditure and therefore other provider variations have minimal effect.

2.3 Portsmouth Hospitals NHS Trust

Indicative expenditure for the district for Portsmouth Hospitals NHS Trust during the last financial year was 4% above target. Portsea Island is reported at 11% above target. The accuracy of the original baseline analysis across PCGs that helped set the PCG target level for expenditure is doubted and is currently being discussed at Health Authority level.

Appendix 2 shows the PCG Summary Report for Portsmouth Hospitals NHS Trust for the period April 1999 to March 2000, apart from the Clinical Oncology data which is not currently available.

Non-elective admissions were 24% above the PCG target, with the district reporting non-elective admissions at 11% above target. General Medicine accounted for the greatest single specialty over performance at 1,219 more FCEs than the target for the PCG.

Six specialties reported actual expenditure of more than £250,000 above target overall, these were General Medicine, General Surgery, Trauma & Orthopaedics, Paediatrics, Pathology and Cardiology. General Surgery outpatients and Paediatric elective admissions both exceeded the target set, but the bulk of the costs were non-elective admissions.

Elective admissions for the PCG were 3% under target compared with a district performance of 6% under target. Outpatient activity was 2% over target for the PCG.

2.4 Portsmouth HealthCare NHS Trust

Appendix 3 sets out the district-wide and PCG position received from the Trust for the period April 1999– March 2000.

Total district indicative expenditure was calculated at 4% below the target of £93,546,800, this compared with a Portsea Island PCG indicative financial performance of 3% below target. The largest financial target was set against contact activity, this activity was 10% below target for the district and 16% below for Portsea Island. Similarly, inpatient activity was 6% below target for the district and 13% below for Portsea Island.

District Nursing activity ('contacts') was 20% less than target for Portsea Island, representing an indicative £385,200 less than target. This difference may have been due to baseline activity changes caused by GP fundholding calculations of whole time equivalents and face to face contacts, the Trust is also monitoring an increase in contacts taking longer than 30 minutes, indicating a greater intensity of contact. Elderly acute activity ('inpatients') was 14% less than target as a staffing crisis affected bed numbers, in indicative expenditure terms this represented an under performance of £363,300.

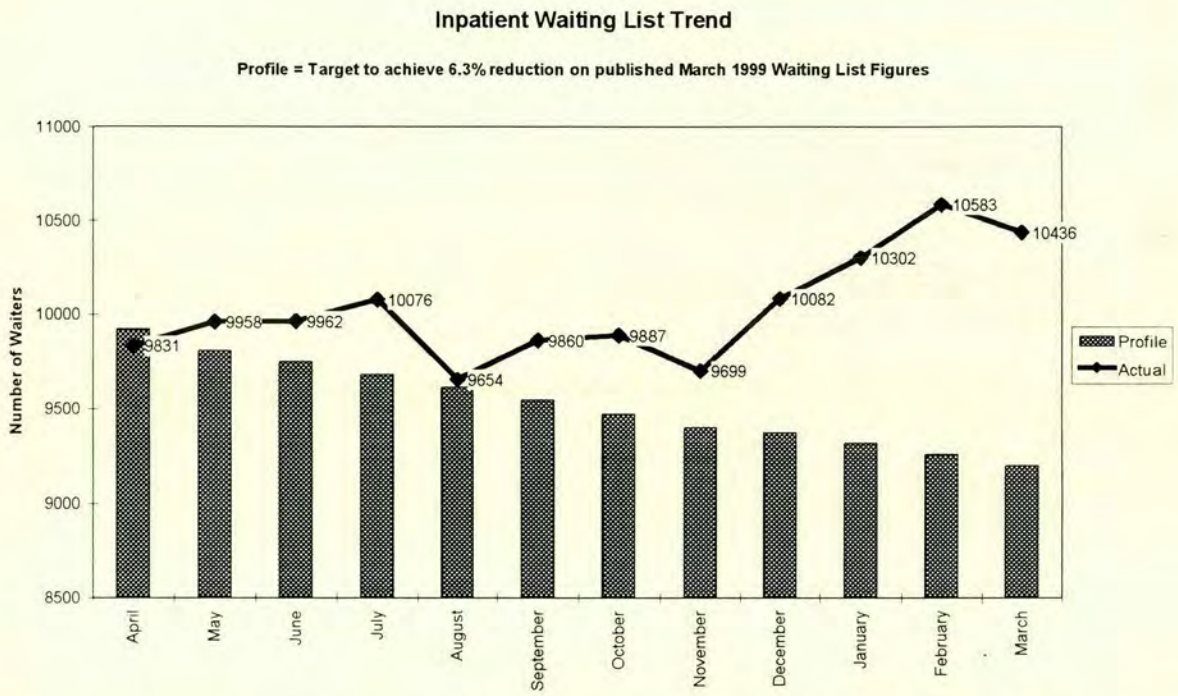
Areas where the Trust performed over target included Elderly Medicine, Palliative Care and Elderly Continuing Care.

3 Waiting Lists and Times

3.1.1 Inpatient Waiting Lists - District

Purchasers were required to achieve a 6.3% reduction in the number of patients waiting for treatment in 1999/2000. This meant that by 31 March 2000 no more than 9,200 patients district wide should have been waiting for admission. In reality the figure was 10,436, or 13.5% above target. Figure One displays the district inpatient waiting list position against profile as at 31 March 2000.

Figure 1: District Waiting List



There has been a small reduction (1.4%) in the number of patients waiting for treatment in Portsmouth and South East Hampshire between February and March. This compared with a national reduction of 4.7% over the two months. (The government announced on 17 May that there were 50,800 fewer patients waiting for NHS treatment in March compared with the previous month, and that the total number of patients waiting in March was 1.037 million).

Elective inpatient and daycase admissions to hospital were significantly below the level planned at Portsmouth Hospitals NHS Trust. This has been due in part to an increase in emergency admissions over the winter period. The PCG's emergency pressures proposals for this winter are currently being considered by the Health Authority. Similarly, The largest

increase in waiting numbers has been in Portsmouth Hospitals, where the number waiting increased by 383 patients in December alone following the emergency pressures seen there over the extended Christmas and New Year period. Table 1 shows Portsmouth Hospitals is not the only provider affected.

Table 1 Number of Patients Waiting for Treatment at 31 March 2000

Trust	Profile	Actual	Variance	Variance %
Portsmouth Hospitals	7031	7894	863	+ 12.3%
Portsmouth HealthCare	21	31	10	+ 47.6%
Royal Hospital Haslar	1091	1211	120	+ 11%
Other	1057	1300	243	+ 23%
Totals	**9200**	**10436**	**1236**	**+ 13.4%**

All Trusts are now re-profiling their activity and waiting lists. A Task Force to address waiting lists has been set up by the Trust, the first meeting will be on 5 June. The first task will be a recovery plan. A waiting list initiative to treat the longest waiting orthopaedic patients from Royal Haslar Hospital is also underway, and Portsmouth Hospitals Trust is sub-contracting to other providers for cataract surgery.

The District Demand Management Group has developed several initiatives aimed at reducing the demand on secondary care services, particularly at Portsmouth Hospitals. The schemes are at various stages of development and include; a back pain specialist triage service, diabetes retinal and glaucoma screening in the community, fast track cataract referral guidelines and the sub-contracting of dermatology minor operations to GPs.

3.1.2 Inpatient Waiting Lists - PCG

Of the 10,436 patients waiting for inpatient treatment district-wide at the end of December, 9,834 were to receive services commissioned by PCGs and 2,622 of these (27%) were Portsea Island patients. Table Two shows providers' relative performance over the last three Quarters. The number of patients waiting for treatment at Portsmouth Hospitals NHS Trust peaked in February.

Table 2 Portsea Island - Inpatient Waiting Numbers by Provider 1999-2000

PROVIDER	Q1 – Sept	Q2 - Dec	January	February	Q3 - March
Portsmouth Hospitals	2112	2204	2274	2416	**2352**
Southampton UHT	77	79	87	79	**81**
Salisbury	53	63	66	72	**74**
Haslar	52	43	54	59	**69**
Brompton & Harefield	20	23	18	21	**24**
Others	19	21	22	21	**22**
TOTAL	**2333**	**2433**	2521	2668	**2622**

3.2.1 Inpatient Waiting Times - District

The number of people waiting longer than 15 months has increased from 34 in December to 43 in March this year, although no one waited longer than 17 months. The regional target that no patient should wait more than 15 months by the end of September 1999 was not met.

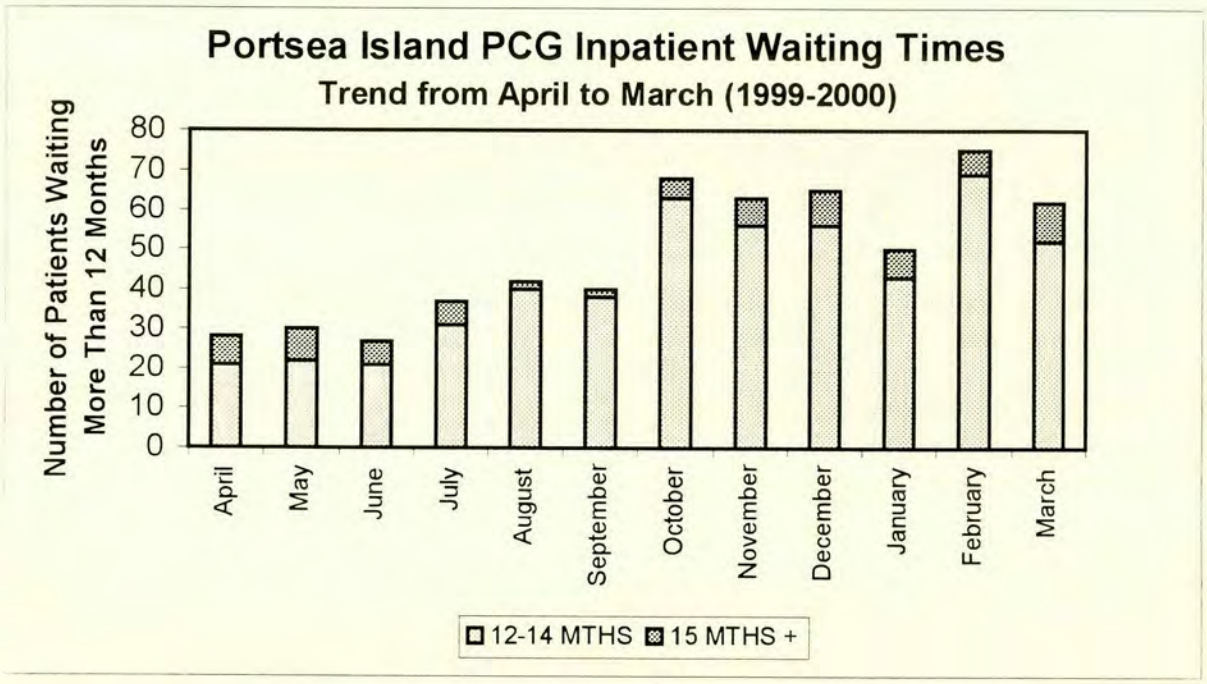
The proportion of Portsmouth and South East Hampshire patients waiting less than 9 months for treatment has progressively reduced from 91% at the last report (December data) to 89.7 in March. The proportion of patients receiving treatment for cardiac surgery within 9 months

has fallen to 65.7%, worse than other specialties including Ophthalmology (78.9%) and Orthopaedics (85.6%). Purchasers are required to ensure that no patient waits over 12 months for CABG and PCTA, the number waiting district wide rose from 11 in December to 21 in March.

