

K - did Jonathan have any figures re use of GWMH for post acute care? If not, can you ask what's available? .PR

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
GOSPORT PCG

Gosport GP Steering Group Meeting

Notes of the Meeting held on the 1 July 1999 at Gosport War Memorial Hospital

→ File: Gen 14

Present:	Dr Jane Barton (Chair)	Dr Bob Pennells
	Dr John Bassett	Jayne Colebourne
	Dr John Grocock	Dr Burgess
	Dr Jonathan Hildebrand	Dr Lynch
	Dr David Young	Hazel Bagshaw
	Dr Peter Lacey	Kathryn Rowles

No	Discussion	Action
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1 Apologies

Dr Beale, Dr Harrison, John Kirtley, Pat Rimmer,

2 Child Protection

Jos Axom, Joint Child Protection Officer for Portsmouth & South East Hampshire and Portsmouth City Council, joined the meeting to present the Implementation Plan for Health Service Responsibilities for Child Protection (April 1999). One of the main concerns expressed was how GPs could access specialist child protection services out of surgery hours. Jos explained that she was in the process of compiling a new list of contacts and referral points for child protection, which would be circulated shortly. She also indicated that she would be re-looking at the emergency duty service to ensure that social services are more receptive to referrals from health professionals.

Jos invited views on how she could effectively link with practices in the Gosport area and how issues relating to training could be addressed. She reminded everyone that child protection is an issue for both clinical and non-clinical staff working at all levels of the service and that basic awareness training should be a minimal requirement. The Group agreed that Kathryn Rowles (PCG management lead for Children's Services) would act as a point for liaison and communication with Gosport practices on child protection issues. It was also suggested that Kathryn should contact Dr Peters to identify what opportunities there might be to include an update session on child protection as part of the rolling programmes of seminars for local GPs. KR

Jos indicated that GPs could contact her on her mobile telephone on 07713 244024 (Monday – Friday during the working day).

3 Ann Haste, Sultan Ward GWMH was unable to attend. It was suggested that she be invited to the next meeting. KR

4 Notes of previous meeting

A typing error was noted item 7 (p2).

5 Relationship with Pharmaceutical Industry

Dr Lynch invited comments on a draft policy concerning the PCG's relationship with the Pharmaceutical Industry in terms of receiving financial support for educational events or meetings. He pointed out that the policy does not determine the basis on which individual practices relate with the Industry. Some minor changes to the policy were suggested. (Amended version attached). It was agreed that John Kirtley should seek formal approval of the policy at the next PCG Board meeting. Hazel Bagshaw offered to act as an intermediary between the PCG and the Pharmaceutical Companies.

JK

6 HImP Update

Asthma

Dr Lynch presented the findings of the recent asthma questionnaire carried out with practices in Gosport. The Group agreed to share individual practice figures and results.

It was noted that two practices do not have a spirometer. It was suggested that the PCG should be approached to establish whether funding might be available to purchase this item of equipment for the two practices concerned. Kathryn Rowles agreed to raise this issue with John Kirtley.

KR

The need for practice based asthma training was discussed. Dr Lynch indicated that Chris Farenbach, District Respiratory Nurse, would be approached about this. Kathryn Rowles added that the PCG would be submitting a bid to the Education Purchasing Consortium to secure some development funding to support this training in primary care.

Dr Lynch confirmed that he would be liaising with the district wide Asthma Committee. He also indicated that Dr Warner, as Clinical Governance lead, would be writing out to practices shortly to establish whether they have protocols in place for asthma.

Cancer

Dr Lynch also suggested that practices might wish to target women who default appointments with the Breast Screening Service, currently operating in the Gosport area. This idea was supported but the issue of whether there might be PCG funding to support the additional clerical and postage costs involved was raised. Kathryn Rowles agreed to discuss this further with John Kirtley.

KR

Coronary Heart Disease

Dr Lynch referred to the district wide LEAP (linking evidence and practice) project on Coronary Heart Disease and suggested that Gosport practices may wish to get involved. The project attracts PGEA approval for the initial practice based presentation and funding to support auditing of notes. **Dee Leehan-Matthews** is the project lead and can be contacted on **01705 835041** (Clinical Effectiveness Team, Public Health) for further information about this initiative.

