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PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

GOSPORT PCG - GP MEETING

Seminar Room, Gosport War Memorial Hospital,
Thursday 2 March 12.30 - 2pm

AGENDA

1.	**Apologies for Absence**	
2.	**Notes of last meeting (attached)**	
3.	**Matters arising**	
4.	**PCG Board and GP Leads (paper attached)**	JK
5.	**Prescribing (paper attached)**	HB
6.	**Devolution of Practice Staff Relief budget (paper attached)**	PI
7.	**Local Development Scheme – Learning Disabilities**	PD
8.	**Pain Clinic**	BP
9.	**Haslar Communications**	PL
10.	**Gosport Doctors Luncheon Club**	WH
11.	**Any Other Business**	

Date of next meeting

Thursday 4 May, 12.30pm GWMH

NOTES OF THE LAST MEETING

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

GOSPORT GP GROUP MEETING

Notes of the Meeting held on the 13 January 2000 at Gosport Health Centre

Present:	**Dr Barton**	**Dr Young**
	Dr Bassett	**Gordon Atkins (item 2)**
	Dr Beale	**Hazel Bagshaw**
	Dr Burgess	**Jayne Colebourne**
	Dr Grocock	**Dr Hildebrand**
	Dr Harrison	**Bevan Manoy (item 3)**
	Peter Ifold	**Surgeon Commander Peter Nichol**
	Dr Lacey	**Pat Rimmer**
	Dr Lynch	**Chris Kelly**
	Dr Pennells	

No.	Discussion	Action
1.	**Apologies** John Kirtley, Kathryn Rowles	
2.	**Sex Sense** Gordon Atkins presented an outline of the work of the Sex Sense team in Gosport. The aim of the discussion was to raise practices' awareness of the team which up to now had worked mainly in non-health settings. The two main aims of the team were to reduce the rate of sexually transmitted infection and also the rate of teenage pregnancies. The team worked on the basis of assertive outreach wherever possible and with other agencies such as Social Services.	
3.	**Drug Action Team (DAT)** Bevan Manoy presented a brief discussion on the work of the DAT in the local health economy and in Gosport in particular. The discussion was needed at this point because for 2000/2001 PCGs were likely to be more closely involved in commissioning substance misuse services, which were an integral part of the DAT. Bevan would produce a short factual summary of local needs and how they are being met through local services and this will circulated to all practices. Bevan emphasised that the DAT was a multi-agency set up. It worked to a definite national strategy which focused on: a. Young People b. Protection of Communities (mainly criminal justice work) c. Treatment, including recently released offenders d. Preventing the availability of drugs. One of the key issues for the Gosport area was the increased use of heroin, especially in the Rowner area. Bevan outlined the day care services being	BM/PR

run by Social Services that would be run in Gosport from 1 April 2000. This service was primarily for drug users but could also involve alcohol users.

Bevan suggested that the DAT would want to explore an extension of shared care between secondary and primary care. Dr Lynch expressed the view that whilst practices endeavoured to provide general medical services to this client group there were inherent difficulties in undertaking any shared care arrangements, especially prescribing. He advised caution in developing shared care arrangements.

4. Notes of Previous Meeting and Matters Arising:

4.1 Proposal for a Local Development Scheme (DDRB)

Dr Davidson's latest report was circulated to the meeting. He will be preparing a further paper looking at schemes in primary care for people with learning disabilities and will report back to the GP group in March. PD

Dr Bassett said that the prescribing information held at practice level could be used to check the robustness of the register held by the Learning Disabilities team in Fareham and Gosport.

4.2 Use of GP Beds

There was discussion about the accuracy of utilisation figures of the GP beds as a number of GPs continued to have difficulties in gaining access to the GP beds. There was also acknowledgement that in the longer term the use of the beds could be for the post-acute care of stroke and orthopaedic patients as outlined in the consultation document for the future provision of service on the Gosport peninsula. GPs expressed some concern at an increase in their workload for more difficult to manage patients without an increase in remuneration. It was agreed that the current criteria would not be changed but that they would be publicised more widely by the War Memorial staff. PR

5. Mental Health Strategy

Dr Hildebrand reminded GPs that from 1 April 2000 the PCG would be commissioning acute mental health services for their patients. In addition, a recently set up Locality Implementation Team provides an opportunity for GPs and other members of primary health care teams to make a contribution to the more effective implementation of the local mental health strategy. GPs were content to use future GP Steering Group meetings as a means of identifying issues for the Locality Implementation Team which could then be taken forward by the PCG representative, currently Pat Rimmer.