3.2.2 Inpatient Waiting Times - PCG

The number of Portsea Island patients waiting over 12 months has risen from 28 in April 1999 to 62 in March 2000, and of these 10 exceeded the 15 month target. The trends are represented in Figure Two.

Figure 2 Portsea Island Waiting Times >12 Months



The 62 patients waiting longer than 12 months represents 2.4% of the total, and compares favourably with the national figure of 5.4% patients waiting longer than 12 months, (press release 2000/0283).

PCG performance by provider as at the end of March is set out in Table Three, showing the number of patients waiting for admission (elective and day case together) by time band:

Table 3 Portsea Island PCG - Inpatient Waiting Times by Provider - MARCH

PROVIDER	0-8MTHS	9-11MTHS	12-14MTHS	15MTHS +	TOTAL
Portsmouth Hospitals	2134	170	40	8	2352
Southampton	63	11	6	1	81
Haslar	69	0	0	0	69
Salisbury	73	5	0	1	79
Other	27	8	6	0	41
TOTAL	**2366**	**194**	**52**	**10**	**2622**

More people were waiting for admission to Portsmouth Hospitals NHS Trust and Haslar in March than at our last report (December's data). The number waiting more than 12 months

has actually fallen however from 65 to 62. The challenge will be to admit the increased number of new waiters before 12 months has elapsed.

Of the ten patients waiting longer than 15 months, 6 were waiting for Ophthalmology admission and 3 for Orthopaedic surgery (1 for Urology). The PCG undertakes monthly checks on patients waiting times and pursues all those over 12 months (9 months for cardiac surgery) with the relevant provider to discuss and agree admission dates.

Ten cardiac patients have waited between 9 and 14 months, 5 of these were for Royal Brompton, 4 for Southampton University Hospitals Trust and 1 for Harefield.

3.3 Outpatient Waiting Times - District

3.3.1 General

The number of patients waiting over 13 weeks for an outpatient appointment was 5,044 at the end of March compared with a profile of 4,851. There has been a reduction since the 5,357 waiters reported on 31 December 1999, but clearly more needs to be achieved to meet the target.

Action plans for all NHS Trusts to improve outpatient waiting times and services have been developed, and targets are being set to reduce the numbers waiting over 13 weeks by at least 50% in the longest waiting specialties, including Ophthalmology and Dermatology. Targets for 2000/2001 have been agreed through the SaFF process. Portsmouth Hospitals NHS Trust have recently carried out an extremely rigorous validation exercise on their whole outpatient list and improved their data quality accordingly.

3.3.2 Cancer

The government pledged that by the year 2000 all patients whose GP suspected they might have cancer should be seen by an appropriate specialist within 2 weeks of the GP's decision to refer. This was introduced for women with suspected breast cancer in April 1999. During 2000 it will be introduced for other suspected cancers. As a result, a new fast track 'fax' referral system has been set up by Portsmouth Hospitals NHS Trust in conjunction with the four Primary Care Groups. At the same time local cancer specialists have produced simple referral guidelines for GPs to use when using the fast track system. The fast track referral system is already in use and the number of referrals are being monitored. The impact of these referrals on the waiting time for appointments for other patients and on the workload of individual departments will need to be monitored. Planned dates of introduction of the 2 week waiting time standard are as follows:

April 2000	Lung, leukaemia and children's cancers
July 2000	Upper and lower gastrointestinal cancers
October 2000	Skin melanoma, gynaecological and brain and central nervous system cancers
December 2000	Urological and head and neck cancers and all other cancers

Breast Cancer
The two week target wait for urgent breast clinic referrals had been met in 100% of the 57 cases referred during quarter 4. The previously reported difficulties with some referrals not being received within 24 hours (26%) was reduced to 4% in quarter 3 and to 0% in quarter 4.

Other Monitored Cancers

Cancer waiting times are currently monitored on a monthly basis for five groups: children's cancers, lung cancers, haematological malignancies (including leukaemia), upper gastrointestinal cancers, and lower gastrointestinal cancers. Performance for April 2000 is shown in Table Four below, with referrals received after the 24 hour limit in (brackets):

Table 4 Number of Patients Seen During April by a Specialist

Cancer Category	Seen within 14 days of the decision to refer by their GP	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days
Children	0	0	0	0	0
Lung	33 (19)	1 (1)	0	0	0
Haematological	1	0	0	0	0
Upper GI	20 (6)	0	0	0	0
Lower GI	2 (2)	0	0	5	52 (7)
TOTAL	**56**	**1**	**0**	**5**	**52**

Of the 114 referrals, 35 (31%) were received by the Trust after 24 hours, these included 20 lung cancer referrals and 9 lower gastrointestinal cancers. The reason given by Portsmouth Hospitals NHS Trust for delays in seeing patients with lower GI cancers was problems with clinic lags.

All the outpatient figures are at district level as validated outpatient waiting time information is not currently available from all providers at individual PCG level.

4 Developing Quality Initiatives and Measures

The implementation of the Quality Improvement Strategy through the Programme of Work for 2000/1 has been agreed. This covers quality development work as well as quality evaluation across the district. Some of the areas covered are Core Care standards for nursing, Mental Health in primary care, privacy and dignity issues and the development of a new Patient's Charter.

Evaluation of a number of areas/ topics have been carried out as part of the monitoring requirement of the quality and clinical effectiveness agreement of the SaFF. These include Mental Health Quality Visits and the development of an Admissions and Discharges Policy. More detailed reports will be available later in the year.

5 Patient Charter Performance

Performance against the Patient's Charter standards for quarter 4 and for the year is summarised in Table Five:

Table 5 Patients Charter Quarter 4 1999/2000 Summary

Indicator	Target	Provider	1999/0 Ave	1998/9 Ave	Q1	Q2	Q3	Q4
Outpatient Appointments	90% of adults seen within 13 weeks	PHT PHCT Haslar		} }74% }	66% 98.6% 39%	61.7% 99% 40.3%	60.8% 99.2% N/A	**64.6%** **99.1%** **N/A**
Waiting Time in OPD Clinic	90% of patients seen within 30 mins	PHT PHCT Haslar	83.8% 99.2% 86.7%	84.1% 99.1% 91.4%	84.3% N/R 89%	85% N/R 87.7%	85% N/R 88.7%	**81%** **99.2%** **82%**
Cancelled Operations	No. of Patients cancelled for non medical reasons	PHT Haslar	150 7 per qtr	80 5 per qtr	95 14	99 3	153 3	**251** **9**
	No. of Cancelled patients not readmitted within 4 weeks	PHT Haslar	27 3 Per qtr	9 4 Per qtr	3 14*	6 0	46 0	**54** **0**
Accident & Emergency	100% of Patients triaged within 15 minutes of arrival	PHT Haslar	93.8% 100%	98.5% 100%	91% 100%	99% 100%	92.1% 100%	**94%** **100%**
	100% of patients admitted within 2 hours of decision to admit	PHT Haslar	67.3% 93.4%	74.9% 86.7%	70.2% 81.3%	68% 100%	66% 99.6%	**64%** **99.1%**
Ambulance Response	Emergency calls	Hampshire Ambulance	95.6%	97.2%	97.6%	95.6%	93.9%	**95.5%**
	Urgent Calls		93.2%	98.0%	98.5%	93.6%	91.4%	**88.7%**

N/A not available
N/R not required
* Figure not accurately reported by Haslar

There are a number of standards where the district still falls below the national targets, including patients not admitted from the accident and emergency department within 2 hours, and cancelled operations.

Emergency Admissions
Delays in emergency admissions through A&E has become an increasing problem over the last 2 years. Mapping of the processes underlying the excess wait beyond 2 hours is being undertaken, and solutions are being sought both at Portsmouth Hospitals and district wide to improve the emergency admissions and the bed management process. A&E departments at Portsmouth Hospitals and Haslar have continued to triage a similar percentage of patients compared with 1998/9.

Cancelled Operations
The number of cancelled operations has increased, two thirds of cancellations during January were due to Portsmouth Hospitals being on 'red alert' where all elective admissions are cancelled. The 'red alert' extended from 12 December 1999 to 12 May 2000, and further analysis of its impact on theatre time and throughput has been initiated.

Ambulance Response
Ambulance Response times remain above national targets, but have dropped slightly over the year due to an increase in the number of calls.

13 Weeks Wait
An assumption has had to be made that Haslar waits continued in quarters 3 and 4 as at quarter 2 (no data being available). A need for better information systems has also been identified at Portsmouth Hospitals following difficulties in identifying the actual number of patients waiting more than 13 weeks. That said, the overall number of patients seen within 13 weeks has reduced from 74% last year to 61% in 1999/2000.

6 Conclusion

There was an over performance of 13.3% against the PCG aggregate FCE target and 0.4% against outpatient targets for the last financial year. The large number of non-elective admissions at Portsmouth Hospitals NHS Trust contributed to an over performance of 5% in financial terms for the PCG, although the financial implications are indicative due to the block contracting process.

The 'Red Alert' at Portsmouth Hospitals ended recently on 12 May, and the number of cancelled patients at Portsmouth Hospitals increased in Quarter 4 by almost 100 to 251. Readmission of cancelled patients within 4 weeks has given rise to concern, as has the number of patients waiting longer than 13 weeks for an outpatient appointment and those waiting for treatment. Action has already been initiated to address problem areas, and more will be done through a waiting list Task Force.

Developments in secondary care information flows during 1999/2000 have become significantly more complex as the 'New NHS' has taken shape. However, in the main our essential information requirements for commissioning have been met. The coming year should provide opportunities to develop commissioning information and to ensure that the information is timely.

