

File Gen 14

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Meeting of the Gosport Primary Care Group Board

**Thursday 13 April 2000 at 1 pm, Council Chambers
Gosport Town Hall**

AGENDA

1. **Apologies for Absence**
2. **Minutes of the Meeting held Thursday 17 February 2000** **Attached**
 To receive for approval the minutes of the meeting held on Thursday 17 February 2000 (Green)
3. **Finance and Activity Report 1999/2000** **Attached**
 To consider a report for the period up to 29 February 2000 (White)
4. **Financial Programmes for 2000/2001** **Attached**
 To receive a report on initial programmes (Yellow)
5. **Business Plan 1999/2000** **Attached**
 To receive a year end report on implementation of the 1999/2000 Business Plan (Lilac)
6. **Lay member Update**
 Mrs J Charman
7. **Health Authority Reconfiguration**
 To receive an update: Mr J Kirtley
8. **Royal Hospital Haslar, Reprovision: Update**
 Mr J Kirtley
9. **Clinical Governance: Update**
 Mrs C Kelly/Mr J Kirtley
10. **Any Other Business**
11. **Date and Time of Next Meeting**
 To confirm Thursday 15 June 2000 1 pm, Gosport Town Hall

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
GOSPORT PRIMARY CARE GROUP

Minutes of the Meeting held on Thursday 17 February 2000 at Gosport Town Hall

Present:

Dr J Barton (Chair)	Mrs C Kelly
Dr P Burgess	Mr J Kirtley
Mrs R Butcher	Dr D Lynch
Dr J Grocock	Dr R Pennells
Dr W Harrison	Dr D Young

Community Health Council: Dr M Ottaway

In Attendance:

Mr P Ifold	Dr J Warner
Mr P Rimmer	

No Discussion

1 Apologies for Absence

Mrs J Charman; Mr M Cremer; Mr C Hardy;

2 Minutes of the Meeting held Thursday 16 December 1999

The minutes of the meeting held on Thursday 16 December were agreed as a correct record.

3 Finance and Activity Report

Mr Ifold presented the Financial Report for the period to 31 December 1999.

Referring initially to the Hospital and Community Health Services (HCHS) statement at Appendix 2, Mr Ifold confirmed that, as reported previously, there is little financial variance because of the block service agreements in place with NHS Healthcare providers. For agreements with private providers, there is a small underspend totalling £11,000.

Within the £30,000 shown in "Other" at Appendix 2, Mr Ifold explained that £12,000 of the amount held for Modernisation Funds (Human Resources) is committed but will not be spent in 1999/2000. Accordingly, it will be carried forward to the next financial year.

Looking at Appendix 3, the General Medical Services (GMS) statement, Mr Ifold confirmed that overall the projected year end position remains an underspend of £100,000 and this will be carried forward

With reference to the Prescribing Report at Appendix 4, Mr Ifold explained that due to continuing problems in obtaining data, the report was based on six months' actual figures to September plus an estimate for the quarter to December. The estimated year to date overspend of £157,000 includes the effect of changes to generic prices and the introduction of patient pack dispensing as described in previous reports.

However, Mr Ifold asked the Board to note that the extra allocation of £40,000, agreed after the mid year financial review, has now been received from the Health Authority and is shown in the Reserves column. Additionally, Mr Ifold was able to report that the Health Authority has received a further allocation for prescribing which the National Health Service Executive (NHSE) has advised should be passed to the Primary Care Groups. The allocation for the Gosport PCG is £137,000. The Board discussed the methodology proposed for distributing this amount to practice budgets and agreed to implement the distribution as outlined in the report.

Mr Ifold concluded that although the prescribing overspend continued to be of concern, he anticipated that with contingency reserves and the allocations described, the overspend was expected to be fully covered.

Turning to the Management Budget at Appendix 5, Mr Ifold explained that as reported previously, staffing vacancies at the start of the year had resulted in the current underspend totalling £27,000.

In conclusion, the Board noted the financial position as at 31 December and the overall predicted year-end underspend position.

4 Hospital Activity and Waiting Lists/Times

Mr Ifold introduced the report on PCG activity and waiting list information which had been requested at the last Board meeting. Mr Ifold explained that as previously noted, some difficulties remain in obtaining information at PCG level from all providers but there have been improvements during the year.

Looking initially at the summary of activity for April-November 1999 shown at Appendix 1, the Board noted underperformance against targets from the main local healthcare providers; Royal Hospital, Haslar figures are not included. Mr Ifold confirmed that not all local PCGs are reporting the same underperformance. In response to Dr Young's suggestion that the targets for Gosport may have been set incorrectly, Mr Ifold confirmed that discussions are taking place with the Health Authority on this issue.

Looking at the outpatient analysis shown at Appendix 2, Mr Ifold explained that this is District-wide information, not available by PCG, and covers all Trusts. Noting the difference in waiting times between specialities, Mr Rimmer suggested that future modernisation funds are likely to focus on five key areas including Cardiology, ENT, Gynaecology, Ophthalmology and Orthopaedics. Mr Rimmer explained that resources might be available to help GPs develop clinical specialisation within primary care to be used as a "filter" mechanism for referrals to help reduce waiting list numbers. Dr Pennells commented on accreditation issues for GPs who may be interested in taking these developments forward. It was agreed that Mr Rimmer would prepare a paper for discussion at a future GP Group meeting.

With reference to elective inpatient/daycase activity, the Board considered the waiting list information by provider/month at Appendix 3 and by all providers/specialities at Appendix 4. For the Royal Hospital Haslar, Mr Rimmer explained that a downward trend was partly due to reprovision of services.