Dr Lynch suggested that if the commissioning of mental health services required GP input this should be remunerated as other lead responsibilities were and this could be extended to include all vulnerable people. Dr Lynch asked if PCGs were to commission child and adolescent mental health services from 1 April 2000. Pat Rimmer said the latest plan was during 2000/2001 PCGs would take responsibility for commissioning all non-tertiary services for this group from that date.

Dr Barton said that there was a working group on ADH, with GP input,

being led by Dr Hughes from East Hampshire. Dr Barton would find out more about that group and feedback to a future GP Steering Group meeting.

6. Prescribing

Peter Ifold briefly updated the group on budget setting for 2000/2001 and referred to the two methods - historical and equity. It was noted that the PPA was expecting to receive practice budgets by 31 March. Dr Lynch expressed an interest in obtaining more information on the equity model. Peter Ifold said that the HA were likely to do this via a presentation to be arranged if possible at a location accessible to Gosport GPs.

Hazel Bagshaw reported on a number of specific items

Heart Leap - all practices taking part. 1 complete, 7 underway and 2 awaiting data collectors.

Incentive Scheme 2000/2001 - suggestions requested for quality targets.

The new drug fund suggested by DT&C would need a contribution of approximately £15,000 from Gosport drug budget. Group would be asked to support before any commitment given.

7. AOB

7.1 Dr Young asked that a future GP Group meeting consider issues relating to the distribution and funding of district nursing services for Gosport. Pat Rimmer would work with Dr Young and Dr Pennells to prepare a brief discussion paper for a future meeting. PR

7.2 Pat Rimmer outlined the latest developments for the 2000/2001 Service and Financial Framework. Now that allocations were known in broad terms it was agreed that a local 'think tank' was set up led by Dr Pennells to identify possible areas of service development work for next year. PR

7.3 Pat Rimmer reminded GPs that from the end of January there would be a fax service for cancer referrals to meet the new two week deadline. A letter would be coming to all GPs from the Health Authority next week.

7.4 Dr Barton outlined the latest discussions at Health Authority level about the development of primary care groups and primary care trusts. She felt the GP group should begin to think about the pros and cons of closer working with the Fareham Primary Care Group which was likely to be an essential pre-cursor to the setting up of a Primary Care Trust. Dr Lynch suggested that to ensure good working relationships between the two PCGs a joint Away Day be set up involving GP Group members from both Fareham and Gosport and the management team. An external person could facilitate the event. PR

8. Next Meeting

The next meeting will be held at 12.30 pm in **the Seminar Room, Gosport War Memorial** on **Wednesday 2 March**.

PCG BOARD
&
GP LEADS

GOSPORT GP GROUP

PCG BOARD AND GP LEADS

1. Introduction

In establishing arrangements for the PCG it was agreed that there were several components to the involvement of GPs in the work of the PCG. These included:

Chair's responsibilities
GP Board members and others acting as leads in defined areas of work
Participation of one GP from each practice in the GP Group
Occasion ad hoc work representing the PCG.

Leads were established in the following areas:

- Health Improvement Programmes
- Prescribing
- Commissioning
- Clinical Governance

For Gosport the Prescribing Lead was undertaken by Dr Bassett, not by a GP member of the Board. Similarly, Dr Warner undertook responsibilities on Clinical Governance, though he is not a member of the Board.

Dr Bassett has stepped down from the role of Prescribing Lead. Dr Davis has agreed to succeed Dr Bassett as Prescribing Lead.

Dr Warner has indicated that he does not wish to continue in the role of Clinical Governance lead. He has commented that he feels that the role is best carried out by a GP who is a member of the PCG Board. National Guidance is that a member of the Board, should, if at all possible, lead on Clinical Governance and that the ultimate responsibility in this area rests with the Chair of the Board.

2. Proposed Revised Arrangements

The Health Authority is pursuing the possibility of delegating further commissioning responsibilities to PCGs early in 2000/1. This will include responsibilities and budgets in areas such as mental health, including substance misuse and alcohol services.

It is suggested that this will require the current lead GP arrangements to be revised.

