

**PÖRTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**Meeting of the Gosport Primary Care Group Board**

**Thursday 17 February 2000 at 1 pm, Council Chambers,  
Gosport Town Hall**

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**AGENDA**

1. **Apologies for Absence**
2. **Minutes of the Meeting held Thursday 16 December 1999** **Attached**  
To receive for approval the minutes of the meeting held on Thursday 16 December 1999 (Green)
3. **Finance and Activity Report** **Attached**  
To receive a report for the period up to 31 December 1999 (White)
4. **Hospital Activity and Waiting Lists/Times** **Attached**  
To receive a report: Mr P Rimmer and Mr P Ifold (White)
5. **Reprovision of Services from Royal Hospital, Haslar** **Attached**  
To receive a report (Yellow)
6. **Building Effective Primary Care Nursing Teams: Update**  
Mrs C Kelly and Mrs R Butcher
7. **Clinical Governance: Update** **Attached**  
Dr J Warner (White)
8. **Lay Member Update:**  
Mrs J Charman
  - Alive and Kicking
  - Smoking Cessation
9. **Any Other Business**  
*Electric Gears.*
10. **Date and Time of Next Meeting**  
To confirm Thursday 13 April at 1 pm, Gosport Town Hall

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**GOSPORT PRIMARY CARE GROUP**

Minutes of the Meeting held on Thursday 16 December 1999  
at Gosport Town Hall

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<b>Present:</b>	Dr J Barton (Chair)	Dr W Harrison
	Dr P Burgess	Mrs C Kelly
	Mrs R Butcher	Mr J Kirtley
	Mrs J Charman	Dr D Lynch
	Mr M Cremer	Dr R Pennells
	Dr J Grocock	Dr D Young
	Mr C Hardy	

**Community Health Council:** Dr M Ottaway

<b>In Attendance:</b>	Mr P Ifold	Dr J Warner
	Mrs H Bagshaw	

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**No Discussion**

**1 Apologies for Absence**

None

**2 Minutes of the Meeting held Thursday 21 October 1999**

The minutes of the meeting held on Thursday 21 October were agreed as a correct record.

**3 Finance and Activity Report**

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

Mr Ifold referred to the Hospital and Community Health Services (HCHS) statement at Appendix 2. As reported previously, due to block agreements the statement continues to show little variance between budget and expenditure. Since the last report, Mr Ifold explained that unused Fundholding Closure Costs totalling £12,200 and Modernisation Funds of £13,700 (earmarked for Human Resource issues) have been added to "Other" shown in the Private Provider section of Appendix 2. Overall there is an underspend of £8,000 against the HCHS budget after seven months.

Referring to the General Medical Services (GMS) statement at Appendix 3, Mr Ifold explained that after seven months there is an underspend of £11,000. Reserves (Growth) are in place to fund potential excess pay award costs relating to

Administrative and Clerical staff but unused Reserves can be carried forward to next year.

Mr Ifold explained that the Prescribing Report, at Appendix 4, continues to be of concern with an overspend after seven months totalling £50,000. Due to continuing problems with the information flow from the Prescription Pricing Authority (PPA), this figure includes two months' estimated expenditure. It is known that there are nationwide problems with the supply and pricing of generic drugs together with the introduction of patient pack dispensing and this has contributed to the overspend. Mr Ifold advised that more detail would be given in the Prescribing Update to be discussed later in the meeting.

Looking at the management expenditure shown at Appendix 5, Mr Ifold clarified that the underspend of £27,000 is mainly as a result of staffing vacancies at the start of the year. An increase in the number of pharmaceutical sessions is planned but the management budget is anticipated to be underspent at year-end.

With reference to the Out of Area Treatments (OATs) budget outlined at Appendix 6, Mr Ifold explained that this is based on activity two years previously and is top-sliced from the PCG budget. As such, it is important to realise that OATs activity this year will impact on budget in year 2001/2002. If OATs activity reduces, the PCG budget will increase accordingly. Mr Ifold referred to the Forecast Outturn figure of £332,000 against a target of £259,000. He added that further work is underway to analyse these figures in greater detail.

Looking at the Waiting List figures shown at Appendix 7, Mr Ifold reported that a small decrease could be noted.

Mr Ifold concluded his report with a summary of the mid year financial review which has taken place with the Health Authority. It was confirmed that the PCG can carry forward the projected GMS underspend of £100,000. Mr Kirtley strongly advised practices to pursue premises development plans in particular, to ensure these funds are spent during the next financial year. It has also been agreed that unused Fundholding Savings totalling £66,000 can be carried forward to the next year.

Mr Ifold reported that the anticipated Management budget underspend of £33,000 is to be returned to the Health Authority. Replying to Dr Lynch, Mr Kirtley advised that it is unlikely there will be a similar underspend on the Management budget next year due to the anticipated appointment of a full-time Service Development Manager following the recent resignation of Kathryn Rowles.

Since the Finance Report was prepared, Mr Ifold advised that the Health Authority has agreed to cover any prescribing overspends up to £40,000 over and above the contingency reserve held by the PCG.

The Board noted the results of the mid-year financial review and the financial position to 31 October 1999.

#### 4 Prescribing Update

Mrs Bagshaw, Pharmaceutical Advisor for the Gosport PCG, presented the Prescribing Update to help clarify the reasons behind the current overspend.

It was emphasised that the practices are continuing to work very hard to keep prescribing costs down and are following guidelines for generic prescribing but the closure of a major generic drug supplier has led to shortages and subsequent price increases. This is a national problem and affecting all PCGs. It is not known when the shortage will be resolved and if prices will then fall to previous levels. The implementation of "Patient Pack Dispensing", packaging generics in 28-30 tablets, rather than in bulk, has also had cost implications.

When generic drugs are not available, Mrs Bagshaw explained that Category D drugs are dispensed and as a result of these changes, the PPA has additional sorting and pricing procedures to implement and this is resulting in a delay in the production of prescribing data. Information is expected to fall further behind towards the year-end.