Jeremy Douglas
Information Analyst
Wednesday, 31 May 2000
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Portsmouth and South East Hampshire

Health Authority

Provider Summary by Commissioner

Service Level Agreement Performance Monitoring

Portsea Island PCG Summary Report

Appendix 1

Actual Activity Split by PCG

For the Activity Period from April 1999 to March 2000

PROVIDER	Total Finished Consultant Episodes						Total Outpatient						Total Other Activity						Total Expenditure		
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			FINANCE (£ 000)		
	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
MOORFIELDS EYE HOSPITAL	10	2	-80	10.1	3.3	-67	76	66	-13	5.2	3.9	-25	0	0	0	0.0	0.0	0	15.4	7.2	-53
NORTH HAMPSHIRE HOSPITALS	23	14	-39	39.6	24.7	-38	39	31	-21	2.9	2.4	-16	0	0	0	0.0	0.0	0	42.4	27.1	-36
POOLE HOSPITALS	14	7	-50	21.0	9.5	-55	3	12	300	0.4	1.2	227	12	12	0	0.0	0.0	0	21.3	10.7	-50
PORTSMOUTH HEALTHCARE	2,017	1,751	-13	4,272.7	3,762.7	-12	714	612	-14	546.4	461.6	-16	321,588	281,812	-12	8,670.3	8,828.5	2	13,489.4	13,052.9	-3
PORTSMOUTH HOSPITALS	21,534	25,328	18	18,369.5	21,627.8	18	25,542	26,088	2	4,875.8	5,015.2	3	131,154	189,625	45	6,753.0	6,538.0	-3	29,998.3	33,180.9	11
ROYAL BROMPTON & HAREFIELD	78	30	-62	288.5	116.4	-60	0	37	100	0.0	0.0	0	12	12	0	0.1	0.1	0	288.6	116.5	-60
ROYAL SURREY COUNTY HOSPITAL	8	7	-13	10.3	8.5	-17	22	22	0	1.8	1.5	-16	0	0	0	0.0	0.0	0	12.1	10.0	-17
SOUTHAMPTON UNIVERSITY HOSPITALS	506	400	-21	1,149.9	815.4	-29	1,156	857	-26	70.4	46.8	-33	0	844	100	0.0	0.0	0	1,220.3	862.3	-29
ST GEORGE'S HEALTHCARE	0	8	100	0.0	9.3	100	10	23	130	1.2	2.7	121	0	34	100	0.0	4.4	100	1.2	16.5	1,226
SURREY HAMPSHIRE BORDERS	0	1	100	0.0	7.2	100	0	0	0	0.0	0.0	0	0	0	0	0.0	0.0	0	0.0	7.2	100
THE ROYAL FREE HAMPSTEAD HOSPITAL	5	6	20	10.1	6.2	-38	8	40	400	1.0	2.6	157	0	0	0	0.0	0.0	0	11.1	8.8	-21
THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL	12	8	-33	66.9	33.7	-50	42	30	-29	1.9	1.6	-17	15	12	-20	1.8	1.2	-30	70.5	36.5	-48
UNIVERSITY COLLEGE LONDON HOSPITALS	6	15	150	7.4	21.3	186	19	32	68	1.7	3.4	108	2	0	-100	4.0	0.0	-100	13.1	24.7	89
WINCHESTER & EASTLEIGH HEALTHCARE	18	12	-33	25.0	24.8	-1	49	23	-53	3.1	1.6	-49	7	0	-100	0.7	0.0	-100	28.9	26.4	-9
TOTAL:	24,231	27,589	14	24,271.1	26,470.9	9	27,680	27,873	1	5,511.8	5,544.5	1	452,790	472,351	4	15,429.8	15,372.3	0	45,212.6	47,387.7	5

Portsmouth and South East Hampshire

Health Authority

Provider Summary by Commissioner

Service Level Agreement Performance Monitoring

Portsea Island PCG Summary Report

Appendix 1

District Activity figures Split on Historic Usage

For the Activity Period from April 1999 to March 2000

PROVIDER	Total Finished Consultant Episodes						Total Outpatient						Total Other Activity						Total Expenditure		
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			FINANCE (£ 000)		
	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
FRIMLEY PARK HOSPITAL	14	15	7	26.5	24.5	-7	0	46	100	0.0	2.6	100	12	12	0	0.1	0.1	0	26.5	27.2	2
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUS	16	13	-19	22.7	13.9	-39	37	46	24	4.1	4.6	12	0	0	0	0.0	0.0	0	26.8	18.5	-31
GUY'S & ST THOMAS'	27	30	11	56.0	44.6	-20	33	43	30	4.1	4.5	10	85	98	15	3.3	4.5	38	63.3	53.6	-15
KING'S HEALTHCARE	0	0	0	0.0	0.0	0	0	0	0	0.0	0.0	0	0	0	0	0.0	0.0	0			
ROYAL HOSPITAL HASLAR	231	174	-25	182.7	138.6	-24	0	1,058	100	0.0	59.8	100	138	348	152	3.8	4.5	19	186.5	202.9	9
SALISBURY HEALTHCARE	127	119	-6	162.3	141.6	-13	698	525	-25	46.3	49.0	6	0	0	0	0.0	0.0	0	208.6	190.6	-9
THE HAMMERSMITH HOSPITALS	3	3	0	4.2	3.1	-27	0	11	100	0.0	0.9	100	0	0	0	0.0	0.0	0	4.2	4.0	-5
THE ROYAL WEST SUSSEX	64	63	-2	69.3	68.4	-1	167	197	18	7.7	9.4	21	12	12	0	5.5	5.5	0	82.5	83.3	1
TOTAL:	482	418	-13	523.6	434.8	-17	935	1,926	106	62.2	130.8	110	247	470	90	12.6	14.6	16	598.4	580.1	-3

Portsmouth and South East Hampshire

Health Authority

PORTSMOUTH HOSPITALS NHS TRUST

Service Level Agreement Performance Monitoring

For the Activity Period from April 1999 to March 2000

Appendix 2

Portsea Island PCG Summary Report

	First Outpatient Attendances						Follow Up Outpatient Attendances						A&E Attendances						Other Activity					
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
General Surgery	2,841	3,458	22	465.9	567.1	22																		
Urology	1,367	1,520	11	229.7	255.4	11																		
Trauma & Orthopaedics	4,345	4,120	-5	864.7	819.9	-5																		
ENT	2,121	2,504	18	356.3	420.7	18																		
Ophthalmology	2,071	1,897	-8	490.8	449.6	-8													1,605	2,914	82	32.1	58.3	82
Anaesthetics	111	120	8	8.3	9.0	8																		
Pain Management	374	413	10	78.9	87.1	10																		
General Medicine	786	843	7	257.8	276.5	7							2,072	0	-100	198.9	0.0	-100						
Endocrinology	327	159	-51	107.3	52.2	-51																		
Clinical Haematology	233	326	40	132.3	185.2	40																		
Audiological Medicine	310	311	0	52.4	52.6	0																		
Audiology Adult																			2,331	2,783	19	191.1	228.2	19
Audiology Children																			1,642	1,551	-6	44.3	41.9	-6
Cardiology	534	656	23	112.1	137.8	23																		
Cardiac Rehab																			2,083	2,302	11	56.2	62.2	11
Dermatology	2,250	2,282	1	508.5	515.7	1																		
Thoracic Medicine	729	478	-34	182.3	119.5	-34																		
Rheumatology	804	868	8	402.8	434.9	8																		
Paediatrics	632	609	-4	132.7	127.9	-4							1,636	1,665	2	176.7	179.8	2	0	833	100	0.0	0.0	0
Deliveries																			1,840	1,775	-4	3,768.3	3,635.2	-4
Gynaecology	1,976	2,099	6	337.9	358.9	6																		
Midwife-Led Obstetrics																			0	27,106	100	0.0	0.0	0
GP Maternity																								
Clinical Oncology	251	287	14	22.8	26.1	14	3,480	3,138	-10	132.2	119.2	-10							4,943	3,670	-26	375.7	278.9	-26
Radiology																			17,317	17,007	-2	398.3	391.2	-2
Pathology																			95,035	129,088	36	741.3	1,006.9	36
Bone Densitometry																			10	0	-100	0.7	0.0	-100
Bob SLA Adjustment 16																			12	12	0	67.7	67.7	0
Bob SLA Adjustment 17																			12	12	0	27.1	27.1	0
CVO between PHT and PHCT																			12	12	0	14.3	14.3	0
Dietetics																			311	998	221	38.6	123.8	221
Disablement Services Finance																			12	12	0	581.1	581.1	0
Neurophysiology																			281	293	4	40.5	42.2	4
TOTAL:	22,062	22,950	4	4,743.6	4,895.9	3	3,480	3,138	-10	132.2	119.2	-10	3,708	1,665	-55	375.6	179.8	-52	127,446	190,368	49	6,377.4	6,558.9	3

31 May 2000

Please note: Clinical Oncology activity/finance has not been reported for March 2000

Portsmouth and South East Hampshire Health Authority

PORTSMOUTH HOSPITALS NHS TRUST

Service Level Agreement Performance Monitoring

For the Activity Period from April 1999 to March 2000

Appendix 2

Portsea Island PCG Summary Report

SPECIALTY	Elective Admissions						Non - Elective Admissions						Day Case Admissions						Regular Admissions					
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)		
	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
General Surgery	863	743	-14	1,171.1	1,008.3	-14	1,477	1,775	20	2,154.9	2,589.7	20	585	764	31	220.5	288.0	31	0	3	100	0.0	4.1	100
Urology	500	550	10	372.5	409.8	10	451	410	-9	335.1	304.6	-9	1,074	1,097	2	350.1	357.6	2	48	56	17	15.1	17.6	17
Trauma & Orthopaedics	650	677	4	1,012.7	1,054.8	4	1,281	1,479	15	1,926.6	2,224.4	15	434	529	22	146.7	178.8	22						
ENT	569	676	19	418.8	497.5	19	226	224	-1	165.9	164.4	-1	508	402	-21	170.7	135.1	-21						
Ophthalmology	199	100	-50	149.6	75.2	-50	39	42	8	31.7	34.1	8	818	916	12	343.6	384.7	12						
Anaesthetics													0	4	100	0.0	1.0	100						
Pain Management	46	30	-35	17.4	11.4	-35	17	27	59	7.9	12.6	59	575	658	14	150.1	171.7	14	360	319	-11	12.6	11.2	-11
General Medicine	365	237	-35	212.1	137.7	-35	4,335	5,884	36	5,067.6	6,878.4	36	49	73	49	13.4	20.0	49	0	1	100	0.0	0.0	0
Gastroenterology	62	56	-10	17.4	15.7	-10	209	309	48	58.7	86.8	48	871	1,141	31	158.5	207.7	31						
Clinical Haematology	106	103	-3	61.6	59.8	-3	53	64	21	62.0	74.8	21	150	300	100	61.6	123.3	100	0	11	100	0.0	6.4	100
Cardiology	58	83	43	105.4	150.9	43	27	59	119	91.2	199.2	119	119	187	57	138.0	216.9	57						
Dermatology	29	6	-79	51.0	10.6	-79	29	31	7	57.8	61.8	7	2	1	-50	0.6	0.3	-50						
Thoracic Medicine	24	47	96	13.9	27.3	96	19	23	21	22.2	26.9	21	128	139	9	34.9	37.9	9						
Rheumatology	100	81	-19	151.1	122.4	-19	37	32	-14	64.3	55.6	-14	29	48	66	10.8	17.9	66						
Paediatrics	31	64	106	24.4	50.4	106	1,033	1,298	26	1,051.6	1,321.4	26	14	32	129	4.9	11.2	129						
Gynaecology	494	489	-1	576.5	570.7	-1	971	1,072	10	375.8	414.9	10	524	523	0	155.6	155.3	0	0	1	100	0.0	1.2	100
Clinical Oncology													21	76	262	6.2	22.5	262						
Clinical Oncology > 20 Days	5	8	60	19.8	31.6	60	4	9	125	15.8	35.6	125												
Clinical Oncology 8 - 20 Days	6	15	150	14.2	35.6	150	39	22	-44	92.5	52.2	-44												
Clinical Oncology < 7 Days	87	116	33	86.0	114.6	33	68	36	-47	67.2	35.6	-47												
Chemo Category 1																			20	64	220	8.7	28.0	220
Chemo Category 2																			16	51	219	7.1	22.5	219
Chemo Category 3																			270	194	-28	103.7	74.5	-28
Chemo Category 4																			31	216	597	5.2	36.3	597
Chemo Category 5																			359	634	77	57.1	100.8	77
Chemo - Taxol																			20	11	-45	69.2	38.1	-45
TOTAL:	4,194	4,081	-3	4,475.6	4,384.1	-2	10,315	12,796	24	11,648.8	14,573.0	25	5,901	6,890	17	1,966.4	2,330.0	18	1,124	1,561	39	278.7	340.5	22