From April, Commissioning Lead responsibilities should be split into two areas. The first area should be a lead role in commissioning of acute services, with Dr Pennells continuing in this role. Secondly, the commissioning responsibilities for mental health and other services for vulnerable people, including elderly and physically disabled, should become an established lead role. It is hoped that Dr Burgess would accept responsibility for this Lead role.

A replacement for Dr Warner, as Clinical Governance lead, should be found from within the GP Board members if possible.

The HImP and Prescribing Lead GP arrangements should continue, with Dr Davis succeeding Dr Bassett on prescribing issues.

3. Conclusion

For 2000/1 GP Leads should be as follows:

▪ Health Improvement:	Dr Lynch
▪ Prescribing:	Dr Davis
▪ Commissioning : Acute Services:	Dr Pennells
▪ Commissioning : Mental Health/Elderly/Phys. Dis.	Dr Burgess
▪ Clinical Governance	A GP Board Member to be nominated

Those GPs referred to above are asked to confirm their willingness to undertake these roles.

The Group is asked to agree a nomination for the lead GP role in Clinical Governance.

John Kirtley
21/ 02 / 00

PRESCRIBING

Gosport Primary Care Group

Prescribing Report

Incentive Scheme 2000-2001

The aim is to link the scheme to the disinvestment plans and also to continue some of the work commenced this year. Consequently, the areas under discussion are PPIs, modified release NSAIDS, further therapeutic monitoring and further work with repeat prescribing. It is hoped that the latter topic can be linked to reducing the amount of wastage of prescribed drugs which is equivalent to 1% of the drug budget.

Incentive Scheme 1999-2000

As usual, the PPA figures vary from the HA figures based on growth rates over the first 7 months. Projections based upon the 7 months figures plus the additional generic money indicate that 4 practices will come in below budget. However using the last three months figures to predict the outturn suggests a worse scenario. It is extremely difficult to predict the outturn this year but the October prescribing cost figures suggest that for many practices the rate of increase is slowing up. Further information on this will be circulated at the meeting. Because of the delays at the PPA, practices are urged to complete this year's incentive scheme by the due date, 31st March 2000. The necessary figures for calculating the "winners and losers" will probably not be available until July 2000.

Hazel Bagshaw
Prescribing Advisor
Gosport Primary Care Group

DEVOLUTION OF PRACTICE STAFF RELIEF BUDGET

Gosport Primary Care Group

Devolution of Practice Staff Relief Budget - 2000/01

Introduction

The Practice Managers have been discussing the feasibility of devolving the relief budget to practices in 2000/01 and following discussions with the PCG the option outlined below is being proposed. It should be noted that some of the details including the forms to be used are still the subject of further discussion.

Proposed Option

1. Relief budget to be devolved to practices for initially one year based upon historical practice usage, using the three years data from 1997/98, 1998/99 and 1999/2000.

2. The scheme will be reviewed at the year end. If successful, options for a more equitable future distribution will be investigated.

3. The cash limited devolved budget (£36k in 1999/2000) will cover short term sickness and annual leave. A small reserve (£4k in 1999/2000) will be retained by the PCG to assist practices who incur high relief claims.

4. The current 5 day rule for short absences will be abolished although costs will be contained within the existing budget. Compassionate leave will continue to be excluded from the scheme.

5. One twelfth of each practices budget will be paid monthly to practices with practices continuing to submit a quarterly form. The existing form is to be reviewed but in order to provide a clear audit trail it will still be necessary to provide signed confirmation of staff absences and rates of pay.

6. A quarterly statement will be produced by the PCG which will assist in monitoring payments made to the claims.

7. A further budget (£4k in 1999/2000) will be held by the PCG to fund long term absences (sickness > 10 days and maternity leave) which will not be devolved to practices.

8. At or towards the year end surpluses and deficits will be redistributed to minimise shortfalls. No surpluses will be retained by practices and the first call for any deficits will be surpluses elsewhere within the relief budget.

Conclusions and Recommendations

The Practice Managers with the support of the PCG wish to move to a devolved budget for relief which would:

1. Improve practice cash flow
2. Enable practices to plan ahead for staff cover
3. Simplify claiming procedures
4. Enable practices to provide relief cover for staff absences of less than 5 days.

If successful in 2000/01 it is envisaged that the devolved budget would in the longer term be calculated on a more equitable basis.

GPs are requested to support this proposal.

Peter Ifold
Finance and Information Manager
Gosport Primary Care Group

Pai 23-feb-2000