To offset the difficulties generated from generic drugs, Mrs Bagshaw explained that some branded drugs prices are set to fall by 4.5% under the Pharmaceutical Pricing Regulation Scheme (PPRS) Agreement, but it is unclear which products will be included. It is therefore difficult to quantify what the financial effect will be for the PCG at this stage.

Dr Pennells enquired if practice prescribing budgets can be re-negotiated. Mr Kirtley said that the prescribing budget for this year was final, but also referred to the earlier discussion on the commitment of the Health Authority to cover up to £40,000 overspend in excess of the contingency reserve. Mrs Bagshaw advised the Board that Katie Hovenden, Prescribing Advisor to the Health Authority, is working on the Prescribing uplift proposals of around 8% to incorporate into the Strategic and Financial Framework (SaFF) proposals.

Mrs Bagshaw explained to the Board that extra Pharmacist sessions had been made available to practices to help with prescribing awareness but some practices had not wanted to take up this offer. Mr Kirtley urged practices refusing this initiative to reconsider as experience had shown the impact this additional assistance can make on quality and cost effectiveness of prescribing.

It was noted that as shown in Appendix 4 of the Finance Report, despite difficulties around prescribing, some practices continued to show small underspends against their Prescribing budget.

#### 5 Referrals Outside Service Agreements (OATs)

Mr Kirtley introduced the paper setting out arrangements for referrals outside NHS Trust Service Agreements. He confirmed that as a Committee of the Health Authority, the PCG applies Health Authority policies and that there is a set procedure for referring patients for treatment outside service agreements. Dr Grocock requested that guidance on this be re-circulated.

The Board approved the framework proposed in the agenda paper for reaching decisions on referrals to private providers and for procedures not normally purchased.

## **6 Strategy for Adult Mental Health Services**

This item was presented by Mr Kirtley who explained that following a joint review, the strategy for Adult Mental Health Services had been presented to the Health Authority in early December and approved.

It was explained that although the PCG does not have responsibility for commissioning Adult Mental Health Services, the Board was asked to agree the strategy as a basis for further planning.

In reply to a question from Dr Young, Mr Kirtley explained that budget delegated would be separate between Fareham and Gosport PCGs, but it was important to look at services across both PCGs as the provision of secondary and community services locally was jointly managed across both PCGs.

Mr Kirtley advised the Board that Dr Charles Shawcross, Consultant Psychiatrist with Portsmouth Hospitals Community Trust (PHCT) had expressed an interest in securing input from a GP from the Board to discussions on local implementation of the strategy. GP Board members were asked to let Mr Kirtley know if they wished to provide input into this area. Dr Harrison asked if it would be possible for Dr Hildebrand from the Health Authority to attend the next GP Group meeting to provide further details on this strategy. Mr Kirtley said this would be arranged. Mrs Kelly underlined the need to adopt a multi-disciplinary approach to planning local services and it was agreed she should attend the GP Group for further discussion of the mental health strategy.

The Board agreed the strategy as a basis for further planning of mental health services locally.

## **7 Building Effective Primary Care Nursing Teams**

This item was presented jointly by Mrs Kelly and Mrs Butcher as the PCG Board Nurse Members.

Mrs Kelly explained the background to the Nurses' Forum which represents nurses from different disciplines across the PCG and employed by both Trust and GP practices. The Forum had previously agreed Terms of Reference and formulated ways of passing on information to the members they represented including establishing a resource file at each location where nurses are employed.

The Gosport Nurses' Forum recently held an "Away Day", funded from money obtained from the Educational Consortium. The aim of the day was to allow the Forum to consider how best to develop the commitment to primary care nursing teamwork.

Mrs Butcher reported that 25 nurses had attended the workshop and with enthusiasm. There had been a very clear message about the importance of working collaboratively to develop joint nursing protocols and a need for protected time to attend meetings. To support this, the Nurses' Forum requested support for the appointment of a part time Nursing Project Co-ordinator for two days a week for a period of six months. Mr Kirtley confirmed that as identified by Mr Ifold in the Finance Report, the £13,700 for Clinical Governance and Human Resource issues could provide the funding for this.

The Board agreed to the recommendations set out in the agenda paper from the Nurse members including non-recurring funding as follows:

Six-months non-recurring funding at a cost estimated at £5,750 for a Primary Care Nursing Project Co-ordinator.

Funding for nurses' bulletin boards for each practice.

Non-recurring funding to support involvement in multi-disciplinary team meetings and local groups up to a maximum of £500 per practice in the first year.

## **8 Clinical Governance**

Dr Warner presented an update on the Clinical Governance Workshop held on 9 December. A good response had been received to the pre-course questionnaire and the event was well attended with a wide range of health professionals represented. Dr Warner explained that Dr Anne White, the GP Tutor and facilitator of the meeting, was currently summarising the outcomes of the meeting and a copy of her report will go out to each practice.

At the workshop the Practice Profiling Document was explained and the requirement for practices to have this completed and returned by 14 January. Dr Warner recognised that there were similarities between this and the "Stocktake" recently completed by practices. Dr Warner and Mr Kirtley were currently looking at what funding was available to help practices complete the document to meet the deadline. The importance of a multi-disciplinary approach to completing the document was emphasised.

In conclusion, Dr Warner wished to minute his thanks to Dr Anne White for her commitment to the workshop.

## **9 Lay Member Update**

This item was presented by Mrs Charman as the Lay Member for the PCG.

Mrs Charman explained that she wanted to look at different aspects of healthcare and had recently looked at ambulance provision and had the opportunity to complete a shift with an ambulance crew. Some problem areas had been highlighted including a number of vehicles off road for repairs.

Mrs Charman gave notice of a major health event on Saturday 8 July 2000, "Alive and Kicking" to be held in Gosport. This event is intended to be a "fun and friendly" approach to health issues allowing health professionals to meet with the public to disseminate information but also to take in public opinion. The event will cater for all age groups and will include an evening event for young people.

The Board was supportive of this event and Mrs Charman's involvement in the project.

#### **10 Royal Hospital Haslar**

Mr Kirtley introduced this item and referred to the covering report for the key points to the updated position including further definition of proposals for services and timescale for the public consultation process.