Please note: Clinical Oncology activity/finance has not been reported for March 2000

Portsmouth and South East Hampshire Health Authority

Appendix 2

PORTSMOUTH HOSPITALS NHS TRUST

Service Level Agreement Performance Monitoring

For the Activity Period from April 1999 to March 2000

Portsea Island PCG Summary Report

	Total Inpatient Admissions						Total Outpatient Attendances						Grand Total		
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
General Surgery	2,925	3,285	12	3,546.6	3,890.1	10	2,841	3,458	22	465.9	567.1	22	4,012.5	4,457.2	11
Urology	2,073	2,113	2	1,072.8	1,089.6	2	1,367	1,520	11	229.7	255.4	11	1,302.4	1,344.9	3
Trauma & Orthopaedics	2,365	2,685	14	3,086.0	3,458.0	12	4,345	4,120	-5	864.7	819.9	-5	3,950.7	4,277.9	8
ENT	1,303	1,302	0	755.4	797.0	6	2,121	2,504	18	356.3	420.7	18	1,111.7	1,217.7	10
Ophthalmology	1,056	1,058	0	524.9	494.1	-6	2,071	1,897	-8	490.8	449.6	-8	1,047.8	1,001.9	-4
Anaesthetics	0	4	100	0.0	1.0	100	111	120	8	8.3	9.0	8	8.3	10.0	21
Pain Management	998	1,034	4	188.0	206.9	10	374	413	10	78.9	87.1	10	267.0	294.0	10
General Medicine	4,749	6,195	30	5,293.1	7,036.1	33	786	843	7	257.8	276.5	7	5,749.8	7,312.6	27
Gastroenterology	1,142	1,506	32	234.7	310.2	32							234.7	310.2	32
Endocrinology							327	159	-51	107.3	52.2	-51	107.3	52.2	-51
Clinical Haematology	309	478	55	185.2	264.4	43	233	326	40	132.3	185.2	40	317.5	449.5	42
Audiological Medicine							310	311	0	52.4	52.6	0	52.4	52.6	0
Audiology Adult													191.1	228.2	19
Audiology Children													44.3	41.9	-6
Cardiology	204	329	61	334.7	567.1	69	534	656	23	112.1	137.8	23	446.8	704.8	58
Cardiac Rehab													56.2	62.2	11
Dermatology	60	38	-37	109.4	72.6	-34	2,250	2,282	1	508.5	515.7	1	617.9	588.4	-5
Thoracic Medicine	171	209	22	71.1	92.1	30	729	478	-34	182.3	119.5	-34	253.3	211.6	-16
Rheumatology	166	161	-3	226.2	195.9	-13	804	868	8	402.8	434.9	8	629.0	630.7	0
Paediatrics	1,078	1,394	29	1,080.9	1,382.9	28	632	609	-4	132.7	127.9	-4	1,390.3	1,690.6	22
Deliveries													3,768.3	3,635.2	-4
Gynaecology	1,989	2,085	5	1,107.9	1,142.0	3	1,976	2,099	6	337.9	358.9	6	1,445.8	1,501.0	4
Midwife-Led Obstetrics															
GP Maternity															
Clinical Oncology	21	76	262	6.2	22.5	262	3,731	3,425	-8	155.1	145.4	-6	537.0	446.8	-17
Clinical Oncology > 20 Days	9	17	89	35.6	67.2	89							35.6	67.2	89
Clinical Oncology 8 - 20 Days	45	37	-18	106.7	87.7	-18							106.7	87.7	-18
Clinical Oncology < 7 Days	155	152	-2	153.1	150.2	-2							153.1	150.2	-2
Radiology													398.3	391.2	-2
Pathology													741.3	1,006.9	36
Bone Densitometry													0.7	0.0	-100
Bob SLA Adjustment 16													67.7	67.7	0
Bob SLA Adjustment 17													27.1	27.1	0
Chemo Category 1	20	64	220	8.7	28.0	220							8.7	28.0	220
Chemo Category 2	16	51	219	7.1	22.5	219							7.1	22.5	219
Chemo Category 3	270	194	-28	103.7	74.5	-28							103.7	74.5	-28
Chemo Category 4	31	216	597	5.2	36.3	597							5.2	36.3	597
Chemo Category 5	359	634	77	57.1	100.8	77							57.1	100.8	77
Chemo - Taxol	20	11	-45	69.2	38.1	-45							69.2	38.1	-45
CVO between PHT and PHCT													14.3	14.3	0
Dietetics													38.6	123.8	221
Disablement Services Finance													581.1	581.1	0
Neurophysiology													40.5	42.2	4
TOTAL:	21,534	25,328	18	18,369.5	21,627.8	18	25,542	26,088	2	4,875.8	5,015.2	3	29,998.3	33,381.6	11

Please note: Clinical Oncology activity/finance has not been reported for March 2000

Portsmouth and South East Hampshire

Health Authority

PORTSMOUTH HEALTHCARE NHS TRUST

Service Level Agreement Performance Monitoring

For the Activity Period from April 1999 to March 2000

Appendix 3

All Commissioners Summary Report

	Inpatients						Occupied Bed Days						First Outpatient Attendance						Follow-Up Outpatient Attendance					
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
Elderly Medicine													1,031	957	-7	307.1	282.6	-8						
Elderly Acute	4,530	4,113	-9	7,140.8	6,475.9	-9	0	436	100	0.0	0.0	0												
Elderly Continuing Care							59,675	54,015	-9	6,838.6	6,190.0	-9												
Elderly General Rehab	752	706	-6	3,846.3	3,606.7	-6																		
GP Medicine	1,549	1,526	-1	2,641.7	2,601.9	-2	0	12	100	0.0	0.0	0												
Learning Disabilities													38	99	161	27.1	70.6	161						
LD Acute	419	345	-18	792.6	652.7	-18																		
Bedhampton House	500	511	2	248.2	253.6	2																		
LD Continuing Care							20,827	21,949	5	4,587.3	4,832.7	5												
LD Old Long Stay							11,330	11,381	0	2,494.6	2,505.9	0												
Adult Mental Health													1,755	1,785	2	1,040.1	1,051.5	1	0	10	100	0.0	0.0	0
AMH Acute Care	1,281	1,104	-14	5,233.1	4,499.0	-14	0	209	100	0.0	0.0	0												
AMH Continuing Care							11,388	16,045	41	3,684.0	5,190.6	41												
Child & Family Therapy													684	854	25	819.4	1,021.9	25						
Elderly Mental Health													1,006	517	-49	411.4	211.4	-49						
EMH Acute	703	723	3	3,789.1	3,893.0	3	0	149	100	0.0	0.0	0												
EMH Continuing Care							33,094	33,531	1	4,820.5	4,884.1	1												
Substance Misuse	383	420	10	549.1	604.6	10	0	34	100	0.0	0.0	0	181	201	11	115.3	128.6	12						
Brookvale													60	5	-92	0.0	0.0	0						
Community Paediatrics													320	298	-7	605.0	563.4	-7						
Fair Oak							4,343	4,541	5	1,267.3	1,325.1	5												
1st Trimester Terminations	1,375	1,323	-4	330.9	318.0	-4																		
2nd Trimester Terminations	99	101	2	31.8	32.5	2																		
Vasectomy Operations													640	657	3	69.4	71.2	3						
Hamble House							2,920	2,411	-17	681.6	562.8	-17												
Leigh House							445	913	105	339.7	697.0	105												
Physically Disabled	170	159	-6	242.3	226.6	-6																		
Regional Secure Unit							0	2,888	100	0.0	0.0	0	0	19	100	0.0	0.0	0						
TOTAL:	11,761	11,031	-6	24,845.9	23,164.5	-7	144,022	148,514	3	24,713.8	26,188.2	6	5,715	5,392	-6	3,394.8	3,401.3	0	0	10	100	0.0	0.0	0

Portsmouth and South East Hampshire

Health Authority

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	Domiciliary Visits						Day Care						Contacts						Other					
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
Palliative Medicine	302	433	43	158.5	227.3	43							1,800	1,802	0	93.4	93.5	0						
Psychology													324	391	21	45.7	55.2	21						
Elderly Medicine	483	516	7	58.0	61.9	7	11,513	11,190	-3	1,321.1	1,284.1	-3												
Elderly Dietetics													704	663	-6	34.5	32.4	-6						
Learning Disabilities	8	1	-88	1.7	0.2	-88							7,607	7,494	-1	597.7	588.8	-1						
LD Outreach													2,000	26	-99	157.1	2.0	-99						
Adult Mental Health	121	88	-27	19.8	14.4	-27	854	610	-29	32.7	23.3	-29	55,434	51,673	-7	3,399.8	3,166.7	-7						
AMH Counselling													9,896	12,028	22	364.5	443.0	22						
AMH Dietetics													1,509	1,217	-19	5.8	4.7	-19						
Child & Family Therapy	2	0	-100	0.1	0.0	-100							21,974	20,986	-4	1,069.9	1,021.1	-5						
Elderly Mental Health	700	514	-27	60.0	44.0	-27	21,460	18,725	-13	1,675.6	1,462.0	-13	21,754	20,498	-6	1,163.0	1,095.8	-6						
Substance Misuse	2	0	-100	0.2	0.0	-100	2,272	915	-60	60.1	24.2	-60	13,276	13,886	5	1,112.8	1,163.3	5						
Bob SLA Adjustment 1																			12	12	0	9.5	9.5	0
Bob SLA Adjustment 10																			60	60	0	260.0	260.0	0
Bob SLA Adjustment 11																			60	60	0	60.0	60.0	0
Bob SLA Adjustment 12																			12	12	0	100.0	100.0	0
Bob SLA Adjustment 14																			12	12	0	224.0	224.0	0
Bob SLA Adjustment 15																			12	12	0	100.0	100.0	0
Bob SLA Adjustment 2																			12	12	0	216.2	216.2	0
Bob SLA Adjustment 3																			12	12	0	37.8	37.8	0
Bob SLA Adjustment 4																			60	60	0	60.0	60.0	0
Bob SLA Adjustment 5																			12	12	0	20.0	20.0	0
Bob SLA Adjustment 6																			12	12	0	100.0	100.0	0
Bob SLA Adjustment 7																			60	60	0	2.0	2.0	0
Bob SLA Adjustment 8																			60	60	0	7.4	7.4	0
Bob SLA Adjustment 9																			60	60	0	18.7	18.7	0
Brookvale													737	749	2	152.7	155.1	2						
Domicilliary Community Dental													2,000	1,738	-13	51.4	44.6	-13						
Community Dental													91,500	79,479	-13	2,350.6	2,041.8	-13						
Clinical Medical Officer													4,551	3,205	-30	585.3	412.2	-30						
Health Visitor													224,369	206,448	-8	4,314.6	3,969.8	-8						
School Nurses													173,100	131,951	-24	965.9	736.3	-24						
Podiatry													87,548	84,450	-4	1,202.9	1,160.1	-4						
Clinical Psychology													8,353	7,850	-6	1,178.9	1,105.6	-6						