Looking finally at Appendix 5, Mr Ifold noted that the graphical information indicated the proportion of people waiting in a range of time bands. It was noted that 60% of patients fall into the 0-2 months banding. Mr Ifold confirmed that comparisons have been made across different providers and the proportions did not vary significantly.

The Board noted the activity and waiting list information contained in the report.

5 Reprovision of Services from Royal Hospital, Haslar

The report on the reprovision of services from Royal Hospital, Haslar was presented by Mr Kirtley.

Mr Kirtley explained that following outline proposals first circulated for comment in May 1999, proposals for the reprovision of services are currently subject to a period of formal public consultation by the Health Authority. This period includes six public meetings arranged by the Community Health Council (CHC) and is due to end on 14 April. Mr Kirtley explained that the Community Health Council will then respond to the proposals having taken account of the views expressed during the consultation. The Health Authority meeting in May will further consider the CHC and other responses received to the proposals.

It was noted that both Fareham and Gosport Borough Councils and the Haslar Taskforce are supportive of the proposals, which have been summarised in a leaflet and distributed to households in Gosport and south Fareham.

Mr Kirtley commented that the proposals sought to address two key concerns. As noted in the covering report these were A&E services and ambulance provision on the Gosport peninsula. Summarising these proposals, Mr Kirtley explained that it is the intention to implement a 24-hours accident treatment centre at Haslar and additional ambulance provision with effect from August 2000. This is in response to the statement from the Defence Secondary Care Agency that the current A&E service at Haslar will not be able to continue beyond this date. Mr Kirtley clarified that as the new accident treatment centre opens, the minor injury unit at the Gosport War Memorial Hospital will close and the workload will transfer to the new centre.

Mr Kirtley confirmed that within the proposals, inpatients will remain at Royal Hospital, Haslar until 2005. Thereafter, it is proposed that daycase and endoscopy activity together with a wide range of outpatient clinics, as well as the accident treatment centre, will be based on the Haslar site.

The Board was asked to note that as a committee of the Health Authority, it was not appropriate for the Gosport PCG to give a corporate response to the proposals, but members could respond to the proposals as individuals.

Dr Ottaway advised the Board that there had been a good response to the CHC organised meetings with in excess of 1,000 people attending.

The report outlining the proposals was noted by the Board.

6 Building Effective Primary Care Nursing Teams: Update

Following approval at the Board meeting in December to fund a Primary Care Facilitator for two days a week for a six months' period, Mrs Kelly reported that the post had now been widely advertised and that a number of applicants will be interviewed for the position on 1 March.

7 Clinical Governance: Update

Dr Warner introduced the update on Clinical Governance and explained that the work on analysing the baseline assessments, completed by individual practices following the December Clinical Governance workshop, is ongoing. It was noted that the results will help practices with the development of their Practice Development Plans.

With reference to the District Effectiveness Committee mentioned in the covering report, Dr Warner asked Mrs Kelly, as the Gosport PCG's representative on the committee, to update the Board on the outcome of the February meeting.

Mrs Kelly explained that one of the issues discussed had been the development of a Clinical Services Directory accessible via the NHS Net. Concern had been expressed regarding editorship and ownership of the directory which could include clinical protocols. The general consensus had been to include only previously accepted guidelines such as use of antibiotics and diabetic care.

Additionally, Mrs Kelly reported that the committee has been debating the funding and structure of clinical audit. The committee has discussed a proposal to create a single structure for clinical audit to incorporate the current Health Authority and Trust structures. Mrs Kelly explained that it has been suggested that a single agency will reduce duplication of effort, increase integration and make better use of available resources.

Although funding of clinical audit and effectiveness is currently held in a single budget, Mrs Kelly reported that there is recognition of a need to resource individual PCG audit for local priority projects. PCGs have been allocated resources in the form of "staff hours".

Dr Warner concluded the Clinical Governance update with a statement that due to practice commitments, he is to resign as Clinical Governance Lead for the Fareham and Gosport PCGs from March. On behalf of the Board, Dr Barton thanked Dr Warner for his lead during the first year of the PCG and welcomed enquiries from anyone interested in continuing the work of Clinical Governance. Mr Kirtley advised the Board that at the next GP Group meeting, there would be discussion around appointing a new Clinical Governance Lead and an additional Commissioning Lead.

8 Lay Member Update

Due to illness, Mrs Charman was unable to attend the Board meeting but Dr Lynch was able to provide an update on her behalf.

Dr Lynch advised the Board that the Smoking Cessation project was proceeding well and that preparations for the "Alive and Kicking" event in July were progressing. Mr Kirtley confirmed that the PCG offices were involved with the preparations and had helped with the mailshot sending out over 300 letters to local organisations asking for their involvement with the event.

9 Any Other Business

Dr Ottaway reminded Board members of the proposed changes to the 1983 Mental Health Act and highlighted that the closing date for anyone who wished to respond to the proposals was 31 March.

Dr Barton advised Board members that she had received details of a Post Graduate Certificate in commissioning. The PCG offices have copies of the leaflet for anyone who would like to receive further details.

Mrs Butcher requested a representative to talk to the Nurse Forum about the changes at Royal Hospital, Haslar and the development of Primary Care Trusts (PCTs). Mr Kirtley agreed to arrange this.

10 Date and Time of Next Meeting

The next Board meeting will be held on Thursday 13 April at 1pm at the Gosport Town Hall.

Portsmouth and South East Hampshire Health Authority

Gosport Primary Care Group

Primary Care Group Finance and Activity Report

1. Introduction

This report covers financial and activity issues for the period up to 29 February 2000.