Dr Ottaway, representing the Community Health Council (CHC), advised the Board of six meetings to be held at the start of the new year as part of the public consultation process. Time and dates will be extensively published nearer the time but include evening and daytime meetings in different locations. The CHC is to chair the meetings and lead the consultation process. At the end of the consultation, the CHC will endorse the proposals if they are found acceptable. If not, the matter will be referred to the Secretary of State for Health.

Mr Kirtley emphasised that the PCG Board members continue to be involved in developing the proposals including Dr Pennells looking at ambulance provision and Dr Barton the A&E service.

#### **11 Any Other Business**

The Community Health Council would like the opportunity to meet with patients in the practice environment. Dr Ottaway asked for practice co-operation in allowing members of the CHC to talk to patients in waiting areas and collect patients' views about health issues. Practices who were willing to participate were invited to get in touch with Dr Ottaway at the CHC or through the PCG offices.

#### **12 Date and Time of Next Meeting**

The next Board meeting will be held on Thursday 17 February at 1pm at the Gosport Town Hall.

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**Portsmouth and South East Hampshire Health Authority**

**Gosport Primary Care Group**

**Primary Care Group Finance Report**

**1. Introduction**

This report covers financial issues for the period up to 31 December 1999. A separate paper has been produced covering activity and waiting list issues. Since the last report a further financial review paper has been submitted to the Health Authority and an update has been included on this.

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

**2. Overall Financial Position**

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

As at the 31 December 1999 the overall delegated budgetary position is an overspend of £120k.

**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.

There is a small underspend of £11k after nine months.

Following a further review it has been identified that £12k of the Modernisation Fund (Human Resources) although committed will not be spent in 1999/2000. This sum will need to be carried forward.



#### 4. General Medical Services

Appendix 3 shows the position on cash limited General Medical Services (GMS). After nine months the GMS element is showing a very small overspend of £1k.

Reserves (Growth) consists of a small balance held to fund potential excess pay award costs relating to Admin. & Clerical staff and a sum for Local Development Schemes allocated under HSC 1999/107.

The recent review has not identified any significant changes in the GMS programme and the projected underspend remains at £100k. This sum will be carried forward.

#### 5. Prescribing

Appendix 4 identifies the position on Prescribing. This report is based upon six months actual expenditure plus an estimate for the seventh, eighth and ninth months. The position to date is an overspend of £157k. This continues to be cause for concern. 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.

Since the last report the additional £40k agreed after the mid year financial review has been received and has been included in reserves.

An additional allocation has been received by the Health Authority in respect of the issues around Prescribing. Following guidance from the NHSE this is to be passed on to the PCGs and it is suggested that this be allocated to practice budgets. The total sum for Gosport PCG is £137k. The basis for this allocation is the number of prescriptions written by GPs and dispensed generically in the period January to August 1999. Using this methodology the distribution to practices would be:

Practice	Amount £
Anderson	19,342
Bassett	10,710
Beale	4,128
Collins	15,386
Coonan	18,486
Evans	13,171
Hajiantonis	7,713
Knapman	20,656
Lacey	9,173
Pennells	18,514

A potential forecast overspend based upon existing practice level budgets of £245k has been identified. However with reserves and additional allocations (see above) this is expected to be fully covered. In addition a commitment of around £50k has been identified for the 1999/2000 Practice Incentives scheme.

## 6. Management

Appendix 5 summarises the position on management expenditure. Due largely to vacancies at the beginning of the year the position to date reflects an underspend of £27k.

The year end underspend which was previously projected at £33k is now likely to be around £39k.

## 7. Review of Forecast Outturn

Since the last report a further financial review paper has been produced for the Health Authority to forecast the year end position. The main points are detailed above and are summarised below:

HCHS	£12k underspend (all committed)
GMS	£100k underspend
Prescribing	- breakeven
Management	£39k underspend
Total Underspend	£151k (inc. £12k committed)

## 8. Conclusions

The financial position at 31 December 1999 is reflected in this report and the Prescribing position continues to give cause for concern.

A further financial review paper has been produced and the main points have been identified in this report. This indicates that the problems around prescribing can be contained by the use of reserves and there will be an underspend against the total delegated budget.

An additional prescribing allocation has been received by the Health Authority and £137k will be allocated to Gosport PCG.

## 9. Recommendations

The Primary Care Group is requested to:

- Note the financial position at 31 December 1999.
- Note the predicted year end financial position.

- Approve additions to practice prescribing budgets totalling £137k, as set out in section 5 above.

**Peter Ifold**  
**Finance and Information Manager**  
**Gosport Primary Care Group**

**3-Feb-2000**

**GOSPORT PRIMARY CARE GROUP**  
**Summary Statement as at 31 December 1999**

Appendix 1	Appendix	Financial programme			Cumulative year to 31/12/99			Current month		
		£000's Budget	£000's Movement	£000's Budget at 31/12/99	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
	2	17485	(35)	17450	13068	13057	11	1451	1450	1
	3	1316	0	1316	862	863	(1)	98	98	0
	4	7092	40	7132	5229	5386	(157)	579	604	(25)
		25893	5	25898	19159	19306	(147)	2128	2152	(24)
	5	289	0	289	217	190	27	25	25	0
<b>TOTAL</b>		26182	5	26187	19376	19496	(120)	2153	2177	(24)