7 Practice Bulk Purchasing

Jayne Colebourne presented a paper proposing that practices may wish to collaborate on for the bulk purchasing of vaccines, in order to negotiate a more favourable price with suppliers. It was confirmed, however, that each practice would still be responsible for ordering and paying for vaccines they used. The Group agreed with the recommendation set out in the paper that Mrs Cooper, Practice Manager with the Stoke Road Practice, should take on initial co-ordinating role to take this initiative forward on behalf of Gosport practices.

JC

8 Prescribing update

Prescribing scheme

Dr Bassett presented a paper, which set out proposals for Gosport PCG Prescribing Incentive Scheme during 1999/2000. He confirmed that the Incentive Scheme would be linked to the attainment of three quality targets focused on repeat prescribing, generic prescribing and participation in the LEAP Project. All the partners in a practice are required to achieve the targets and demonstrate that they have reduced or are working towards reducing their overall budget in order to receive the maximum payment of £3,000 per GP.

Dr Bassett outlined the tasks required under each quality target. Hazel Bagshaw agreed to circulate an up-to-date list of generically prescribed drugs to support the achievement of the second quality target. She also agreed to assist practices identify patients with heart disease by providing information on statin and other drugs that have been prescribed.

HB

The Steering Group approved the Incentive Scheme proposals and agreed that it should be presented at the next PCG Board meeting for formal acceptance.

JK

Other

Hazel Bagshaw reported that from the end of August, patients admitted to RH Haslar would be prescribed, where required, CSE free inhalers supplied by Alan & Hanburys. She confirmed that she would be writing to Surgeon Commander Taylor to request that patients requiring repeat prescriptions should be allowed to continue with their existing product.

Concern was expressed regarding general lack of technical computer skills in general practice and the effect this had on the standardisation of codes/quality of data held at practice level. This was considered to be a priority for the PCG. It was suggested that this problem could be resolved by appointing a technical data administrator to work across practices.

KR

9 Winter Pressures 1999/2000

Dr Grocock reported that a sum of money had been set aside to fund a variety of schemes, not dissimilar to those supported last year. He confirmed that a meeting would be held at the end of July to finalise schemes proposed.

Post meeting note

Funding will be available to fund the continuation of four schemes. These are Community Rehabilitation, Mental Health Rehabilitation, Discharge Technician Service and extra Occupational Therapy time for post surgery rehabilitation. Other schemes proposed against this years Winter Pressures funding include;

- continuation of CAPs (Combined Approach to Patient Services)
- extended opening of the Bed Bureau at QAH
- discharge lounge for elderly care patients
- extra Occupational Therapy time for elderly care and community
- flu vaccination for staff, and an incentive scheme to promote utilisation of GP beds in Petersfield Community Hospital.

10 Local Development Schemes (HSC 1999/107 Allocation of DDRB £60 million to GPs)

Kathryn Rowles referred to the agenda paper on local GMS development schemes. She confirmed that Gosport's share of the allocation was in the region of £8,000. The Group was asked to consider the priorities to be addressed by a local development scheme and how the arrangements for developing specific proposals could be taken forward.

Two suggestions were put forward which included:

- using a nurse to carry out intensive health assessments of the housebound elderly
- using a nurse to carry out physical assessments of severely mentally ill adults, undertaken in liaison with the local community mental health team.

JH

JB/KR

The Group agreed that, given the amount of funding available, the second option was more feasible in view of numbers of patients likely to be involved. Dr Hildebrand agreed to identify how many people with severe mental illness lived in the Gosport area. Kathryn Rowles and Dr Barton agreed to develop an outline proposal once this information had been received.

11 AOB

Dr Hildebrand reported that post-acute surgical patients were now being admitted to Gosport War Memorial Hospital. He also confirmed that he has a copy of the feedback comments following a consultation exercise on Adult Mental Health Services, which he would be pleased to circulate if requested.

The Group was reminded that a meeting to discuss the proposals for the reprovision of RH Haslar services would be held on the 21 July at 7.30pm, Gosport War Memorial Hospital.

The next meeting of the **GP Steering Group** would be held on the **2 September, GWM Hospital**.