The attached appendices are summarised below:

- Appendix 1 - Financial Summary Statement
- Appendix 2 - Hospital and Community Health Services Statement
- Appendix 3 - General Medical Services (Cash Limited)
- Appendix 4 - Prescribing Statement
- Appendix 5 - Management Budget
- Appendix 6 - Summary of Activity across Providers
- Appendix 7 - Elective Waiting Lists across Providers
- Appendix 8 - Elective Waiting Lists by Specialty

2. Overall Financial Position

The overall financial position with regard to the devolved budgets is shown at Appendix 1.

As at the 29 February 2000 the overall delegated budgetary position is an overspend of £101k prior to the application of reserves. This overspend represents a reduction in the figure presented in the previous report because the additional funding received for generic prescribing (£137k) has now been applied to practices prescribing budgets.

3. Hospital and Community Health Services (HCHS)

The large majority of the budget on this programme area is in service level agreements with NHS Healthcare Providers and the nature of the block agreements means that expenditure equates to the budget. The individual allocations depend upon each provider supplying an analysis of their overall service level agreement between PCG's and the Health Authority. This analysis has not been supplied by all providers yet and therefore some of the budgets are still provisional.

The lower part of Appendix 2 shows the position with Private Providers and Grants to Voluntary Organisations. Since the last report an additional recurring allocation has been received in respect of Primary Care Initiatives (£14k).

There is a small overspend of £7k after eleven months. However the use of uncommitted resources will lead to a small underspend in the full year.

4. General Medical Services

Appendix 3 shows the position on cash limited General Medical Services (GMS). After eleven months the GMS element is showing an underspend of £9k. Due to slippage within the development programme there will be an agreed carry forward of around £100k.

5. Prescribing

Appendix 4 identifies the position on Prescribing. This report is based upon eight months actual expenditure plus an estimate for the ninth, tenth and eleventh months. The position to date is an overspend of £150k after application of the additional funding for generic prescribing. This continues to be cause for concern. The recently received figures for November were disappointing after the more encouraging figures that had been received for October. The predicted overspend prior to the application of reserves is now around £165k. The overspend is largely due to changing prices associated with generic drugs and patient pack dispensing which together with delays in receiving information from the Prescription Pricing Authority means it is extremely difficult to report on an accurate financial position.

6. Management

Appendix 5 summarises the position on management expenditure. Although management expenditure has increased as the year progresses the position to date reflects an underspend of £33k and a similar full year outturn position is anticipated.

7. Review of Activity

Attached at Appendix 6 is a summary by providers of the PCG's HCHS activity for the period to 31 December 2000. This appendix includes all NHS Healthcare Providers, for which service level agreements are in place and where activity data is available. The following providers have been excluded from this appendix as there are still outstanding data queries to be resolved:

King Edward VII Hospital
 Royal Free Hampstead Hospitals NHS Trust
 Royal Hospital Haslar
 Sussex Weald & Downs NHS Trust

Additionally the following providers are currently unable to submit the monthly activity data at PCG level, the PCG split has been calculated on historic activity with that provider. Therefore the activity is indicative only and does not accurately reflect actual PCG activity.

Frimley Park NHS Trust
 Great Ormond Street Hospital for Sick Children NHS Trust
 Guy's & St. Thomas' Hospital NHS Trust
 Hammersmith Hospitals NHS Trust
 King's Healthcare NHS Trust
 Royal West Sussex NHS Trust
 Salisbury Healthcare NHS Trust
 Worthing & Southlands Hospital NHS Trust

The appendix is in two sections - major providers and other providers reflecting in part the level of detail available. For Portsmouth Hospitals the In Patients (Elective), Day Cases (Elective) and Out Patients activity includes Waiting List Initiative figures and the targets have been adjusted to reflect a similar basis.

A major message from these figures is that the actual activity for categories at Portsmouth Hospitals is below target. However this is a Health Authority block service level agreement involving several parties and as such it is joint risk management issue.

8. Elective In Patient and Day Case Waiting List Information

Appendix 7 shows Elective In Patient and Day Case Waiting List numbers by provider and month for the Primary Care Group and Appendix 8 shows the information across specialties. This information is available up to the end of February 2000.

It should be noted that for these waiting list figures Haslar data was not available for April to June and Salisbury for April to July. After allowing for this inconsistency there has been a slight decrease in total numbers waiting over the eleven month period with a small increase at Portsmouth Hospitals and a reduction at Haslar Hospital. The decrease has largely been in Trauma and Orthopaedics.

9. Conclusions

The financial position at 29 February 2000 is reflected in this report and the Prescribing position continues to give cause for concern.

The availability of activity and waiting list information is far from complete, particularly at PCG level. The actual activity for categories at Portsmouth Hospitals is below target.

10. Recommendations

The Primary Care Group is requested to:

- Note the financial position at 29 February 2000.
- Note the activity information contained in this report.
- Note the waiting list information contained in this report.

Peter Ifold
Finance and Information Manager
Gosport Primary Care Group

3-Apr-2000

GOSPORT PRIMARY CARE GROUP
Summary Statement as at 29 February 2000

Appendix 1	Appendix	Financial programme			Cumulative year to 29/2/00			Current month		
		£000's Budget	£000's Movement	£000's Budget at 29/2/00	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
HCHS	2	17359	12	17371	15883	15876	7	1444	1443	1
General Medical Services	3	1316	0	1316	1080	1071	9	110	109	1
Prescribing	4	7132	137	7269	6476	6626	(150)	539	553	(14)
Sub Total		25807	149	25956	23439	23573	(134)	2093	2105	(12)
Management	5	292	3	295	270	237	33	25	22	3
TOTAL		26099	152	26251	23709	23810	(101)	2118	2127	(9)