**GOSPORT PRIMARY CARE GROUP**  
**HCHS Statement as at 31 December 1999**

Appendix 2	Financial programme			Cumulative year to 31/12/99			Current month		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Budget	Movement	Budget at 31/12/99	Budget	Actual	Variance	Budget	Actual	Variance
<b>NHS Service Level Agreements</b>									
Portsmouth Hospitals NHS Trust	9526	0	9526	7145	7145	0	794	794	0
Portsmouth HealthCare NHS Trust	6463	0	6463	4847	4847	0	539	539	0
Southampton University Hospitals Trust	1046	0	1046	785	785	0	87	87	0
Southampton Community NHS Trust	1	0	1	1	1	0	0	0	0
Salisbury Healthcare NHS Trust	88	0	88	66	66	0	7	7	0
Winchester & Eastleigh NHS Trust	19	0	19	14	14	0	2	2	0
North Hampshire Hospitals NHS Trust	6	0	6	5	5	0	1	1	0
Royal West Sussex NHS Trust	11	0	11	8	8	0	1	1	0
Haslar National Blood	0	0	0	0	0	0	0	0	0
Royal Brompton	94	0	94	71	71	0	8	8	0
Poole Hosital NHS Trust	15	0	15	11	11	0	1	1	0
Royal Free Hospitals NHS Trust	11	(9)	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	10	10	0	1	1	0
Worthing & Southlands NHS Trust	3	0	3	2	2	0	0	0	0
Guys & Thomas's NHS Trust	36	(9)	27	20	20	0	2	2	0
Royal National Orthopaedic NHS Trust	17	0	17	13	13	0	1	1	0
St Georges NHS Trust	12	(11)	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	7	(6)	1	1	1	0	0	0	0
University College London Hospital NHS	0	0	0	0	0	0	0	0	0
<b>Sub - Total</b>	<b>17374</b>	<b>(35)</b>	<b>17339</b>	<b>13007</b>	<b>13007</b>	<b>0</b>	<b>1444</b>	<b>1444</b>	<b>0</b>
<b>Private Providers</b>									
E Graham - Ultrasound	7	0	7	5	5	0	1	1	0
General ecrs	14	0	14	11	0	11	1	0	1
Grants to Voluntary Organisations	60	0	60	45	45	0	5	5	0
Other	30	0	30	0	0	0	0	0	0
<b>Sub Total</b>	<b>111</b>	<b>0</b>	<b>111</b>	<b>61</b>	<b>50</b>	<b>11</b>	<b>7</b>	<b>6</b>	<b>1</b>
<b>TOTAL</b>	<b>17485</b>	<b>(35)</b>	<b>17450</b>	<b>13068</b>	<b>13057</b>	<b>11</b>	<b>1451</b>	<b>1450</b>	<b>1</b>

**GOSPORT PRIMARY CARE GROUP**  
**General Medical Services Cash Limited Programme 1999 - 2000 as at 31 December 1999**

**Appendix 3**

	Full year programme			Cumulative year to 31/12/99			Current month		
	£000's Budget	£000's Movement	£000's Budget at 31/12/99	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
<b>Premises</b>									
Cost rents	103	0	103	77	77	0	9	9	0
Improvement Grants	5	0	5	0	0	0	0	0	0
<b>Sub total</b>	<b>108</b>	<b>0</b>	<b>108</b>	<b>77</b>	<b>77</b>	<b>0</b>	<b>9</b>	<b>9</b>	<b>0</b>
<b>Staff</b>									
Main staff - Recurring	946	0	946	709	711	(2)	79	79	0
Main staff - Non Recurring	6	0	6	5	5	0	1	1	0
Training	24	0	24	18	17	1	2	2	0
Relief	44	0	44	33	33	0	4	4	0
<b>Sub total</b>	<b>1020</b>	<b>0</b>	<b>1020</b>	<b>765</b>	<b>766</b>	<b>(1)</b>	<b>86</b>	<b>86</b>	<b>0</b>
<b>Computers</b>									
Maintenance	29	0	29	16	16	0	2	2	0
Purchase	40	0	40	4	4	0	1	1	0
<b>Sub total</b>	<b>69</b>	<b>0</b>	<b>69</b>	<b>20</b>	<b>20</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>
<b>Total</b>	<b>1197</b>	<b>0</b>	<b>1197</b>	<b>862</b>	<b>863</b>	<b>(1)</b>	<b>98</b>	<b>98</b>	<b>0</b>
<b>Reserves</b>									
Reserves (Growth)	53	0	53	0	0	0	0	0	0
Reserves (Other)	66	0	66	0	0	0	0	0	0
<b>Sub total</b>	<b>119</b>	<b>0</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>1316</b>	<b>0</b>	<b>1316</b>	<b>862</b>	<b>863</b>	<b>(1)</b>	<b>98</b>	<b>98</b>	<b>0</b>

( ) indicates an overspend

**GOSPORT PRIMARY CARE GROUP**  
**Prescribing Report 1999 - 2000 as at 31 December 1999**

<b>Appendix 4</b>	Full year programme			Cumulative year to 31/12/99			Current month		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Budget	Movement	Budget at 31/12/99	Budget	Actual	Variance	Budget	Actual	Variance
<b>Indicative allocation</b>									
Dr Anderson & Ptrs	1024	0	1024	768	793	(25)	85	87	(2)
Dr Bassett & Ptrs	628	0	628	471	471	0	52	53	(1)
Dr Beale	146	0	146	109	136	(27)	12	15	(3)
Dr B Collins & Ptrs	839	0	839	629	662	(33)	70	76	(6)
Dr Coonan & Ptrs	832	0	832	624	653	(29)	69	75	(6)
Dr D Evans & Ptrs	599	0	599	449	477	(28)	50	53	(3)
Dr Hajiantonis & Ptrs	521	0	521	391	401	(10)	43	45	(2)
Dr Knapman & Ptrs	1034	0	1034	775	786	(11)	86	88	(2)
Dr Lacey & Ptrs	413	0	413	310	329	(19)	34	37	(3)
Dr Pennells & Ptrs	937	0	937	703	678	25	78	75	3
<b>Gosport PCG Sub Total</b>	<b>6973</b>	<b>0</b>	<b>6973</b>	<b>5229</b>	<b>5386</b>	<b>(157)</b>	<b>579</b>	<b>604</b>	<b>(25)</b>
Gosport PCG Reserve	119	40	159	0	0	0	0	0	0
<b>GRAND TOTAL</b>	<b>7092</b>	<b>40</b>	<b>7132</b>	<b>5229</b>	<b>5386</b>	<b>(157)</b>	<b>579</b>	<b>604</b>	<b>(25)</b>