Portsmouth and South East Hampshire

Health Authority

PORTSMOUTH HEALTHCARE NHS TRUST

Service Level Agreement Performance Monitoring

For the Activity Period from April 1999 to March 2000

All Commissioners Summary Report

	Domiciliary Visits						Day Care						Contacts						Other					
	ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)			ACTIVITY			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
CVO 2, 1999/2000																			12	12	0	9.5	9.5	0
CVO 9 ,1999/2000																			12	12	0	60.0	60.0	0
CVO 10, 1999/2000																			12	12	0	33.5	33.5	0
CVO 12, 1999/2000																			4	4	0	110.5	110.5	0
CVO 13, 1999/2000																			4	4	0	20.0	20.0	0
CVO 14, 1999/2000																			4	4	0	80.0	80.0	0
CVO 15, 1999/2000																			4	4	0	12.0	12.0	0
CVO 16, 1999/2000																			4	4	0	18.0	18.0	0
CVO 17, 1999/2000																			4	4	0	15.0	15.0	0
CVO 23, 1999/2000																			12	12	0	18.7	18.7	0
CVO 27, 1999/2000																			12	12	0	-286.7	-286.7	0
CVO 57, 1998/99																			60	60	0	3.9	3.9	0
CVO 58, 1998/99																			60	60	0	4.2	4.2	0
CVO between PHT and PHCT																			72	72	0	-53.7	-53.7	0
District Nursing													266,777	235,523	-12	7,163.0	6,322.8	-12						
Family Planning													59,368	57,810	-3	1,135.1	1,105.3	-3						
Psychosexual Counselling													1,081	1,096	1	19.9	20.2	1						
Terminations Counselling													1,690	1,630	-4	98.9	95.4	-4						
Vasectomy Operations													651	657	1	14.8	14.9	1						
Hamble House							365	474	30	139.3	180.9	30												
Home Loans													8,800	8,447	-4	261.4	251.0	-4						
MacMillan Nurses													4,523	1,457	-68	120.4	38.8	-68						
Marie Curie nurses													1,948	1,954	0	60.0	60.2	0						
Minor Injuries																			16,483	16,264	-1	169.9	167.7	-1
Finance																			60	60	0	1,079.0	1,079.0	0
Night Sitting Service													5,680	5,228	-8	744.3	685.1	-8						
Occupational Therapy													65,869	60,574	-8	1,881.9	1,728.1	-8						
Physiotherapy													171,901	168,292	-2	2,655.9	2,594.9	-2						
Red Cross Loans													10,000	10,542	5	175.3	184.8	5						
Regional Secure Unit													0	234	100	0.0	0.0	0						
Speech Therapy													30,845	26,400	-14	1,378.5	1,179.8	-14						
TOTAL:	1,618	1,552	-4	298.3	347.9	17	36,464	31,914	-12	3,228.9	2,974.6	-8	1,357,569	1,226,378	-10	34,555.7	31,573.3	-9	17,275	17,056	-1	2,509.5	2,507.2	0

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Appendix 3 For the Activity Period from April 1999 to March 2000

All Commissioners Summary Report

	Total Outpatient Attendances						Grand Total		
	ACTIVITY			FINANCE (£ 000)			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
Palliative Medicine							251.9	320.8	27
Psychology							45.7	55.2	21
Elderly Medicine	1,031	957	-7	307.1	282.6	-8	1,686.1	1,628.6	-3
Elderly Acute							7,140.8	6,475.9	-9
Elderly Continuing Care							6,838.6	6,190.0	-9
Elderly Dietetics							34.5	32.4	-6
Elderly General Rehab							3,846.3	3,606.7	-6
GP Medicine							2,641.7	2,601.9	-2
Learning Disabilities	38	99	161	27.1	70.6	161	626.5	659.6	5
LD Acute							792.6	652.7	-18
Bedhampton House							248.2	253.6	2
LD Continuing Care							4,587.3	4,832.7	5
LD Old Long Stay							2,494.6	2,505.9	0
LD Outreach							157.1	2.0	-99
Adult Mental Health	1,755	1,795	2	1,040.1	1,051.5	1	4,492.3	4,256.0	-5
AMH Acute Care							5,233.1	4,499.0	-14
AMH Continuing Care							3,684.0	5,190.6	41
AMH Counselling							364.5	443.0	22
AMH Dietetics							5.8	4.7	-19
Child & Family Therapy	684	854	25	819.4	1,021.9	25	1,889.5	2,043.0	8
Elderly Mental Health	1,006	517	-49	411.4	211.4	-49	3,309.9	2,813.3	-15
EMH Acute							3,789.1	3,893.0	3
EMH Continuing Care							4,820.5	4,884.1	1
Substance Misuse	181	201	11	115.3	128.6	12	1,837.5	1,920.7	5
Bob SLA Adjustment 1							9.5	9.5	0
Bob SLA Adjustment 10							260.0	260.0	0
Bob SLA Adjustment 11							60.0	60.0	0
Bob SLA Adjustment 12							100.0	100.0	0
Bob SLA Adjustment 14							224.0	224.0	0
Bob SLA Adjustment 15							100.0	100.0	0
Bob SLA Adjustment 2							216.2	216.2	0
Bob SLA Adjustment 3							37.8	37.8	0
Bob SLA Adjustment 4							60.0	60.0	0
Bob SLA Adjustment 5							20.0	20.0	0
Bob SLA Adjustment 6							100.0	100.0	0
Bob SLA Adjustment 7							2.0	2.0	0
Bob SLA Adjustment 8							7.4	7.4	0
Bob SLA Adjustment 9							18.7	18.7	0
Brookvale	60	5	-92	0.0	0.0	0	152.7	155.1	2
Domicilliary Community Dental							51.4	44.6	-13
Community Dental							2,350.6	2,041.8	-13
Community Paediatrics	320	298	-7	605.0	563.4	-7	605.0	563.4	-7
Clinical Medical Officer							585.3	412.2	-30
Health Visitor							4,314.6	3,969.8	-8
School Nurses							965.9	736.3	-24
Podiatry							1,202.9	1,160.1	-4
Clinical Psychology							1,178.9	1,105.6	-6
CVO 2, 1999/2000							9.5	9.5	0
CVO 9 ,1999/2000							60.0	60.0	0
CVO 10, 1999/2000							33.5	33.5	0
CVO 12, 1999/2000							110.5	110.5	0
CVO 13, 1999/2000							20.0	20.0	0
CVO 14, 1999/2000							80.0	80.0	0
CVO 15, 1999/2000							12.0	12.0	0

Portsmouth and South East Hampshire Health Authority

PORTSMOUTH HEALTHCARE NHS TRUST

Service Level Agreement Performance Monitorir

For the Activity Period from April 1999 to March 2000

All Commissioners Summary Report

Appendix 3

	Total Outpatient Attendances						Grand Total		
	ACTIVITY			FINANCE (£ 000)			FINANCE (£ 000)		
SPECIALTY	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var	TARGET	ACTUAL	% Var
CVO 16, 1999/2000							18.0	18.0	0
CVO 17, 1999/2000							15.0	15.0	0
CVO 23, 1999/2000							18.7	18.7	0
CVO 27, 1999/2000							-286.7	-286.7	0
CVO 57, 1998/99							3.9	3.9	0
CVO 58, 1998/99							4.2	4.2	0
CVO between PHT and PHCT							-53.7	-53.7	0
District Nursing							7,163.0	6,322.8	-12
Fair Oak							1,267.3	1,325.1	5
Family Planning							1,135.1	1,105.3	-3
Psychosexual Counselling							19.9	20.2	1
Terminations Counselling							98.9	95.4	-4
1st Trimester Terminations							330.9	318.0	-4
2nd Trimester Terminations							31.8	32.5	2
Vasectomy Operations	640	657	3	69.4	71.2	3	84.2	86.1	2
Hamble House							821.0	743.8	-9
Leigh House							339.7	697.0	105
Home Loans							261.4	251.0	-4
MacMillan Nurses							120.4	38.8	-68
Marie Curie nurses							60.0	60.2	0
Minor Injuries							169.9	167.7	-1
Finance							1,079.0	1,079.0	0
Night Sitting Service							744.3	685.1	-8
Occupational Therapy							1,881.9	1,728.1	-8
Physically Disabled							242.3	226.6	-6
Physiotherapy							2,655.9	2,594.9	-2
Red Cross Loans							175.3	184.8	5
Regional Secure Unit	0	19	100	0.0	0.0	0			
Speech Therapy							1,378.5	1,179.8	-14
TOTAL:	5,715	5,402	-5	3,394.8	3,401.3	0	93,546.8	90,157.1	-4

Appendix 3 Portsmouth Healthcare NHS Trust - Portsea Island PCG

Specialty	Activity Type	Tariff (£)	ACTIVITY			FINANCE (£ 000)		
			Target	Actual	% Var.	Target	Actual	% Var.
Palliative Medicine	DV	£525	88	298	239	46.2	156.4	239
	Con	£52	521	1,182	127	27	61.3	127
Elderly Medicine	DV	£120	140	253	81	16.8	30.4	81
	DC	£115	3,330	8,532	156	382.1	979.0	156
	OP	£298	414	344	- 17	123.3	102.5	-17
Elderly Acute	**IP**	**£1,566**	**1,685**	**1,453**	**-14**	**2,638.3**	**2,275.0**	**-14**
Elderly General Rehabilitation	IP	£5,118	313	287	-8	1,602	1,468.9	-8
Elderly Continuing Care	OB	£115	13,157	15,272	16	1,507.7	1,750	16
Child & Family Therapy	DV	£74	1	0	- 100	0.1	0.0	-100
	Con	£49	4,774	5,671	19	232.4	276.1	19
	OP	£1,198	208	213	2	249.2	255.2	2
Community Paediatrics	OP	£1,891	92	55	- 40	173.9	104	-40
Psychology	Con	£141	324	252	- 22	45.7	35.6	-22
Elderly Dietetics	Con	£49	204	188	- 8	10.0	9.2	-8
Clinical Medical Officer	Con	£129	1,316	847	- 36	169.2	108.9	-36
Health Visitor	Con	£19	66,125	54,824	- 17	1,271.6	1,054.3	-17
School Nurses	Con	£6	50,061	29,634	- 41	279.3	165.4	-41
Podiatry	Con	£14	21,448	20,541	- 4	294.7	282.2	-4
Clinical Psychology	Con	£141	2,615	2,218	- 15	369.1	313.0	-15
District Nursing	**Con**	**£27**	**71,778**	**57,431**	**- 20**	**1,927.2**	**1,542.0**	**-20**
MacMillan Nurses	Con	£27	1,308	1,457	11	34.8	38.8	11
Marie Curie Nurses	Con	£31	563	677	20	17.3	20.9	20
Night Sitting Service	Con	£131	1,642	1,900	16	215.2	249.0	16
Occupational Therapy	Con	£29	19,246	17,530	- 9	549.9	500.8	-9
Physiotherapy	Con	£15	48,601	49,671	2	750.9	767.4	2
Speech Therapy	Con	£45	9,459	8,708	- 8	422.7	389.2	-8
GP Medicine	IP	£1,705	19	11	-42	32.4	18.8	-42
Other	e.g. minor injuries	£-	4,887	4,726	- 3	100.3	98.6	-2
TOTAL			**324,319**	**284,175**	**-12**	**13,489.4**	**13,052.9**	**-3**

Key:
DV = Domiciliary Visit, DC Day Case, IP = Inpatients, OB = Occupied Bed Days, Con = Contacts, OP = Out Patients

Agenda Item No:

No: 7.2

COMMISSIONING AND PERFORMANCE MANAGEMENT

Background & Summary

The committee for the Commissioning And Performance Management Sub Group met on Wednesday 3 May 2000. A copy of the meeting notes are attached.