GOSPORT PRIMARY CARE GROUP
HCHS Statement as at 29 February 2000

Appendix 2	Financial programme			Cumulative year to 29/2/00			Current month		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Budget	Movement	Budget at 29/2/00	Budget	Actual	Variance	Budget	Actual	Variance
NHS Service Level Agreements									
Portsmouth Hospitals NHS Trust	9526	0	9526	8732	8732	0	794	794	0
Portsmouth HealthCare NHS Trust	6463	0	6463	5925	5925	0	539	539	0
Southampton University Hospitals Trust	955	0	955	875	875	0	80	80	0
Southampton Community NHS Trust	1	0	1	1	1	0	0	0	0
Salisbury Healthcare NHS Trust	88	0	88	80	80	0	7	7	0
Winchester & Eastleigh NHS Trust	19	0	19	17	17	0	2	2	0
North Hampshire Hospitals NHS Trust	6	0	6	6	6	0	1	1	0
Royal West Sussex NHS Trust	11	0	11	10	10	0	1	1	0
Haslar National Blood	0	0	0	0	0	0	0	0	0
Royal Brompton	94	0	94	86	86	0	8	8	0
Poole Hosital NHS Trust	15	0	15	14	14	0	1	1	0
Royal Free Hospitals NHS Trust	2	0	2	2	2	0	0	0	0
Frimley Park NHS Trust	2	0	2	2	2	0	0	0	0
Hammersmith Hospitals NHS Trust	13	0	13	12	12	0	1	1	0
Worthing & Southlands NHS Trust	3	0	3	3	3	0	0	0	0
Guys & Thomas's NHS Trust	27	0	27	24	24	0	2	2	0
Royal National Orthopaedic NHS Trust	17	0	17	15	15	0	1	1	0
St Georges NHS Trust	1	0	1	1	1	0	0	0	0
Great Ormond Street NHS Trust	3	0	3	2	2	0	0	0	0
Kings Healthcare NHS Trust	1	0	1	1	1	0	0	0	0
Moorfield Eye Hospital NHS Trust	1	0	1	1	1	0	0	0	0
University College London Hospital NHS	0	0	0	0	0	0	0	0	0
Sub - Total	17248	0	17248	15809	15809	0	1437	1437	0
Private Providers									
E Graham - Ultrasound	7	0	7	6	6	0	1	1	0
General ecrs	14	0	14	13	6	7	1	0	1
Grants to Voluntary Organisations	60	0	60	55	55	0	5	5	0
Other	30	12	42	0	0	0	0	0	0
Sub Total	111	12	123	74	67	7	7	6	1
TOTAL	17359	12	17371	15883	15876	7	1444	1443	1

GOSPORT PRIMARY CARE GROUP
General Medical Services Cash Limited Programme 1999 - 2000 as at 29 February 2000

Appendix 3	Full year programme			Cumulative year to 29/2/00			Current month		
	£000's Budget	£000's Movement	£000's Budget at 29/2/00	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
Premises									
Cost rents	103	0	103	94	94	0	9	9	0
Improvement Grants	5	0	5	0	0	0	0	0	0
Sub total	108	0	108	94	94	0	9	9	0
Staff									
Main staff - Recurring	946	15	961	878	878	0	84	84	0
Main staff - Non Recurring	6	6	12	11	11	0	1	1	0
Training	24	0	24	22	13	9	1	0	1
Relief	44	0	44	40	40	0	4	4	0
Sub total	1020	21	1041	951	942	9	90	89	1
Computers									
Maintenance	29	0	29	22	22	0	3	3	0
Purchase	40	0	40	13	13	0	8	8	0
Sub total	69	0	69	35	35	0	11	11	0
Total	1197	21	1218	1080	1071	9	110	109	1
Reserves									
Reserves (Growth)	53	(15)	38	0	0	0	0	0	0
Reserves (Other)	66	(6)	60	0	0	0	0	0	0
Sub total	119	(21)	98	0	0	0	0	0	0
TOTAL	1316	0	1316	1080	1071	9	110	109	1

() indicates an overspend

GOSPORT PRIMARY CARE GROUP
Prescribing Report 1999 - 2000 as at 29 February 2000

Appendix 4	Full year programme			Cumulative year to 29/2/00			Current month		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Budget	Movement	Budget at 29/2/00	Budget	Actual	Variance	Budget	Actual	Variance
Indicative allocation									
Dr Anderson & Ptrs	1024	19	1043	950	964	(14)	79	80	(1)
Dr Bassett & Ptrs	628	11	639	582	577	5	49	49	0
Dr Beale	146	4	150	137	165	(28)	11	14	(3)
Dr B Collins & Ptrs	839	15	854	778	816	(38)	65	68	(3)
Dr Coonan & Ptrs	832	18	850	774	808	(34)	64	67	(3)
Dr D Evans & Ptrs	599	13	612	557	587	(30)	46	49	(3)
Dr Hajiantonis & Ptrs	521	8	529	482	498	(16)	40	41	(1)
Dr Knapman & Ptrs	1034	21	1055	961	967	(6)	80	81	(1)
Dr Lacey & Ptrs	413	9	422	384	395	(11)	32	33	(1)
Dr Pennells & Ptrs	937	19	956	871	849	22	73	71	2
Gosport PCG Sub Total	6973	137	7110	6476	6626	(150)	539	553	(14)
Gosport PCG Reserve	159	0	159	0	0	0	0	0	0
GRAND TOTAL	7132	137	7269	6476	6626	(150)	539	553	(14)

() indicates an overspend

An estimate has been made for December, January and February's expenditure for which figures are not yet available.