( ) indicates an overspend

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

**GOSPORT PRIMARY CARE GROUP**  
**Management Budget as at 31 December 1999**

Appendix 5	Full year programme			Cumulative year to 31/12/99			Current month		
	£000's Budget	£000's Movement	£000's Budget at 31/12/99	£000's Budget	£000's Actual	£000's Variance	£000's Budget	£000's Actual	£000's Variance
Pay	246	0	246	185	160	25	21	21	0
Non Pay	43	0	43	32	30	2	4	4	0
<b>TOTAL</b>	<b>289</b>	<b>0</b>	<b>289</b>	<b>217</b>	<b>190</b>	<b>27</b>	<b>25</b>	<b>25</b>	<b>0</b>



## **Portsmouth and South East Hampshire Health Authority**

### **Gosport Primary Care Group**

#### **Primary Care Group Activity and Waiting List Report**

##### **1. Introduction**

This report covers activity and waiting list issues for the current year. The periods covered by the information reflecting the availability at the time of preparing this paper. The purpose of this paper is to summarise examples of the information available. The Board will be aware from previous Finance and Activity papers that there have been problems in obtaining reliable and consistent activity data. Historically providers systems produced activity information by Health Authority and the new requirements for information at Primary Care Group level has proved very difficult for many of them. As the year progresses the number of providers failing to produce any information gradually reduces and the current position with regard to providers is identified in the next section. The paper falls into two sections, activity and waiting numbers.

The attached appendices are summarised below:

- Appendix 1 - Summary of Activity across Providers
- Appendix 2 - District Wide Out Patient Waiting Times
- Appendix 3 - Elective Waiting Lists across Providers
- Appendix 4 - Elective Waiting Lists by Specialty
- Appendix 5 - Monthly Comparison of Elective Waiting Time Bands

##### **2. Review of Activity**

Attached at Appendix 1 is a summary by providers of the PCG's HCHS activity for the period to 30 November 1999. 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 Brompton & Harefield Hospitals NHS Trust
- Royal Free Hampstead Hospitals NHS Trust
- Royal Hospital Haslar
- Sussex Weald & Downs NHS Trust

As the Royal National Orthopaedic Hospital can only submit PCG level activity data on a quarterly basis the year to date period reported is April to September only.

Additionally the following providers are currently only able to submit the monthly activity data at HA 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  
 Portsmouth 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 excluding 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. The performance against target for other PCGs is different from that reflected in this appendix and the question arises whether it is the PCG target set artificially high or the activity level is untypically low. This issue has been raised with the Health Authority because of the possible impact on equity.

### **3. Out Patient Waiting List and Times Information**

Very limited information is available on out patient waiting list and times but some data is attached at Appendix 2 showing information for the whole Health Authority across all NHS providers (including Haslar). This information covers the period between July and September (the most recent quarter available) and shows the length of time waited in weeks since referral for those attending first out patient attendances. Caution has been advised, by the information department, in the accuracy but it is very helpful in giving an indication of the proportion waiting greater than 13 weeks (40.66% for all specialties) for the first out patient attendance and the variations across specialties. Of particular note amongst the larger specialties is Trauma & Orthopaedics where 73.92% waited greater than 13 weeks.

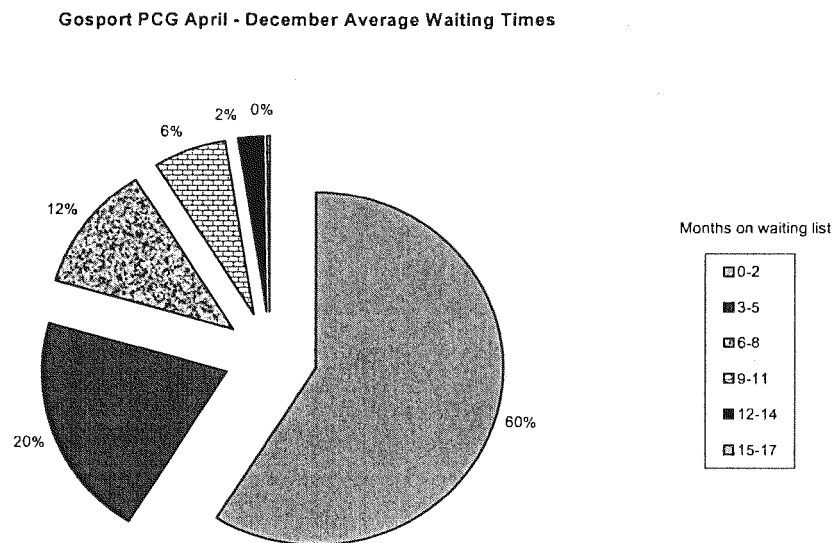
### **4. Elective In Patient and Day Case Waiting List and Times Information**

Appendix 3 shows Elective In Patient and Day Case Waiting List numbers by provider and month for the Primary Care Group and Appendix 4 shows the information across specialties. This information is available up to the end of December and is a useful snapshot of the waiting time experience of Gosport patients. More detailed information is now beginning to emerge on GP referrals. This information will be crucial in enabling the PCG to target initiatives to manage demand more appropriately

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 increase in numbers waiting over the nine month period at

Portsmouth Hospitals and Haslar Hospital and this increase has largely been in General Surgery.

Appendix 5 shows the monthly figures presented graphically by waiting time indicating that the increase has largely been in those waiting the shortest length of time. The April to December data for all providers is shown below and it can be seen that significant proportions of those patients waiting are for a relatively short period. Comparisons have been made across providers and there are no noticeable variations in these proportions.



Some analysis has been undertaken by specialty of the longer waiters and it is noticeable that Trauma & Orthopaedics and Ophthalmology which each represent around 25% of the total list contribute to a greater proportion of those waiting 6 - 8 months or longer. It is possible that the new eye suites at Queen Alexandra will provide the additional capacity to remove the tail of long waiters, but this points up the need to ensure appropriate demand management arrangements are put in place at the same time.