Recommendations:

The Board are asked to approve these minutes.

Date: **30 May 2000**

Paper Prepared by: **Charles Lewis**

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Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

Commissioning & Performance Management Sub-Group

Notes of the Meeting held: 3 May 2000

Present: Charles Lewis
Tim Wilkinson
Jeremy Douglas
Vicky Turner
Andrew Swinney

No	Discussion	Action
1.	**Apologies for Absence** Tracy Green, Debbie Tarrant.	
2.	**Minutes of Previous Meeting** The minutes of the meeting held on 1 March 2000 was agreed as an accurate record.	
3.	**Matters Arising** • **Prompt Card Scheme** JD updated the Group: Scheme approved at 12/4 Board Meeting. JD/CL to work up a revised proposal to go to Quality Partnerships Panel on 25/5. Following this may be presented at a future Steering Group. Cards to be used by the Trust and Community/Practice Nurses as well as GPs. Some progress made on the e-version • **Conversion Ratios** Ratios for first outpatient appointment to surgery were provided for major PHT specialties. High percentages would indicate good quality of GP referrals. To be included in next Performance Report.	**JD/CL** **JD**

4. Commissioning Update

- **Back Pain**
  PCG meeting with Dr Tanner on 8/5 to progress project and integration with District Triage Scheme.
- **Dermatology**
  TW believed that the agreement to the scheme had been reached and the implementation details were being finalised.
  AS to inform Mike Johns that up to 6 GPs in Portsea [redacted] would be qualified to treat category C patients. **AS**
- **Glaucoma**
  AS progressing with Mike Jeffrey, Mark Esbester and Optometrists.
- **LVAs**
  Meeting arranged for 14 June including Mark Esbester, Tony Evans and Jim Hogan, to agree Care Pathways.
- **Cataracts**
  AS to seek clarification on progress. **AS**
- **Winter Pressures**
  The group felt that the lack of Geriatricians and Rehabilitation was fundamental in improving discharge from acute beds. Haslar was mentioned as a possible location for intermediate care.
  CL reported that a PCG bid for £1.1m for Winter Pressures had been submitted, which if successful, would have commissioning implications.
- **OATs**
  SLA/OATs document currently being updated to reflect 2000/01 arrangements. These will be circulated to GPs and Consultants in late May/early June.
- **CHD**
  TW reported on the second CHD NSF Implementation meeting held on 2 May.
  Standards 1 & 2 of the NSF relating to smoking cessation and reducing risk factors to be picked up PCGs. **TW/AS**

5. Commissioning Performance Report

Improvements:

- **ITU Bed Occupancy**
  The reason for the request for this information related to causes for cancelled operations and whether this was one of the factors. JD agreed to trawl for currently available information before further pursuing with the Trust. **JD**
- **Readmissions**
  JD to check with Sue Damerell-Kewell for currently available information. **JD**

- **Total Waiting Experience**
  This is the time waited from referral to procedure. **JD**
  JD agreed to request information from the Trust on hips/cataracts/knees. Practices may also be able to provide some sample data.
- **Cancellations/DNAs**
  AS reported that the Trust was working on these areas as documented in the Trust's Outpatient Improvement Plan. **JD**
  JD to request what information is currently available as a benchmark.
- **Cancer 2 week waits** **JD**
  Information to be included in next Performance Report

Timing

It was agreed that for meetings of the group that the Performance report was not available, reports on PHT and PHCT SLA performance as produced by the Health Authority would be included on the agenda for discussion. **AS**

6. Business Plan 2000/01

Agreed that the group would be able to contribute to achieving the aims in areas 1 and 2 of the Action Plan. **ALL**

7. Any Other Business

- **Practice Manager Representation**
  Agreed to discuss at a future meeting. **AS**

8. Date of Next Meeting

5 July 2000 at 12.00 noon in the F1 Meeting Room. **ALL**

Distribution:

Those present and apologies.

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Agenda Item No:

No: 8.1

IM&T

Background & Summary

The committee for the IM&T Sub Group met on Tuesday 28 March 2000. A copy of the meeting notes are attached.

Recommendations:

The Board are asked to approve these minutes.

Date: **30 May 2000**

Paper Prepared by: **Colin Olford**

Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

IM&T Subgroup

Notes of the Meeting held: 28 March 2000

Present:	Jennie Bennett	John-Jo Campbell
	Barbara Dale	Jeremy Douglas
	Colin Olford (Chair)	Andrew Scott Brown
	David Tones	Dick Tyrrell

No	Discussion	Action

1. Apologies for Absence

Apologies were received from Andrew Plane and Marie Skinner

2. Minutes of the Last Meeting

These were accepted as a true record

3. Matters Arising

3 (3) Feedback from the Four Programme Boards

Processes and Protocols:
The agreed Read codes had been circulated district wide and eight pilot practices had volunteered to trial MIQUEST. Only one Portsea Island practice had shown an interest in MIQUEST, and as a Torex site, was unlikely to be used.

Concern was expressed at the lack of clarity as to who was leading at the Clinical Governance/IT interface, or whether this was to be a district role. The following district level initiatives were highlighted:

- IT training (David Tones)
- Read codes (Colin Olford)
- MIQUEST (John Harrison)
- Education/training programme for clinical coding (Cym Ryle)

- Public health data for diabetes and asthma (should be used to identify practices requiring support).

Problems arising from a non-district approach included:

- Lack of district-wide CG/IT leadership
- Lack of discussion on the acceptability of proxied measures for health promotion linked with IT solutions
- Greatly reduced IT purchasing power
- Lack of a single-supplier strategy

It was agreed that, given the cost of outside trainers, a local trainer should facilitate the use of coding in primary care at a district level. ?

Strategy
See Update of the LIS (4)

Infrastructure
New arrangements had been discussed for:

- Financing ISDN lines
- Data and voice communications (tender document)
- District e-mail services

Clinical and Social Information
The Extranet was central to the accessibility of knowledge bases but was progressing slowly due to shortage of management time. The new date for launch was June this year. The Clinical Services Directory was being developed but only for Portsmouth Hospitals Trust at the moment, and referral guidelines were not part of this stage. The Adult Mental Health Information Strategy had been developed, facilitated by Prof. Brian Glastonbury.

3 (4) Update on the LIS

The new LIS will outline the priorities and shape of the programme over the next 3 years. The main tenets were discussed, starting with the EPR (with its emphasis on the acute sector).

The LIS must meet national requirements, future work may be focused on key areas where we can make progress. Our LIS has been held up as an 'exemplar plan'.

3 (5) GP NHS Net

Direct Booking to Mr Perry and Mr Thompson clinics were being piloted at Eastney Health Centre and Sunnyside. There had been a reduction in the number of referral letters going astray from Eastney, but a greater sample was required. JB would ask for volunteers. **JB**

Thirty-six practices still had standalones. Twenty-two out of a total 34 EMIS practices should have their LAN/MTA solution by the end of March. Unspent NHSNet funds amounted to approximately £120,000 from this year. DT confirmed that ECOMM quotes received by PIPCG practices would be paid for out of NHSNet funds. JD noted that PIPCG managers would be meeting with David Tones to discuss funding streams on a practice by practice basis. **DT**

The address book is to be produced by Phil Scott, (HA IT Manager), to follow the LDAP principle (server wanted rather than local server). It was confirmed that difficulties experienced by practices accessing Portsmouth Hospital's server were not due to the Trust's equipment.

3 (6) Reimbursement Policy

The previously agreed IT reimbursement policy had been challenged by one practice. The PCG had received guidance that the policy operated within the framework of the Red Book and made sensible use of limited resources. Some potential problems were broached and JD/CO agreed to consider these. ***Post Meeting Note:*** *Further advice led to the policy being reissued in time for the start of the financial year, section 2.2.2 was replaced by advice to practices.* **JD/CO**

4 IM&T Training Proposal

The proposal was accepted following discussion regarding the practice address book.

5 PCG IM&T Strategy

One GP IT System would be the ideal solution for the district although IPS, believed to be operating on the Isle of Wight, was a very expensive supplier. Further discussion was required. It was agreed that the 'IM&T Requirements to Support Primary Care' document should be adopted by the PCG. The local work would also come out of the local PCG strategy.

6 Date of Next Meeting

Confirmed as
6 June 2000 12.30 – 14.30 F1 Meeting Room Finchdean House **ALL**

(Following Meeting: 5 September 2000 12.30 – 14.30 F1)

Part Two

7 Review of PCG Primary Care IT Expenditure

Expenditure near the year-end was reviewed in the light of the funding streams available. Computer maintenance and communications was over-spent by £10,000 but overall expenditure had been within budget. It was agreed that practices should be made aware of prescribing savings that they might wish to offset against practice IT equipment costs. **JD**

8 Receive IT Bids

IT Bids were received. Following discussion JD undertook to write advice for the Board (attached). The IPS quote of £250 to install a printer was unacceptable, JD would contact another IPS practice and write to IPS regarding the quote (cc the practice). **JD** **JD**

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Agenda Item No:
9.1

Financial Report

Background and Summary:

The attached report is in two parts. Firstly it sets out the provisional year end financial position of the Primary Care Group against its devolved budgets for the 1999/2000 financial year. Secondly it outlines the initial financial programmes for the Primary Care Group for 2000/01.

The Primary Care Group is recording a provisional outturn underspend of £87,000 against its devolved budgets for 1999/2000. The final position will not be known until August when the final accounts are closed and will be updated to include the latest available prescribing information.

The initial financial programmes for the Primary Care Group for 2000/01 do not yet include Hospital and Community Health Services Service Level Agreements or the additional funds anticipated as a consequence of the Primary Care Group having additional commissioning responsibilities devolved to it. Also outlined are the current remuneration arrangements for those pay awards announced to date for the 2000/01 financial year.

Recommendations:

The Board are asked to :

- Note the provisional financial performance of the Primary Care Group for 1999/2000
- Note the outstanding adjustments required to the 1999/2000 final accounts
- Approve the opening financial programmes of the Primary Care Group for 2000/01
- Approve the proposed arrangements for remuneration outlined in section 2.2

Date

29 May 2000

Paper Prepared by :
Tracy Green, General Manager

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PORTSEA ISLAND PRIMARY CARE GROUP

FINANCE REPORT FOR JUNE BOARD MEETING

PART 1 – 1999/00 Financial Performance

1.1 Overview

This report presents the performance of the PCG against its financial programmes for the 1999/2000 financial year. All figures remain provisional as the final accounts for the Health Authority and the PCG will not be closed until the end of July.