GOSPORT PRIMARY CARE GROUP
Management Budget as at 29 February 2000

Appendix 5	Full year programme			Cumulative year to 29/2/00			Current month		
	£000's Budget	£000's Movement	£000's Budget at 29/2/00	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
Pay	249	1	250	229	197	32	21	18	3
Non Pay	43	2	45	41	40	1	4	4	0
TOTAL	292	3	295	270	237	33	25	22	3

APPENDIX 6

GOSPORT PRIMARY CARE GROUP
Summary of Activity April - December 1999

SERVICE LEVEL AGREEMENT PERFORMANCE MONITORING

Main Provider	In Patients(elective)			Day Case (elective)			Emergency Inpatients			First Outpatient Appts			F/Up Outpatient Appts		
	Target	Actual	Var	Target	Actual	Var	Target	Actual	Var	Target	Actual	Var	Target	Actual	Var
Portsmouth Hospitals	1200	903	-25%	1455	1081	-26%	1960	1791	-9%	5805	4377	-25%		10951	
Southampton Hospitals	167	157	-6%	55	84	53%	135	138	2%	177	184	4%	698	666	-5%
Salisbury Healthcare	20	16	-18%	15	14	-4%	9	9	-2%	52	47	-10%	152	118	-22%
Portsmouth Healthcare	469	500	7%							203	209	3%			
Total	1856	1576	-15%	1525	1179	-23%	2104	1938	-8%	6237.375	4817	-23%		11735	

Other Providers	Total FCE's			Total Outpatients		
	Target	Actual	Var	Target	Actual	Var
Frimley Park Hospital	1	1	-13%	0	2	-7%
Great Ormond Street Hospital	1	1	-12%	12	3	-72%
Guy's & St Thomas'	11	11	-4%	16	15	-4%
Hammersmith Hospitals	1	2	117%	18	9	-48%
King's Healthcare				1	0	-77%
Moorfields Eye Hospital				14	13	-7%
North Hampshire Hospital	3	2	-33%	0	8	100%
Poole Hospital	8	6	-25%	3	0	-100%
Royal Brompton & Harefield	19	19	0%		13	
Royal National Orthopaedic	4	1	-75%	14	12	-14%
Royal Surrey	0	1	100%	0	3	100%
Royal West Sussex	7	6	-13%	20	19	-7%
Southampton Community	1	1	0%	0	0	
St. George's Healthcare	0	4	100%	3	9	200%
UCL Hospitals	0	2	100%	0	2	100%
Winchester & Eastleigh	11	14	27%	26	28	8%
Worthing & Southlands	3	1		0	3	100%
Total	69	71	2%	127	138	9%

GOSPORT PRIMARY CARE GROUP
Provider Trends Report

Appendix 7

WAITING LISTS - ALL PROVIDERS ALL SPECIALTIES
ELECTIVE IN PATIENT AND DAY CASES

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Royal Surrey County Hospital NHS Trust										1	1
The Royal Free Hampstead Hospital NHS Trust	1	2	1								
The Royal National Orthopaedic Hospital NHS Trust	2	2	1	1							
Frimley Park Hospital NHS Trust		1	1	1	1	1	2	1	1	1	1
Southampton University Hospitals NHS Trust	87	79	83	95	90	104	83	87	92	85	88
Portsmouth Hospitals NHS Trust	521	569	538	541	514	519	520	538	566	608	563
Guy's & St Thomas' NHS Trust			1	2	1	2		1	2	2	3
St George's Healthcare NHS Trust				1				1	1	2	2
Winchester & Eastleigh Healthcare NHS Trust	1	1	1	1	1	1	1	1	2	1	1
Portsmouth Healthcare NHS Trust		1	1							2	2
North Hampshire Hospitals NHS Trust		1	1	1		2		1		2	2
Salisbury Healthcare NHS Trust					16	16	16	15	20	25	25
Great Ormond St Hospital for Children NHS Trust		1	1	1	1	1	1	1	1	1	1
The Royal West Sussex NHS Trust				2	1	1	1	1	2		3
The Hammersmith Hospitals NHS Trust											1
University College London Hospitals NHS Trust				1		1	1			2	2
Royal Brompton & Harefield NHS Trust (Harefield)	8	6	5	5	4	4	4	4	4	3	2
Royal Brompton & Harefield NHS Trust (Royal Brompton)	8	4	4	5	5	7	6	6	6	6	6
Royal Hospital Haslar				757	798	851	816	721	700	623	662
Total	628	667	638	1414	1434	1510	1452	1378	1398	1364	1365

GOSPORT PRIMARY CARE GROUP
Specialty Trends Report

Appendix 8

WAITING LIST - ALL PROVIDERS ALL SPECIALTIES
ELECTIVE IN PATIENT AND DAY CASES

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
General Surgery	38	48	28	124	136	165	147	138	146	123	139
Urology	26	22	22	36	64	87	87	86	98	98	107
Trauma & Orthopaedics	151	160	170	509	486	481	460	429	437	391	388
ENT	56	72	61	182	176	166	165	160	131	115	119
Ophthalmology	167	170	179	233	233	240	229	235	252	268	257
Plastic Surgery				57	59	55	66	66	72	66	69
Cardiothoracic Surgery	13	9	8	10	9	10	9	9	9	8	8
Paediatric Surgery	17	18	22	24	18	23	14	16	14	12	8
Cardiac Surgery	20	18	18	22	19	23	19	15	17	16	16
Thoracic Surgery	1	3	2	7	5	5	4	3	4	3	3
Anaesthetics				26	29	37	44	39	32	30	29
Pain Management	23	21	16	16	16	10	13	15	14	18	14
General Medicine	4	3	4	9	8	12	14	14	19	19	19
Gastroenterology		8	12	58	74	89	86	53	44	64	66
Clinical Haematology				4	6	7	10		2	1	1
Rehabilitation	1	1									
Cardiology	44	39	33	25	27	27	25	39	46	41	38
Medical Oncology					1						
Neurology	1										
Rheumatology	7	3	2	3	2	2	2	7	4	6	4
Paediatrics				4							
Elderly Medicine		1	1							2	2
Gynaecology	59	71	60	65	66	71	58	54	57	83	77
Radiology											1
TOTAL	628	667	638	1414	1434	1510	1452	1378	1398	1364	1365

Note

Waiting list figures for Haslar have been included from July only and for Salisbury from August

Portsmouth and South East Hampshire Health Authority

Gosport Primary Care Group

Financial Programmes for 2000/2001

1. Introduction

The identification and programming of financial resources has not been a straightforward task for 2000/01 and the full finalised position at Primary Care Group level is still to be completed.