## 5. Conclusions

The availability of activity and waiting list information is far from complete, particularly at PCG level. The available data incorporated in this paper highlights the length of time patients are waiting for a first out patient appointment and the variations across specialties. For elective in patients and day cases the waiting times are heavily skewed towards the shorter periods. The activity undertaken at Portsmouth Hospitals Trust for Gosport PCG is below target for the eight month period and the position is being monitored.

## **6. Recommendations**

The Primary Care Group is requested to:

- Note the activity information contained in this report.
- Note the waiting list and times information contained in this report.

**Peter Ifold**  
**Finance and Information Manager**  
**Gosport Primary Care Group**

**7-Feb-2000**

## APPENDIX 1

## GOSPORT PRIMARY CARE GROUP

## SERVICE LEVEL AGREEMENT PERFORMANCE MONITORING APRIL - NOVEMBER 1999

## SUMMARY OF ACTIVITY APRIL - NOVEMBER 1999

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	1064	811	-24%	1292	978	-24%	1742	1551	-11%	5157	4023	-22%		10004	
Southampton Hospitals	146	137	-6%	47	76	62%	114	116	2%	155	166	7%	618	587	-5%
Salisbury Healthcare	18	15	-19%	13	13	-3%	8	8	-5%	45	43	-5%	132	108	-18%
Portsmouth Healthcare	417	567	36%							180	197	10%			
<b>Total</b>	<b>1645</b>	<b>1529</b>	<b>-7%</b>	<b>1352</b>	<b>1067</b>	<b>-21%</b>	<b>1864</b>	<b>1675</b>	<b>-10%</b>	<b>5537</b>	<b>4429</b>	<b>-20%</b>		<b>10699</b>	

Other Providers	Total FCE's			Total Outpatients		
	Target	Actual	Var	Target	Actual	Var
Frimley Park Hospital	1	1	-46%	0	2	100%
Great Ormond Street Hospital	1	1	-26%	11	3	-74%
Guy's & St Thomas'	10	9	-9%	14	15	5%
Hammersmith Hospitals	1	0	-100%	17	0	-100%
King's Healthcare				1	0	-80%
Moorfields Eye Hospital				12	12	0%
North Hampshire Hospital	2	2	0%	0	8	100%
Poole Hospital	8	1	-84%	3	0	-100%
Royal National Orthopaedic	3	1	-67%	13	7	-46%
Royal Surrey	0	1	100%	0	3	100%
Royal West Sussex	6	6	-3%	18	17	-7%
Southampton Community	1	1	0%	0	0	
St. George's Healthcare				3	1	-79%
UCL Hospitals	0	2	100%	0	2	100%
Winchester & Eastleigh	11	12	9%	23	23	0%
Worthing & Southlands				0	2	100%
<b>Total</b>	<b>43</b>	<b>36</b>	<b>-17%</b>	<b>115</b>	<b>92</b>	<b>-20%</b>

## Appendix 2

## Portsmouth and South East Hampshire Health Authority

## District Wide Analysis of Patients Length of Wait from Referral Request to First Out Patient Attendance

Period: July - September 1999

Specialty	Length of Wait (Weeks)							
	0 to <4	%	5 to <13	%	14 to <26	%	26 and over	%
General Surgery	780	24.41	1334	41.74	293	9.17	789	24.69
Urology	262	24.58	507	47.56	263	24.67	34	3.19
Trauma & Orthopaedics	298	9.55	516	16.53	598	19.16	1709	54.76
E.N.T.	449	29.62	409	26.98	547	36.08	111	7.32
Ophthalmology	319	20.22	608	38.53	504	31.94	147	9.32
Oral Surgery	379	32.23	661	56.21	49	4.17	87	7.40
Restorative Dentistry	1	2.44	13	31.71	26	63.41	1	2.44
Paediatric Dentistry	0	0.00	1	100.00	0	0.00	0	0.00
Orthodontics	9	2.05	51	11.59	300	68.18	80	18.18
Neurosurgery	0	0.00	5	83.33	0	0.00	1	16.67
Plastic Surgery	61	36.31	23	13.69	36	21.43	48	28.57
Paediatric Surgery	10	50.00	4	20.00	5	25.00	1	5.00
Anaesthetics	3	60.00	2	40.00	0	0.00	0	0.00
Pain Management	18	10.06	45	25.14	84	46.93	32	17.88
General Medicine	236	27.60	297	34.74	210	24.56	112	13.10
Gastroenterology	49	90.74	1	1.85	0	0.00	4	7.41
Endocrinology	33	27.50	77	64.17	6	5.00	4	3.33
Haematology (clinical)	106	50.96	31	14.90	0	0.00	71	34.13
Audiological Medicine	15	11.90	49	38.89	56	44.44	6	4.76
Clinical Genetics	1	100.00	0	0.00	0	0.00	0	0.00
Rehabilitation	0	0.00	3	60.00	1	20.00	1	20.00
Cardiology	81	17.92	154	34.07	186	41.15	31	6.86
Dermatology	311	14.19	858	39.16	646	29.48	376	17.16
Thoracic Medicine	174	47.93	180	49.59	6	1.65	3	0.83
Infectious Diseases	1	100.00	0	0.00	0	0.00	0	0.00
Nephrology	15	27.27	37	67.27	3	5.45	0	0.00
Neurology	24	25.26	50	52.63	20	21.05	1	1.05
Rheumatology	97	14.06	344	49.86	207	30.00	42	6.09
Paediatrics	101	18.04	287	51.25	157	28.04	15	2.68
Paediatric Neurology	1	50.00	1	50.00	0	0.00	0	0.00
Geriatric Medicine	246	95.72	11	4.28	0	0.00	0	0.00
Obs & Gyn (Gynaecology)	589	30.52	591	30.62	677	35.08	73	3.78
Obs & Gyn (Obstetrics A/N)	44	69.84	17	26.98	1	1.59	1	1.59
Obs & Gyn (Obstetrics P/N)	1	100.00	0	0.00	0	0.00	0	0.00
Mental Handicap	9	100.00	0	0.00	0	0.00	0	0.00
Mental Illness	466	87.43	67	12.57	0	0.00	0	0.00
Child & Adolescent Psychiatry	96	71.11	24	17.78	7	5.19	8	5.93
Old Age Psychiatry	75	93.75	5	6.25	0	0.00	0	0.00
Radiotherapy	15	83.33	2	11.11	1	5.56	0	0.00
Haematology	5	100.00	0	0.00	0	0.00	0	0.00
Community Medicine	7	31.82	13	59.09	1	4.55	1	4.55
Joint Consultative Clinic	3	15.79	9	47.37	6	31.58	1	5.26
<b>Total</b>	<b>5390</b>	<b>25.23</b>	<b>7287</b>	<b>34.11</b>	<b>4896</b>	<b>22.92</b>	<b>3790</b>	<b>17.74</b>

