

MANAGEMENT AND POLICY IN CONFIDENCE

ACTION NOTES OF THE ME/RGMS BUSINESS MEETING HELD ON 10
SEPTEMBER 1992

1 CORPORATE INFORMATION REPORT was presented by Gordon Greenshields; debate being concentrated upon increase in the number of deficit DMUs (in which regard the quality and ownership of data returned was considered); and upon the efficiency index.

AGREED that RGMS should 'own' financial information returned; and that - whilst recognising dissatisfaction with the Treasury's rather crude index (total activity divided by total growth), and agreeing the need for further bilateral discussions on a region by region basis - commitment to improving the efficiency index must be underlined; and

ACTION w.e.f. Q2, RGMS to submit returns under cover of short report in layman's terms summarising their understanding of the financial information contained;

FINANCE DIRECTORATE/PMD/RGMS to liaise in arranging meetings urgently to discuss each region's increase in Category C (non patient related) income, the ramifications for the efficiency index and the affect of quality offsets (progress to be reported at next meeting)

[NOTED FOR NOVEMBER AGENDA]

2 MATERNITY SERVICES were considered, noting establishment of Expert Committee under Baroness Cumberlege, likely to deliver under Secretary of State's stated 'batting order' of (1) safety of mother and child (2) value for money (3) choice.

AGREED recommendation for membership of Expert Committee to be carefully chosen, to ensure balanced representation across the broad church of expert opinion; and that local guidance should in the meantime be sensitive to local needs and circumstances.

3 GP PRESCRIBING was debated in detail, recognising the gravity of the situation, and acknowledging the need for sustained management action actively supported by ministers.

AGREED that action should cover:
explicit recognition that the drugs bill, though non cash limited, did reduce the amount available to

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other sectors of the service;
rigorous negotiation with the pharmaceutical industry, particularly regarding new drugs in respect of which no protection was afforded under the pre-existing agreement;
detailed analysis of the potential savings to be made by generic substitution;
sustained commitment to GP fundholding; and
tackling professional and public behaviour to eradicate the perception that prescription or referral alone constituted successful outcomes of a visit to the GP.

ACTION JACK BARNES to prepare a paper, refining the proposals for coordinated action - taking into account today's discussion, and feedback from the Task Force - in readiness for publication of guidance to follow completion of the current PES round;

RGMs to pursue discussion over dinner with Secretary of State.

4 **WHOLE DISTRICT TRUSTS** were considered, following the steer given (without prior consultation) in paragraph 8 of EL(92)56; dissatisfaction being expressed over the substance of the preclusion, and the manner in which it had been notified.

AGREED that the absence of any consultative process in advance of publication of the EL was very much to be regretted, and not to be repeated; and
that opportunity be given to discuss and agree valid criteria for exception from the general preclusion.

ACTION ANDREW FOSTER to convene group including representation of all interested parties, to agree criteria for valid exception
(progress to be reported back at next meeting)

[NOTED FOR NOVEMBER AGENDA]

5 **COMMUNITY CARE** was considered, and progress of the Support Force noted.

AGREED that fuller consideration be given at the November strategic session.

6 **INFORMATION MANAGEMENT & TECHNOLOGY IN ACUTE HOSPITALS** was considered, acknowledging the difficulty in retaining rigour in appraisal, whilst defining terms which admitted more than merely activity.

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AGREED ACTION MIKE MALONE-LEE, KEN JARROLD, ARTHUR WILSON and GORDON GREENSHIELDS to be entrusted as a group with determining an appropriate appraisal technique.

7 SUPRA-REGIONAL SERVICES and specifically the mechanism for their dedesignation was considered.

AGREED that regions would guarantee 'steady state' for the 1st year after dedesignation; and that each service must be considered on its merits, bearing in mind viability, and protecting the necessary encouragement of clinical innovation without inappropriately fostering every 'gifted amateur'.

ACTION JOHN SHAW and CHRIS SPRY to pursue analysis of all the issues and prepare a paper for further consideration at a future meeting;

[NOTED FOR DECEMBER AGENDA]

LIAM DONALDSON to circulate matrix developed to address the issues.

8 NHS BREAST SCREENING PROGRAMME and the progress (or slippage) being achieved thereunder was received; RGMS resisting the implication that the bald figures were in all cases a bad sign; there being instances where a slow start had heralded a high take-up by the targeted population.

AGREED that opportunity should be taken to review any potential for improvement, without any acceleration being at the expense of patients already enrolled on the programme.

ACTION RGMS personally to investigate possibilities for accelerating progress, without sacrificing quality.

9 NATIONAL BLOOD AUTHORITY which it was proposed would be established as an SHA, ultimately taking over full responsibility for RTCs; of which RGMS were broadly supportive.

AGREED that opportunity should be sought to debate the option of ultimately administering the 'harvesting' and distribution of blood through Trusts.

ACTION MIKE MALONE-LEE to pursue dialogue with Tom Sackville.

[REVISED SUBMISSION TO MINISTER]

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10 RHA HQ STAFFING returns were considered as a helpful contribution to the intermediate debate.

AGREED that RGMs pursue a full and frank exchange of method and experience.

ACTION SECRETARIAT to organise special meeting.
[ORGANISED FOR AM. ON 20/10/92]

11 GENERAL AND SENIOR MANAGERS' PAY was discussed, in recognition of the unsettling affect of recent publicity reporting "900% increase in NHS managers".

ACTION AGREED CE to circulate briefing note
[CIRCULATED 14/9/92]