This paper is therefore an interim position including information, where known, on the sources available. Given the recent announcement by the Government of additional funding for the NHS there will undoubtedly be further changes.

2. Overview

The 2000/01 financial year represents the second year of the first Comprehensive Spending Review of this Government. The general funding announced for 2000/01 is at a good level, 6.7% uplift for the Portsmouth & South East Hampshire Health Authority. However, this is quickly reduced once specific issues are addressed such as pay awards and other cost pressures. For example, 2.5% has been included to cover the costs of inflation but the cost of pay awards announced together with increased superannuation costs and the high costs of prescribing result in an estimate of the real cost of inflation of around 4.3%.

3. Initial PCG Allocations 2000/01

The initial Primary Care Group allocations for Gosport, where known, are shown in Appendix A. This is somewhat incomplete as it excludes a number of items including the most significant in terms of value which is the PCG's share of the jointly managed HCHS and the balance of the Primary Care Modernisation Fund. The latter will provide the source for funding recurring developments in primary care.

4. Hospital and Community Health Services

Given the incompleteness at this stage of the financial programme little can be progressed on application of funds in this area. The large part of the individually managed element of HCHS covers the grants to voluntary organisations.

5. General Medical Services

The allocation shown in Appendix A excludes the PCG's share of the £383k identified as Primary Care Modernisation Fund, which will provide funding for recurring developments in primary care. Although the total allocation is incomplete the nature of this element of the allocation is such that an initial application of some funds can be compiled and this is shown at Appendix B. This appendix shows the current recurring element of the applications (at 2000/01 pay and prices) against the GMS allocation prior to any distribution of monies for recurring developments. The £88k

available for commitment compares to £109k available in 1999/2000. Traditionally this element has been used for Improvement Grants and Computer Purchases. The 2000/01 developments identified in the Primary Care Investment Plan are currently being reviewed.

Until the PCG's share of the Primary Care Modernisation Fund is finalised the recurring development element of this programme cannot be completed. Additionally it should be noted that the PCG has agreed a carry forward of around £100k with the HA and this will be available for non-recurring developments.

6. Prescribing

Initial practice prescribing budgets are being calculated following discussions on the methodology at the GP group. These budgets which may need to be reviewed as information on the latter part of 1999/2000 becomes available are being shared with practices and are based upon an overall uplift of 8.8%. The principles adopted in the approach include:

- 1999/2000 budget uplifted for list size at October 2000 (including Nursing Home patients)
- 0.5% contribution to HA contingency reserve for list size changes and expensive drugs
- 0.75% contribution to Nurse Prescribing
- £15k contribution to New Drug Development Fund for Secondary Care
- £100k contingency reserve retained by the PCG
- Expensive drugs included in budgets updated to October 2000 data
- Cost of Erythropoetin transferred from practice budgets to the local NHS Trusts reflecting the change in management arrangements
- 4% increase on uplifted budgets for all practices
- Balance of available funds distributed to practices using equity formula developed by NHSE

In the event of further prescribing resources being made available then budgets will again be reviewed.

7. Management

The baseline allocation reflects the 1999/2000 arrangements and this will be updated once the changes to the management structures as a result of the change in commissioning responsibilities have been completed.

8. Conclusions

The current state of uncertainty around areas of the 2000/01 financial programmes precludes the inclusion of further detailing in this paper. However where possible information has been included particularly General Medical Services and Prescribing. A further paper will be presented once the position on the 2000/01 programmes is complete.

9. Recommendations

The Primary Care Group is requested to:

- Note the financial information currently available for 2000/01.
- Note the initial commitments against the General Medical Services allocation.

Peter Ifold
Finance and Information Manager
Gosport Primary Care Group

3-Apr-2000

Appendix A

Gosport Primary Care Group Allocation 2000/01

	£(000s)	£(000s)
General Medical Services		
Recurrent Baseline from 1999/2000	1,316	
Additional Inflation @ 2.76% allocated in SAFF process	36	
Total GMS Allocation		1,352
Prescribing		
Recurrent Baseline from 1999/2000	7,164	
Additional Inflation and Growth allocated in SAFF process @ 8.8%	630	
Less: Contribution to New Drug Reserve	(15)	
Less: Contribution to Nurse Prescribing @ 0.75%	(58)	
Less: Contribution to HA Expensive Drugs and List Size Reserve @ 0.5%	(39)	
Total Prescribing Allocation		7,682
PCG Individually Managed HCHS		
Recurrent Baseline from 1999/2000	99	
Additional Inflation and Growth allocated in SAFF process	3	
Total Individually Managed HCHS		102
Management Budget		
Recurrent Baseline from 1999/2000		295
Total Recurrent funding under PCG direct control		9,431

Note: This appendix reflects issues to date agreed within the SAFF process and therefore excludes, for example, the PCG's share of jointly managed HCHS which will be notified on agreement of SLAs with appropriate providers and transfers from the HA for changes in commissioning responsibility.

pai
03-apr-2000

Appendix B

Gosport Primary Care Group Allocation 2000/01

General Medical Services

Sources	£(000s)	£(000s)
Recurrent Baseline from 1999/2000	1,316	
Additional Inflation @ 2.76% allocated in SAFF process	36	
Total GMS Sources (exc. Mod. Funds)		1,352
Applications		
Cost Rents	109	
Practice Staff	1,048	
Training	25	
Relief	45	
Computer Maintenance	30	
DDRB Scheme	7	
Total Initial Applications		1,264
Balance Available for non-recurring developments		88

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03-apr-2000

GOSPORT PRIMARY CARE GROUP

YEAR END REPORT ON IMPLEMENTATION OF 1999/2000 BUSINESS PLAN

The Business Plan for the Primary Care Group's first year was agreed at a Board meeting in June 1999. This report summarises the achievements against the objectives in the Business Plan. The Business Plan set out a challenging agenda for the PCG's first year. Overall, good progress was made against the Business Plan.

