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PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

GOSPORT PRIMARY CARE GROUP

GP STEERING GROUP

Notes of the Meeting Held 4 may 2000 At Gosport War Memorial Hospital

Present:		
	Dr Barton	Hazel Bagshaw
	Dr Bassett	Jayne Colebourne
	Dr Beale	Elizabeth Emms
	Dr Davis	Peter Iford
	Dr Harrison	John Kirtley
	Dr Lacey	Pat Rimmer
	Dr Lynch	Surgeon Captain Jarvis (item 4)
	Dr Pennells	Rose Butcher (item 5)
	Dr Young	Emma Marley (item 5)
	Surgeon Commander Nichol	

No.	Discussion	Action

1. Apologies

Dr. Grocock

2. Notes of last meeting

These were agreed

3. Matters arising

GP beds. Dr Barton has had an initial meeting with Nicky Pendleton. Information on bed availability faxed to surgeries daily is promoting higher usage.
Local development scheme. The final proposals are still awaited, and these will be circulated when they are received.
Gosport doctors luncheon club. The last meeting was well attended. The next meeting will be held 25 May.

4. Integration of clinical services at Royal Hospital Haslar (RHH) and Portsmouth Hospitals (PHT)

Surgeon Captain Jarvis, Commanding Officer Designate at the Ministry of Defence Hospital Unit (MDHU), discussed secondary care services at RHH. There will continue to be a military presence at RHH. Activity has recently substantially increased. There are current reviews of both medical and surgical services across Portsmouth Hospitals Trust (PHT) and RHH.
There will be continue to be acute medical beds on the RHH site until closure, and the number of medical beds will increase. The bed bureau at PHT will shortly be taking on the management of medical beds.

The review of surgical services involves a reconfiguration across the district. An increase in surgical activity at RHH is planned, with consultants from PHT working increasingly at RHH. The surgical beds at RHH will eventually also be managed by the bed bureau at PHT, but not until RHH has been able to ensure that they have enough beds identified to meet the needs of the military.
It is planned that the ability to maintain acute admissions will continue and anaesthetist cover will be provided overnight. Vascular surgery will be mainly at PHT. There are no plans for the provision of paediatrics, obstetrics and gynaecology at RHH. ENT, ophthalmology and gastrology will continue to be provided. A walk in breast service will again be available at the end of the year at RHH.
It seems likely that dermatology for the district will be concentrated at RHH.
A new physician, a cardiologist, will be joining the team in 6-8 weeks time, and will provide 6 sessions a week at RHH. Protocols for coronaries occurring in the locality and attending the Treatment Centre are being finalised. It seems likely that there will be the facility for admission for stabilisation, probably into a Medical Assessment Unit.
The provision of out patient services will change as a result of the surgical review. It was agreed that any proposed changes would be agreed with the PCG. **LJ/BP**
When the Centre for Defence Medicine is established at the University of Birmingham Hospitals in 2001, it is thought that there will be an initial impact on nursing staffing levels.

5. Primary care co-ordinator role

Rose Butcher and Emma Marley explained that their roles, which the PCG board had agreed to fund for 6 months, were as a result of a Gosport nurses' away day. The aim of their role is to produce protocols, guidelines and a template for chronic disease management, and to promote further integrated working for nurses. They will be concentrating on asthma initially, and anticipate that the work will be able to be applied to other areas of care. Part of this will be an audit on how asthma is currently being recorded. Emma is also involved in the development of a district wide group protocol for immunisation.

6. Prescribing budget allocation

Dr. Lynch and Peter Ifold presented the spreadsheet which illustrated current prescribing budgets. The equity formula used is set nationally and is an attempt to make the process of budget allocation fair. Dr. Lynch raised concerns about the formula and the pace at which practice budgets are moving to equity. This year, 8 Practices will be within 1% of their target, one Practice within 1.5%, and one Practice within 3%. The national guidance is not totally clear and there is some latitude in its use. Dr Lynch suggested the process could be done more gradually. However, Gosport PCG's per capita prescribing budget is greater than the Health Authority average, and it is therefore deemed inappropriate to allow greater divergence from equity.
The issue of generic drugs was discussed. Whilst money has not been identified separately to address this issue in 2000/01, this factor has been addressed in calculating the overall uplift. The government is attempting to reduce generic prices, and if they are successful the prices will return to the level 15 months ago. At this stage it is not possible to forecast what the impact of generics will be on this year's prescribing budget.

7. Prescribing incentive scheme

Dr. Davis and Hazel Bagshaw presented the proposed scheme as an attempt to develop a simple, quality scheme, enabling the disinvestment of money for use in other areas of prescribing. They felt the proposed scheme to be achievable and non-controversial.

PPIs. By addressing PPIs money can be saved by a small change in prescribing practise. There is also clinical concern about the long-term safety of prescribing therapeutic doses of PPIs. It is suggested that therapeutic doses should be prescribed on acute prescriptions with a maximum of 6 repeat prescriptions for the maintenance dose.

ACE inhibitors. Changing patients from the more expensive ACE inhibitors to ramipril or quinapril will create a sizeable disinvestment of money for use elsewhere in prescribing. The class effect of such drugs is generally acknowledged.

Diabetic annual cholesterol test. This may absorb some of the disinvestment money from other audits.

Repeat prescribing for nursing and rest homes. The aim is to work with GPs, DNs, and community pharmacists to improve the services to the patients in these homes. Also, the hope is to reduce stock piling and wastage of drugs in the homes. It is hoped that there will be another "dump it" campaign, and also a campaign to remind patients of their responsibilities.

The prescribing incentive scheme was agreed.

8. Feed back on Service and Financial Framework

Pat Rimmer presented the paper which he explained was an attempt to set out the money that has been negotiated by Gosport PCG and the steps for applying it. It is anticipated that more monies will become available as the year progresses. Apart from the £17K equity monies, all the money is recurring. Dr. Pennells proposed a small "think tank" to develop schemes for the money with GP, Practice Manager and PCG management team representation. The views of the nurses would also be sought.

EE

9. Primary care investment plan (PCIP) process

John Kirtley explained that over the next few weeks Elizabeth Emms would be writing to all Practices arranging to review last year's PCIP and to develop proposals for this financial year. The process will be completed by September 2000.

EE

10. Vasectomy services

Pat Rimmer presented the paper, which proposed to formalise limited changes to vasectomy services for the Gosport population. The changes had been previously discussed and they were agreed. The PCG will write to all Gosport GPs informing them of the current service provision.

EE

11. Any other business

Dr. Lacey requested an updated list of consultants at Portsmouth Hospitals and the Royal Hospital Haslar. Pat Rimmer undertook to ascertain the progress of the new Clinical Services Directory. **PR**

12. Date and time of next meeting

The next meeting will be held 12.30pm, Thursday6 July 200 in the Seminar Room at Gosport War Memorial Hospital.