The provisional year end results indicate an overall underspend of £87,000 (0.1%) against the PCGs devolved budget. This is a decrease of £147,000 from the position reported for February due to a change in the methodology used for reporting prescribing expenditure and an increase in the prescribing budget reflecting the anticipated share of the Heath Authority held contingency reserves. The reported position can be broken down across the main programme headings as follows:

Programme £000s	Provisional Year End Outturn			
	Budget	Expenditure	Variance	Variance %
Prescribing	12,941	13,168	(227)	(1.8)
GMS	2,741	2,579	162	5.9
HCHS	46,558	46,547	11	0.0
Management	475	441	34	7.2
Sub-Total	**62,715**	**62,735**	**(20)**	**0.0**
FH savings	107	0	107	0.0
TOTAL	**62,822**	**62,735**	**87**	**0.1**

Note: () Brackets indicate an overspend

Further analysis within programme heading is provided at appendix 1.

1.2 HCHS Budget

An underspend of £11,000 is reported for Hospital and Community Health Services. A detailed analysis of this is provided within appendix 1.

1.3 Prescribing Budget

National direction has been given that all PCGs should reflect the outturn projections provided by the National Prescribing Support Unit within their provisional accounts rather than the forecasts provided by the Prescription Pricing Agency (PPA), which has been used as the basis for projections in previous financial reports. The Support Unit's estimate is slightly lower than that of the PPA.

In addition the PCG prescribing budget has been increased by £95,000 to reflect an estimate of the funding anticipated from the Health Authority central reserves held for expensive drugs and list size adjustments.

These two adjustments have resulted in the predicted prescribing overspend reducing from £337,000 to £227,000.

It should also be noted that the recently received December figures from the PPA showed a £16,000 reduction from the position projected based on November information.

Before the final accounts are closed in July the prescribing expenditure will be adjusted to reflect the latest information available. This is anticipated to reflect April to February 2000 actual expenditure from the PPA and an estimate for March from the National Prescribing Support Unit. Therefore the final position will not be known until August 2000.

1.4 GMS (Cash Limited)/Primary Care Modernisation Budget

There is a reported underspend of £162,000 (5.9%) against the combined GMS/Primary Care Modernisation Fund allocation. This primarily relates to one premise scheme not proceeding.

1.5 Management Budget

The PCG has achieved a year end underspend of ££4,000 (7.2%) against its management budget and has not exceeded its management cost target as set by the Health Authority.

Part 2 - 2000/01 Financial Allocation

2.1 Initial Outline Programmes

Attached at appendix 2 are the proposed initial financial programmes for the PCG for 2000/01.

Details of service level agreement allocations and additional HCHS budgets in respect of the further devolution of commissioning to PCGs are not yet known.

Confirmation has been received that the PCG will receive £105,000 as primary care modernisation funds and that the £364,000 received for pace of change will be made recurrent in 2001/02. It has also been agreed that the PCG will receive £600,000 directly from the additional funding received from the Chancellor's budget announcement, this is to handle cost pressures and to fund service developments. All these allocations are incorporated into the initial programmes.

The PCG will also have access to the balance of funding received as part of the Chancellor's announcement. Health Authority wide reserves are currently being held in respect of the development of waiting list, winter pressure, intermediate care and rehabilitation schemes.

The management budget has been uplifted to reflect the revised management team structure as a result of the further devolution of commissioning, although appointments have not yet been made to these additional posts.

2.2 Remuneration

Not all national pay announcements for 2000/01 have yet been made. However the PCG has proposed initial uplifts to practice staff reimbursements of 3.25% for admin and clerical staff, and 3.4% for nursing which are included within the attached initial programmes.

Details of the arrangements for PCG Board member's remuneration for 2000/01 have been received. These set out an uplift to personal allowances of 2.8%, and uplift the ceiling for

compensatory allowances (for those eligible) to £3,500 (£8,000 for the PCG Chair). It is proposed that, in line with last year, these revised national uplifts are used for the locally negotiated payments made to Board members who hold additional portfolios.

Other remuneration announcements are still pending.

3 Conclusion

The PCG Board is asked to :

- note the provisional financial performance of the PCG for 1999/2000
- note the outstanding adjustments required to the 1999/2000 final accounts
- approve the opening financial programmes of the PCG for 2000/01
- approve the proposed arrangements for remuneration outlined in section 2.2

Tracy Green
General Manager
29 May 2000

Appendix 1

Provisional Financial Report for Portsea Island PCG for 1999/2000, to the end of March 2000

		Year to date			
	Annual Budget £000's	Budget £000's	Expenditure £000's	Variance £000's	Variance %
Prescribing					
Prescribing	12,941	12,941	13,033	(92)	(0.7)
Incentive Scheme	0	0	135	(135)	0.0
Total Prescribing	**12,941**	**12,941**	**13,168**	**(227)**	**(1.8)**
GMS Programme					
Reimbursement - Practice Staff	2,109	2,109	2,112	(3)	(0.1)
Training - Practice Staff	44	44	34	10	22.7
Relief - Practice Staff	57	57	65	(8)	(14.0)
Health Centre Staff	7	7	8	(1)	(14.3)
Premises - Cost rents	144	144	144	0	0.0
Premises - Improvements	160	160	26	134	0.0
Computing - Purchases	108	108	117	(9)	0.0
Computing - Maintenance	70	70	73	(3)	(4.3)
DDRB Reserve	14	14	0	14	0.0
Reserves	28	28	0	28	0.0
Total GMS	**2,741**	**2,741**	**2,579**	**162**	**5.9**
Hospital and Community Services					
Service Level Agreements					
Portsmouth Hospitals NHS Trust	30,555	30,555	30,555	0	0.0
Portsmouth HealthCare NHS Trust	13,489	13,489	13,489	0	0.0
Southampton University Hospitals NHS Trust	1,220	1,220	1,220	0	0.0
Southampton Community NHS Trust	1	1	1	0	0.0
Salisbury Healthcare NHS Trust	209	209	209	0	0.0
Royal West Sussex, St Richards, NHS Trust	83	83	83	0	0.0
Royal Surrey County Hospital NHS Trust	12	12	12	0	0.0
Winchester & Eastleigh HealthCare NHS Trust	29	29	29	0	0.0
Guy's & St Thomas' Hospitals NHS Trust	64	64	64	0	0.0
North Hampshire NHS Trust	42	42	42	0	0.0
UCLH NHS Trust	13	13	13	0	0.0
Gt. Ormond Street NHS Trust	27	27	27	0	0.0
Royal National Orthopaedic NHS Trust	71	71	71	0	0.0
St George's Healthcare NHS Trust	1	1	1	0	0.0
Poole Hospitals NHS Trust	21	21	21	0	0.0
Royal Free Hampstead NHS Trust	11	11	11	0	0.0
Hammersmith Hospitals NHS Trust	29	29	29	0	0.0
Frimley Park NHS Trust	27	27	27	0	0.0
Moorfields Eye Hospital NHS Trust	15	15	15	0	0.0
Royal Brompton NHS Trust	289	289	289	0	0.0
Worthing & Southlands NHS Trust	7	7	7	0	0.0
Total	**46,215**	**46,215**	**46,215**	**0**	**0.0**
Other					
Commissioning Pilot Savings	26	26	26	0	0.0
Grants to Voluntary Organisations	198	198	184	14	7.1
Ex FH Services - Private Providers	65	65	63	2	0.0
Other Private/ECRs	54	54	59	(5)	(9.3)
Total	**343**	**343**	**332**	**11**	**3.2**
Total HCHS	**46,558**	**46,558**	**46,547**	**11**	**0.0**
Management Costs					
Staff Costs	333	333	331	2	0.6
Non staff costs	142	142	110	32	22.5
Total Management Budget	**475**	**475**	**441**	**34**	**7.2**
Total Portsea Island PCG	**62,715**	**62,715**	**62,735**	**(20)**	**(0.0)**
Unplanned GPFH savings returned	107	107	0	107	0.0
Total Portsea Island PCG	**62,822**	**62,822**	**62,735**	**87**	**0.1**
Memorandum					
Royal Hospital Haslar	174	174	174	0	0.0
Out of Area Treatments (OATs) adj	514	514	514	0	0.0

() Brackets indicate an overspend
Prepared 19/05/00

Appendix 2

PORTSEA ISLAND PRIMARY CARE GROUP
Initial Financial Programmes 2000/01

	£
Prescribing	
Individual Practice Budgets	13,235,182
Contingency held for practice appeals	116,699
General Contingency (including provision for 2000/01 incentive scheme)	300,119
Payments to community pharmactists for advice to practices	40,000
Total Prescribing	**13,692,000**
GMS/Primary Care Modernisation Funds	
Reimbursement - Practice Staff	2,247,721
Training - Practice Staff	44,230
Relief - Practice Staff	70,000
Health Centre Staff	7,312
Premises - Cost rents	145,372
Premises - Improvements	4,508
Computing - Purchases	100,000
Computing - Maintenance	75,000
DDRB Reserve - 2000/01	14,067
DDRB funding carried forward from 1999/2000 (non recurring)	14,000
Condoms for primary care	400
Unallocated Primary Care Modernisation funds	122,390
Total GMS/Primary Care Modernisation Funds	**2,845,000**
Hospital and Community Services	
District NHS Service Level Agreements	tba
PCG Specific Service Level Agreements	62,442
Specific PCG Projects:	
Adult Mental Health Modernisation Funds - Psychological Therpaies	40,000
Back Pain	31,000
Diabetes	32,000
Mental Health Practitioner for the University	15,000
Asylum Seekers triage centre/Homeless initiatives	80,000
Integrated Care for Older People	364,000
CHD HIMP funding	440,000
Other Private/ECRs (rolled forward from 99/00)	56,558
Other Private/ECRs - in respect of further devolution of commissioning	tba
Total HCHS	**1,121,000**
Management Costs	
Staff Costs	449,388
Non staff costs	112,475
Clinical Governance	72,781
Total Management Budget	**634,644**
PCG Reserves - unallocated	**352,000**
Total Portsea Island PCG	**18,644,644**

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25/05/2000

Agenda Item No:

No: 10.1

QUALITY & CLINICAL GOVERNANCE SUB GROUP

Background & Summary

The committee for Quality & Clinical Governance Sub Group met on Wednesday 29 March 2000. A copy of the meeting notes are attached.

Recommendations:

The Board are asked to approve these minutes.

Date: **30 May 2000**

Paper Prepared by: **Jim Hogan**

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Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

QUALITY AND CLINICAL GOVERNANCE SUB GROUP MEETING

Notes of the Meeting held: 29 March 2000

Present:

Sheila Clark	Tim Wilkinson	Jean Hooper
Jim Hogan	Marie Potter	John Thornton
Charles Lewis	Kathy Primrose	Anne White
Elizabeth Fellows	Mary Stratford	Simon Harris
Lin Kneller (notes)		

No	Discussion	Action

1. Apologies for Absence

Julie Cullen
Mike Sadler
Sue Damarell-Kewell
Pauline Robinson

2. Welcome

Jim Hogan welcomed Kathy Primrose as the LMC representative.

3. Minutes of the meeting held on 13 October and matters arising:

The minutes were agreed.

There was a brief discussion on the pathway for quality issues and the relationship with the Quality Partnership Panel and the commissioning process.

4. Clinical Governance Development Plan

Jim Hogan briefly outlined the project work taking place following on from the two half day workshops.