This progress was made possible through the efforts of Board members, primary care teams and the PCG management team working in partnership with colleagues from Portsmouth HealthCare Trust, Social Services, Portsmouth Hospitals Trust and a range of other local partners.

The 1999/2000 Business Plan was divided into five main sections. These sections were:

- Improving the health of the local population
- Developing primary care
- Commissioning secondary care
- Joint working with partner organisations
- Organisational development

Progress against the main work areas for each of these sections is summarised below.

Reference numbers correspond with those in the Business Plan.

1. Improving the health of the local population

1.1 Health Needs Assessment

Following an initial review of existing profile information a local resources pack was created. This has been used to provide needs assessment background and information to support funding bids such as the Public Health Smoking Cessation Project and bids for SRB (Single Regeneration Budget) Funding from Central Government.

Priorities identified for 1999/2000 included asthma and cancers. Initial discussions on priority areas for health improvement for 2000/2001 have focused on mental health and coronary heart disease.

1.2 Health promotion

A presentation to the GP Group, representing all practices, reinforced current issues around prompt notification of communicable diseases.

Utilisation of health promotion resources was reviewed with Portsmouth HealthCare Trust (PHCT) and programmes revised to ensure links with local HImP priorities.

The review of targeted health promotion resources ensured promotion of the healthy schools award within Gosport.

1.3 Health Improvement Programme

Action plans for local health improvement priorities of asthma and cancer were agreed by the PCG Board. Progress against these action plans has included dedicated local training for primary health care teams on asthma treatment and care. Further work is underway to develop PCG wide protocols which are likely to include asthma treatments.

Work has also been undertaken in other areas including lobbying local authorities on local traffic problems with links to asthma, clinical education and control of cigarette sales to young people. The PCG has also been represented in work on developing the revised District HImP for 2000/2001.

1.4 Reducing Health Inequalities

Information on current service provision and levels of deprivation has been collated to support on application for the Sure Start initiative for children, based on the Rowner estate. This information has also been utilised to support a bid for SRB funding.

The issues of skill mix of community health staff at practice level is reviewed jointly with PHCT, as vacancies arrive. Similarly, a review of District Nurses as care managers resulted in agreement on a model for more equitable distribution of existing resources across the PCG.

1.5 Service Users Involvement

Involvement of local people has assisted in definition of the public health smoking cessation project based around the Siskin school community. Community links have also been developed through liaison with Gosport Voluntary Action.

Further development in this area is based on a community event ('Alive and Kicking') planned for July.

A significant area of public involvement has included seven public meetings within the PCG area, arranged as part of the consultation on reprovision of services from the Royal Hospital, Haslar.

2 Developing Primary Care

2.1 Prescribing

Plans to maintain, or improve as appropriate, the level of generic prescribing were adversely effected by the national shortage of generic drugs. Regular advice and analysis has been provided to all practices aimed at ensuring improvements in cost effective prescribing. A number of practices are likely to benefit from achieving incentive scheme targets.

A number of local nurses have completed training and are now accredited as Nurse Prescribers.

2.2 Primary Care Services

Health Visitors have continued to address the maintenance and improvement of the up take of childhood immunisations.

Local practices participated in a campaign to increase the flu immunisation up take of people over 75, and other high risk groups.

An initiative was supported to improve inadequate smear test rates; this resulted in improvements in local practices.

2.3 Community Nursing

A review of District Nurses as Care Managers was completed and a preferred model identified. Social Services are considering implementation of revised arrangements and development of practice based Care Managers in 2000/2001 is likely. The role of District Nurses as Care Managers will be integrated into this development.

A local workshop was held to develop a framework for improving communication and joint working between GP practice attached community nursing staff and practice nurses. Recommendations were approved by the Board for the secondment of a senior nurse to a facilitator post for a six-month period. This will enable development of a joint approach across the PCG for production, review and dissemination of protocols to support improved communications within and across nursing teams.

Some opportunities have been identified to develop the role of primary care nurses within the PCG. These include development of the nurse practitioner role within one practice, and a joint appointment of a practice nurse/community health nurse with another practice. In addition, a nurse community practice teacher post has been established locally.

2.4 Clinical Governance

Arrangements for Clinical Governance have been introduced which include leads in all practices and participation from a range of professional disciplines, as well as lay input. Baseline assessment has been completed and a programme for 2000/2001 is being prepared. The District wide Clinical Effectiveness Group has provided a focus for agreeing common approaches across all PCG's for 2000/2001.

A joint approach with other PCGs has also been agreed for reviewing results of clinical audit and effectiveness programmes for services provided by local Trusts. The PCG also provides input, as required, to the District-wide quality partnership.

2.5 Primary Care Investment Plan

An initial development programme was approved by the Board and implemented from the beginning of the financial year.

An updated Primary Care Investment Plan was prepared, as required by national guidance, and approved by the Board in October. This included a further range of development funding programmes across the PCG including practice staffing, premises developments and further investment in IT systems.