*ortho*  
*Gen*  
*OPR*  
*4/9/99*  
*Chadwick*

## GOSPORT PRIMARY CARE GROUP PROVIDER TRENDS REPORT

## Appendix 3

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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
Southampton University Hospitals NHS Trust	87	79	83	95	90	104	83	87	92
Portsmouth Hospitals NHS Trust	521	569	538	541	514	519	520	538	566
Guy's & St Thomas' NHS Trust			1	2	1	2		1	2
St George's Healthcare NHS Trust				1				1	1
Winchester & Eastleigh Healthcare NHS Trust	1	1	1	1	1	1	1	1	2
Portsmouth Healthcare NHS Trust		1	1						
North Hampshire Hospitals NHS Trust		1	1	1	2	2	1	1	1
Salisbury Healthcare NHS Trust					16	16	16	15	20
Great Ormond St Hospital for Children NHS Trust		1	1	1	1	1	1	1	1
The Royal West Sussex NHS Trust				2	1	1	1	1	2
University College London Hospitals NHS Trust				1		1	1		
Royal Brompton & Harefield NHS Trust (Harefield)	8	6	5	5	4	4	4	4	4
Royal Brompton & Harefield NHS Trust (Royal Brompton)	8	4	4	5	5	7	6	6	6
Royal Hospital Haslar				757	798	851	816	721	700
<b>Total</b>	<b>628</b>	<b>667</b>	<b>638</b>	<b>1414</b>	<b>1434</b>	<b>1510</b>	<b>1452</b>	<b>1378</b>	<b>1398</b>

## GOSPORT PRIMARY CARE GROUP PROVIDER TRENDS REPORT

## Appendix 4

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

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

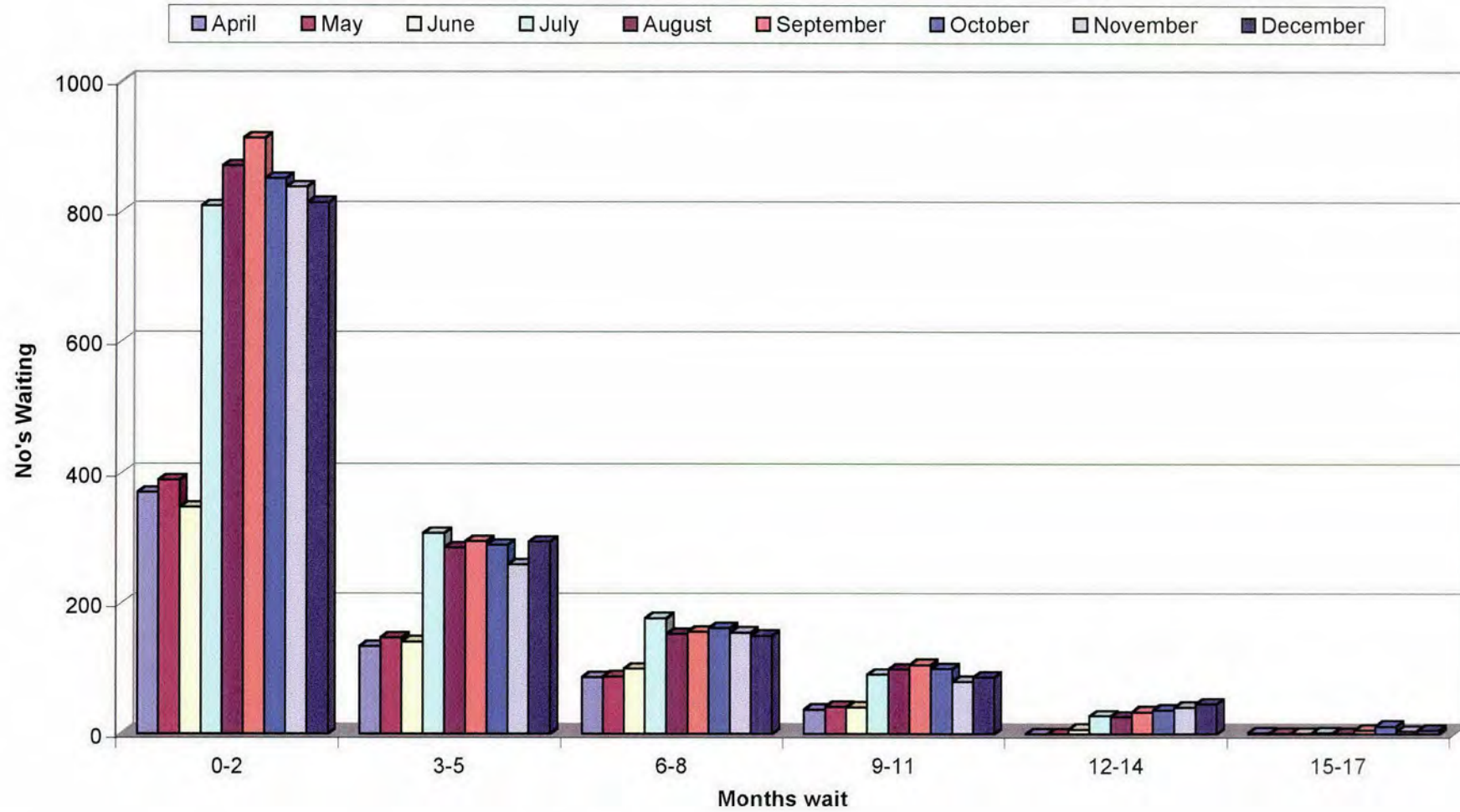
## Note

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



Appendix 5

**Elective In Patient and Day Case Waiting Time Bands for Gosport**



NB Waiting list figures for Haslar were not available in first quarter

## GOSPORT PRIMARY CARE GROUP

### REPROVISION OF SERVICES FROM ROYAL HOSPITAL HASLAR

Proposals for the reprovision of services from the Royal Hospital Haslar are currently subject to formal public consultation by the Health Authority. The consultation period ends on 14 April. Board Members have received a copy of the full consultation document entitled 'Changes to Health Services for Residents of Gosport and South Fareham'.