4.1 Data

The meeting was reminded that Anne Cuppage is currently undertaking work looking at existing practice information and data systems, incorporating read coding. The results from this will be put together to produce a development plan for individual practices, which will then form a baseline on a practice basis which can be aggregated up to address PCG wide issues. This will ultimately result in having easier access to data that will help to improve patient care. Particular mention was made of having access to data that will help to identify health inequalities which would be the fundamental starting point. Sheila reported that because we have been designated an 'aHaz' we will be able to bid for extra money. The situation will be continually monitored to identify benefits and improvements.

4.2 Diabetes

Jim Hogan outlined the project work that was being co-ordinated by Sue Craddock. A project team has been set up which will provide a set of proposed targets and guidelines and will include setting up an education workshop, identifying care for the housebound, and providing more information for patients. This project work will be audited and evaluated.

4.3 Nurse Accreditation

Julie Cullen outlined the background to this project which aims to set up a core development package for newly employed nurses and to formalise personal development plans for nurses already in post. She gave details of a series of information roadshows planned for May which all community/practice nurses have been invited to.

4.4 TARGET Steering Group

Jim Hogan reported on the presentation at the last clinical governance half day, on setting up a scheme similar to the TARGET scheme operating in Doncaster, which will give protected learning time for all practice staff of one half day a month. This has been considered by the Board and it has been agreed to take this project forward, initially on a six month pilot basis. Jim stressed how important it was to consult widely and plan and share information with practice staff and patients. Estimates of setting up costs were being worked on and it was hoped that some of the money will be coming from drug companies. Practices will be surveyed in May for their input into planning the launch and topics to be covered initially. The initial meeting of the TARGET Steering Group, which will discuss terms of reference and the first steps to be taken, will be on 3 May.

5. Patient Conference 2000 Proposal;

Jean Hooper and Marie Potter shared their draft plans for this event which it was hoped would take place in October. A task group will be set up to co-ordinate the planning. It was hoped that the emphasis for this conference will be different in that it would be more participative and 'hands-on'. JH/MP

6. Prompt Scheme

Jeremy Douglas reported on the re-introduction of the 'Prompt' scheme. This has been discussed at the last Board meeting and agreed that it was a good way of improving communication between primary and secondary care and also collecting quality information which could be recorded. Jeremy will welcome suggestions as to the type of questions to be included on the prompt cards and a fully detailed proposal is in the process of being prepared. JD

Once up and running it was suggested and agreed that the constituency GPs should take a lead role in collating the information collected and sharing as appropriate, perhaps monthly. Constituency GPs

7. Date of Next Meeting

28 June 2000, 12.30 to 2 p.m. Venue to be confirmed.

Agenda Item No:

No: 10.2

COMMUNICATIONS AND PUBLIC INVOLVEMENT

Background & Summary

The committee for Communications and Public Involvement Sub Group met on Monday 22 May 2000. A copy of the meeting notes are attached.

Recommendations:

The Board are asked to approve these minutes.

Date: **30 May 2000**

Paper Prepared by: **Charles Lewis**

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Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

Communications and Public Involvement Sub Group

Notes of the Meeting held: 22 May 2000

Present:	Charles Lewis	Sheila Clark	Noreen Kickham
	Jean Hooper	Mary Stratford	Maureen Beattie
	Lin Kneller	Marie Potter	

No	Discussion	Action

1. Apologies for Absence

Pauline Robinson

2. Minutes of Last Meeting

The minutes of the meeting held on 31 January 2000 were agreed.

3. Matters Arising

Brighton & Hove Rocks

It was agreed that we had gleaned as much as we could from this document and therefore it could now be taken off the agenda.

Conference Action Plan

It had been agreed to highlight three main areas from the action points for further input:

- stress
- communication
- benchmarking survey (access to primary care)

The ways in which these areas are being tackled at present were briefly discussed.

Stress - a scoping meeting is planned involving John Parke which will link into the HAZ work.

Communication Training - Maureen would be very interested n finding out what patients thought but was not confident of any lasting change in people's attitudes. Sheila will talk to Elaine Guy concerning training and induction issues. SC

Benchmarking of appointments and out of hours access - Sheila reported that Paula Turvey has been seconded to work with the PCG for 3 days a week and this would be a very suitable project for her to undertake.

Website

We have received the instructions from Hantsweb on how to set up the counter and we are waiting for I.T. to install it.

It was agreed that we need to publicise the web more widely and any opportunities should be actively pursued and consider ways of making it more interesting. Noreen asked if we could install links from our website to others, e.g. healthy workplace website. Lin will ask Maria Smith re the possibility of this. LK

4. Board Meetings and Public Involvement

A questionnaire had been distributed to the public at the last board meeting and the comments received back were discussed. Several suggestions had been made to improve the ways that the public were involved, e.g. changes of venue, installation of a hearing loop, change of time, use of jargon and terminology, more opportunity to ask questions.

It was agreed that these would all be considered and it was agreed that dedicated question time on a 'surgery' basis with either Sheila or Charles being solely available at a given time could be a good idea. A suggestion of St. John's College as a possible venue will be investigated. This will be discussed again at the next meeting.

5. Patient Conference

There was some discussion on whether to organise a conference in light of the additional work that moving to PCT status will bring. However, it was agreed that it would be desirable to organise the event and that hopefully we would be able involve the citizens' panel in the organising of this. The workload pressure will be eased when a replacement for Jackie Charlesworth is in post as this person will have take a lead role in the administrative arrangements of both the panel and the conference. It was agreed that it was important to keep the promise of holding a yearly conference.

There was some discussion on a possible date for the conference and suggestions were either 20 or 30 October. This will be agreed when the availability of venues was checked. A conference task group will be set up.

6. Engaging Hard to Reach Groups

There was a discussion on what is a 'hard to reach group' which should include:

- ethnic minorities
- middle aged men
- young mothers in socially deprived area
- primary school children and adolescents

The various ways in which these groups were being targeted were discussed. Noreen agreed to feedback the results of a young people's survey currently being run, linking in with healthy schools data. With regard to young mums, the idea of recruiting a 'young mum' as a contact/spokes person was agreed as a possible way to sharing information. NK

7. Draft Portsea Island PCG Primary Care Survey

Mary Stratford gave a verbal report on this, with communication issues being highlight. More information will be available shortly and will be shared as appropriate. MS

8. National Consultation Exercise

Mary Stratford updated the group on the above for which the paperwork was expected shortly.

9. Any Other Business

Mary Stratford reported on the National Cancer Survey Group and informed the meeting that they were close to agreeing the questionnaire for patients. PCG input may be required later in the year.

10. Date of Next Meeting

To be advised. The Community Health Council will be invited to join the group.

Agenda Item No:

No: 11.1

PRESCRIBING

Background & Summary

The Prescribing Sub Group met on Thursday 4 May 2000. A copy of the meeting notes are attached.

Recommendations:

The Board are asked to approve these minutes.

Date: **30 May 2000**

Paper Prepared by: **Colin Olford**

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Portsmouth and South East Hampshire NHS
Health Authority
Finchdean House, Milton Road
Portsmouth, PO3 6DP

Portsea Island Primary Care Group

Prescribing Sub-Group Meeting

Notes of the Meeting held: Chichester road Surgery Thursday 4 May 2000

Present: Colin Olford Vicky Turner Kathryn Alder Elizabeth Fellows John Thornton

No	Discussion	Action
1.	**Apologies for Absence** Tim Wilkinson , Simon Harris, Liz Phillipou	
2.	**Minutes of the last meeting** The minutes of the last meeting were agreed as a correct record	
3.	**Declaration of interests** The group had no interests to declare.	
4.	**Matters arising** Prescribing Budgets (Bids from Practices) All practices had now received their 2000/20001 prescribing budgets. £116,699 of the total Prescribing budget had been reserved as a biddable pot for practices that were unhappy with their initial budgets. Practices had until May 22 to contact the PCG. Kathryn reported that to date she had received letters from three practices. The latest prescribing figures were discussed by the group. Katie Hovenden was currently doing some work on the adjustments for list sizes and expensive drugs with Kathryn and Vicky. The actual end year position will probably not be known until August/September due to the delay in data from the PPA	**KH/KA/VT**

No	Discussion	Action

5. Incentive Scheme 2000/2001

The group discussed this in great detail. It was agreed that as there was no new guidance from last year, incentive payments would be linked to quality targets, the same financial framework would be used and payments would not be scaled down for smaller practices. There was some discussion over setting each practice a growth rate target. In previous years only those practices with an overspend had been set a growth rate target. John suggested that all practices should be set the same target and this should be linked to the average PCG growth rate. An improvement in budgetary performance would be measured by a practice keeping its own growth rate lower than the average PCG growth rate for March 2001. In this case practices would be entitled to a payment of **£250 per partner** for each quality target achieved or up to a **maximum of £1,000 per partner.**
This was supported by the group.

Kathryn outlined some ideas for quality targets:

- Ulcer healing drugs and NSAIDS which linked in to the Health Authority's Disinvestment Plan
- ACEs
- Diabetic baseline audit
- Leap

The group discussed the Leap project and how this could be rolled on for the coming year. There were some concerns about the choices of drugs and cost implications of following the guidelines. Ideas for trying to reduce the costs included switching patients to cheaper drugs and looking at patients currently being treated for primary prevention. It was agreed that all practices following the baseline audit should implement the findings of Leap and achieve the following:

- Ensure all relevant data obtained from the baseline audit is recorded on the practice computer (Help may be available by data inputers funded by the PCG, or by paying practice staff to do this ?- needs confirmation)
- Initiate appropriate drug treatment in those patients identified from the audit.

Practices will also be then asked to do a follow up audit for the following groups of patients:

- Review all patients with IHD, taking Lipid Lowering Therapy and ensure they have had their total cholesterol checked and recorded on the computer within the last 12 months

No	Discussion	Action

- Complete a baseline audit of diabetics using the Local Diabetes Advisory Group (LDSAG) form to monitor HBA1c, and serum cholesterol. Practices will be required to do this as part of their chronic disease management register.

Kathryn suggested that all practices could be set disinvestment targets, which could then be used to release savings to part fund implement the results of the Leap baseline audit.

ACEs were then discussed by the group. Savings could be released in this area by transferring patients on non-formulary Aces to formulary ACEs. John suggested that practices could either be set a % target to reduce their use of non formulary ACEs or this could be linked in to an overall PCG ratio target of non formulary vs. formulary ACEs. Colin then suggested that bisoprolol could be used as a disinvestment quality target. It had been discussed at the last D+TC meeting as bisoprolol is now licensed for used in cardiac failure. In primary care the majority of bisoprolol currently being prescribed is for hypertension. There is currently no evidence to favour the use of bisoprolol in the treatment of hypertension compared to other Beta-blockers. In this case savings could be released by switching patients on bisoprolol to atenolol. Kathryn agreed to investigate the current spend of bisoprolol in the PCG. **KA**

Other quality targets discussed by the group were:

- Repeat Prescribing
- Read coding for patients in residential and nursing homes

It was agreed to leave Repeat Prescribing this year, but possibly ask practices to read code residential and nursing home patients. Colin then demonstrated the possible read codes that could be used and agreed to follow this up. **CO**

Overall it was agreed that a summary document on the quality targets would be sent round to the group for further discussion. **ALL**

6.

AOB

None

The meeting closed at 2.55pm.

Post meeting note
A meeting was arranged for the **Thursday 8 June at 12.30 p.m.** Chichester Road surgery