A survey and implementation plan have been completed covering any improvements needed to ensure practice premises meet the requirements of the Disability Discrimination Act (1995).

In addition to investment programmes the PCIP also included a preliminary analysis of the primary care workforce across the PCG area.

2.6 GP Fundholding

The programme for use of GP Fundholding savings was included in the Primary Care Investment Plan and approved by the Board.

Utilisation of GP Fundholding savings was agreed in line with the protocol governing the use of these funds.

2.7 Information Technology

The PCG has contributed to the production of the Health Authority Local Implementation Strategy for IT.

Support was made available to ensure that all practice systems within the PCG were Year 2000 compliant.

The national project to connect practices to the NHS was re-specified and subject to a revised timetable. Practices within the PCG will all be offered links within the current District-wide programme.

The bid to become a pilot site for booked admissions/outpatients systems was not supported at national level. This development is included within the Local Implementation Strategy for IT, although it is not programmed for implementation within the next year.

3 Commissioning Secondary Care

3.1 Waiting List and Times

Systems have been established for monitoring waiting lists and times at PCG level.

The PCG has contributed to the development of projects aimed at demand management including, optometrist based assessment and a specialist back pain service.

Opportunities for undertaking additional outpatient work in community settings was incorporated into services planning for re-provision of Haslar services.

The PCG is also participating in a review of diagnostic services with local Trusts, with the view to improving access to, and speed of, these services.

Modernisation funds have been secured to develop services in relation to Child and Adolescent psychiatry and waiting lists and times initiatives. This included additional funding for physiotherapy in Gosport.

3.2 Emergency Workload

The PCG contributed to the District-wide workload management group which produced the winter pressures plan and agreements on funding of emergency activity via the SaFF (Service and Financial Framework) for 2000/2001.

Initial projects implemented over the winter period included enhanced care at home schemes with Social Services. Discussions have taken place with Portsmouth HealthCare Trust concerning the utilisation of beds in community hospitals, with a view to further development of local rehabilitation services.

3.3 Service Agreements

Service reviews were undertaken of three services commissioned at practice level, physiotherapy, rapid access prostate clinic and ultrasound. The Board agreed revised arrangements for these services.

Further funding was obtained to enhance local physiotherapy. The PCG contributed to a District-wide review of vasectomy services; continuation of local arrangements was confirmed.

The Board approved a procedure for considering referrals outside service agreements.

The PCG management team worked collaboratively with other PCGs on commissioning arrangements with providers covering several PCGs, taking a lead in relation to Haslar, Southampton General Hospital and Salisbury HealthCare Trust.

A significant contribution was made by the PCG to a review led by the Health Authority on the reprovision of services from the Royal Hospital Haslar. A comprehensive response to outline proposals was produced by the PCG. The PCG subsequently had significant input into development of detailed proposals concerning the reprovision of accident and emergency services and associated ambulance services.

Proposals subject to public consultation between July and August included commitments to recurring investment of £0.75 million to develop and support a Haslar Accident Treatment Centre and enhanced ambulance services for the Gosport peninsula.

4. Joint Working with Partner Organisations

4.1 General

Proposals in the Business Plan to develop a multi-agency approach to care pathways were not pursued. Work in this area may be developed during 2000/2001 if proposals to extend local rehabilitation services for stroke care are progressed.

Palliative care services were reviewed across the District. Arrangement for existing services through Countess Mountbatten House are to be maintained.

4.2 Social Services

Work is underway on updating the Joint Investment Plan for older people, however, no additional funding has been identified for these services during the current SaFF (Service and Financial Framework) round.

General monitoring of discharging arrangements continues, although information systems do not provide detailed analysis at PCG level.

The PCG has participated in a District-wide group which has considered the issue of emergency admissions, including social admissions to hospital for older people. This links to the overall work of the Demand Management Group.

The PCG has contributed to the development of a strategy for children and adolescents with mental health problems, and is also contributing to development of joint plans for children and people with a physical disability.

4.3 Healthy Alliances

The PCG is taking a key role in the Gosport Health Alliance Strategy Group.

Action plans for HImP priorities for 1999/2000 were agreed and implemented and contributions made to the development of the HImP for 2000/2001.

5 Organisational Development

5.1 PCG Management Arrangements

An external Audit report commented favourably on management arrangements within the PCG. Work on management procedures, against a national standards system, (HQS Standard 1) was completed.

A leaflet outlining the PCGs role and giving membership and contact details was produced and distributed to practices. Updates of PCG activity have been included in Health Check.

5.2 Improving Inter-Practice Working

The Practice Managers Network has been supported and meets regularly.

Bulk purchasing was achieved for vaccinations and immunisations and stationery, co-ordinated through the Practice Managers group.

Proposals for devolution of practice staff relief budgets have also been agreed for 2000/2001.

5.3 Health Authority

The Business Plan and the Accountability Agreement for 1999/2000 was agreed with the Health Authority. Performance Monitoring Reports were submitted to the Health Authority, and updates for a regular Performance Monitoring report to Health Authority meetings were also produced.

The Annual Accountability Agreement for 2000/2001 will be considered by the PCG Board at the June meeting.

5.4 PCGs

Considerable collaboration work was undertaken with Fareham PCG, as well as sharing lead responsibilities concerning District-wide initiatives with East Hants and also Portsea Island PCGs.

5.5 Finance

Reports of financial performance were made to each meeting of the PCG Board during the year.

Initial baseline budgets were reviewed. Financial plans were put to Board meetings. Following the SaFF agreement and confirmation of development funding for the PCG for 2000/2001, financial plans and approvals will be put to the Board.

John Kirtley
Chief Executive
Fareham & Gosport PCGs

30/03/00