A leaflet summarising the changes is attached. As well as widespread distribution of the full consultation document, copies of this leaflet have been distributed to households throughout Gosport and South Fareham.

The PCG originally considered outline proposals which were published by the Health Authority in May of last year. Following a joint discussion involving both Fareham and Gosport PCGs a paper setting out the PCG comments was agreed in August of last year and submitted to the Health Authority.

Key areas of concern were reprovision of accident and emergency services and associated ambulance provision.

Members of the Gosport PCG Board have been actively involved in discussions with the Health Authority, Royal Hospital Haslar, Defence Secondary Care Agency, Portsmouth Hospitals Trust and representatives of the Save Haslar Task Force. These discussions have focused particularly on the two key areas referred to above.

The proposals, now subject to formal consultation, reflect the original comments made by the PCG and subsequent discussions on these issues.

The proposals set out in the consultation document include:

- A 24 hour accident treatment service staffed by emergency nurse practitioners supported by daily consultant review clinics, to be sited at Haslar.
- An additional ambulance covering 16 hours a day, seven days a week, to provide for additional journey times, supplemented by further funding to cover peak periods. In addition a rapid response vehicle with paramedic for 18/19 hours a day, seven days a week, dedicated to the Gosport peninsula.

It is proposed to implement this service reprovision from August 2000, as a result of the Defence Secondary Care Agency statement that it will not be able to continue to provide the current accident and emergency services beyond this date.

The timetable for further planned changes is after 2005, which is when the major developments at Queen Alexandra Hospital are expected to be completed.

From that time acute inpatient services will be sent to the Queen Alexandra Hospital with the following services provided in Gosport:

- Day Surgery to be provided on the Haslar site for an estimated 1100 cases per year including general surgery, orthopaedic, gynaecological and urology cases.
- Diagnostic services, including x-ray facilities and investigations such as endoscopy, to be provided on the Haslar site.
- Outpatients clinics on the Gosport peninsula to be increased so that around 5000 more patients a year than at present will be seen at either Haslar or Gosport War Memorial Hospital. It is expected that there will be more than 100 clinics a week in over 20 specialties.

The requirements for a formal consultation on major NHS service changes involve a leading role for the Community Health Council, to provide a response to the proposals in the light of views expressed during the consultation. In order to assist in this the Community Health Council has arranged a series of 6 public meetings, as well as provision for responses by phone, fax or email.

An early response to the proposals was the support given to them by meetings of both Gosport Borough Council and Fareham Borough Council.

PCG Boards are sub-committees of the Health Authority. As such it is inappropriate for PCG Boards to respond as a body to the formal public consultation document. This does not, of course, preclude anyone within the PCG from responding as an individual.

Responses to the proposals will be considered by the Community Health Council at the end of the consultation period in April. The Health Authority meeting in May will consider the Community Health Council and other responses to the consultation proposals.

John Kirtley  
Chief Executive

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**FAREHAM AND GOSPORT PRIMARY CARE GROUPS**  
**CLINICAL GOVERNANCE SUB-COMMITTEE REPORT**  
**3 FEBRUARY 2000**

The response to the multi-disciplinary meeting in December has been very positive. There are a significant number of replies to the "Baseline Assessment" already in. These have been completed as requested, for the most part, producing the most comprehensive view yet for the two PCG areas. I am in the process of analysing these in collaboration with the Nurse Leads and we shall have enough information to complete a useful baseline assessment for each PCG and for the combined PCGs before the 1 April deadline. Once we have completed the initial assessment the Nurse Lead and I shall be offering each practice a visit so that we can help to advise them on their own *Practice Development Plan*. We recognise that the questionnaires are flawed and that there are gaps in the requirements. We also recognise that there are unnecessary questions, but we have to start somewhere. We also recognise the time commitment involved but we do hope there will be some positive benefit accruing.

#### **Clinical Governance Sub-Committee**

Early on last year I reported that we needed to form a more comprehensive sub-committee than just the two Nurse Leads and myself. Unfortunately the requirements of getting Clinical Governance up and running precluded the groundwork for the formation of this overseeing committee. I am pleased to report that the *full* Clinical Governance Sub-committee has been selected and has indeed gathered for its inaugural meeting. This momentous event took place on Thursday 27 January 2000 at Fareham Reach. I felt that the full committee should be as broad as possible without becoming too unwieldy. It was felt that the committee members should be the Clinical Governance Lead and of course the two Nurse Board members. In addition we asked for a member of the CHC, a Lay person, a practice manager and a representative of the Health Authority administrators. We may have to ask for more specialised members when appropriate.

Mary Ottaway, Lucy Docherty and Judith Foster attended in their various roles. Mrs Jane Horner was unable to attend the first meeting on behalf of the practice managers but this was due to ill health.

Chris Kelly has been selected to chair any meetings in the absence of the Clinical Governance Lead. We discussed the very sensitive nature of any material that may come before the Clinical Governance Sub-committee and agreed that we should all sign a further guarantee of confidentiality to reassure all practices of the integrity of this committee. The next meeting of the sub-committee is Thursday 9 March.

#### **District Effectiveness Committee**

This committee meets today. Therefore I do not have time to include a report in this bulletin. However, our representative on this committee, the Nurse Board Member, will give a verbal report on some very interesting and important agenda items.

**Dr J Warner**  
**Clinical Governance Lead**  
**Fareham and Gosport Primary Care Groups**  
**3 February 2000**