



VISION
AWARDS 2010

MOST ADVANCED PRIMARY CARE
CLINICAL COMMISSIONING GROUP

WINNER

WyvernHealth.com

Annual Report and Accounts
2009-2010



NAPC Judge's Comment

WyvernHealth were truly impressive both in the range and scope of their work. It is uncommon to see such quality demonstrated in all aspects of the commissioning cycle.

I am delighted to learn that WyvernHealth.Com received the 2010 Vision Award for the Most Advanced Primary Care Clinical Commissioning Group at the NAPC Conference. It is a tremendous success for all concerned and we look forward to working with you and all at WyvernHealth.Com to take matters forward. Please pass on my warmest congratulations to those who have been involved.

Sir Ian Carruthers OBE
Chief Executive
South West Strategic Health Authority

NHS Somerset congratulates WyvernHealth.Com on the recent award from NAPC for the leading practice based commissioning consortium. This award brings national recognition of the fact that you have continued to bring a coherent and influential voice on behalf of primary care to the local commissioning agenda over a number of years. The work undertaken by WyvernHealth.Com places the Somerset Health Community in a strong position to take forward GP commissioning and address the financial challenges ahead. NHS Somerset is keen to support primary care in taking on their new responsibilities.

Ian Tipney
Chief Executive
NHS Somerset

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Foreword

This year has again offered many challenges and achievements for WyvernHealth.Com. We are proud of our independent status representing the Practice Based Commissioning interests of our 76 member practices.

Our workload has increased significantly and our management and Board resources have not increased enough to match this.

We have commissioned several new services in the community which have improved patient care. We continue to support and develop our original emergency admission avoidance schemes. We now have the maturity to tackle issues around decommissioning services that do not represent value for money.

Communication is very important to us especially with our member practices and the workforce within them. We realise that we have not always got this right. We are working hard to improve this but we do realise this is difficult to achieve when primary care already has information overload and our management team is so small.

We have been heavily involved, on behalf of our member practices, in the QIPP and Transforming Community Services agendas. We are disappointed that Somerset Community Health could not be transferred into a Social Enterprise Organisation with strong links to primary and social care. We will do our utmost to influence the quality and focus for community services in the future.

We have been keen to see the development of locality provider organisations in Somerset. Their development is key to delivery of QIPP and balanced real budgets in the future.

With a mandate from this AGM we intend to influence the future of GP Commissioning in Somerset in conjunction with the LMC and NHS Somerset. We hope to maintain Somerset in the forefront of commissioning in the country.

We have now developed a more mature organisation and the knowledge and experience of our management team and Board has increased significantly. It was good for this to be recognised by the NAPC award for the Most Advanced Primary Care Clinical Commissioning Group for 2010.

I would like to add my personal thanks to Paul Bearman whose leadership, enthusiasm and sheer hard work has got us to this position.



David Rooke
Chairman

Our Role

The purpose of WH.C is to act on behalf of our member practices to enable practice based commissioning to operate effectively in Somerset.

We represent all 76 Somerset practices with a registered population of 535,032. This makes us one of the largest consortiums in the country. We communicate with our member practices via locality meetings; our website and regular newsletters. We have regular meetings with NHS Somerset, LMC, Acute Trusts, Somerset Social Care and Somerset Community Health.

All Board members have a responsibility to:

- Keep up-to-date in respect of NHS documents and changes
- Attend Board meetings and prepare for them
- Attend locality meetings
- Review and prioritise PBC proposals

Details of specific roles of Board members follows.

Board: Roles and Responsibilities

David Rooke, Chair

Apart from my role as Chair I have lead responsibility for commissioning of CATU's, COPD services.

Other roles are membership or involvement in:

- Somerset QIPP Board
- Transforming Community Services process
- Wyvern Advisory Group
- LMC liaison
- PCT liaison
- PEC
- PBC LIT
- Adult Services Partnership Board for Somerset.



I have supported the Bridgwater Federation in the production of the QIPP and Long-Term Conditions pilot business plan and its implementation. I have chaired the Somerset Emergency Care Clinical Network meetings.

Matthew Dolman, Vice-Chair

This year has been dominated by an opportunity I had to spend six months on a Strategic Health Authority sponsored Leadership Fellowship. This was a three day a week post linked to NHS Somerset and their Long Term Condition programme. There was academic support from the University of Bath and I worked with 12 other clinical Fellows from across the South West. It was a fantastic chance to learn and have time to focus on some integrated work with colleagues across Somerset. Long-term condition management will dominate the Commissioning decision for the next few years and we will all have to consider how we work with our chronic disease patients.



I am the clinical lead for Flexible Healthcare and the programme has progressed in the five clinical areas, by trying to integrate the pathways and provide a coherent and patient centred structure. The most promising development is the Advice and Guidance programme that has been piloted in paediatrics and will be rolled out in the New Year. The White Paper and transition to GP commissioning has given real focus to the Wyvern Board and we are keen to facilitate the smooth evolution to the new statutory body. The financial climate will be harsh, but I am excited by the future and believe Primary Care can make a real impact on Commissioning in the future if we all work together.

Rosie Benneyworth

Rehabilitation—This is a joint project between NHS Somerset and Social care to redesign rehab services in Somerset as part of the transforming community services programme. It is looking at producing a much more responsive rehab team which hopefully will have benefits in terms of regaining patients independence more quickly, keeping patients out of long term care, reducing hospital admissions and length of stay.



There is a pilot that is due to start in November for three months at St James medical centre to look at the effectiveness of interventions from patients who require rehab/social care input here. I am also involved in audit work to look at the scale and presentation of patients that require this input.

SMTC — The clinical team which includes two GPs from WH.C have been involved in the procurement process for the SMTC. We have written the clinical specification for the contract, been involved in the evaluation at the PQQ and ITN stage. Now we are starting discussions with the preferred bidder to formalise care pathways.

Gynaecology — We are looking at care pathways for urogynae, prolapse and heavy menstrual bleeding within the flexible healthcare team.

Rheumatology — We have been working with the consultants at both trusts to look at boosting the numbers of community clinics. The team is now looking at care pathways for a variety of conditions

Orthopaedics — OASIS has been launched across the county. We have discussed the fractured neck of femur pathway, orthotics (and a separate working group is looking at this).

Ophthalmology — There has been an initial meeting and we are planning to look at the cataract pathway and glaucoma pathway working with optometrists and ophthalmologists

General Surgery — We have had an initial meeting with the general surgeons and they are currently undertaking an audit of referrals.

Discharge and Admission Group — This group, chaired by Shaun Green is looking at the quality and timeliness of admission and discharge information to improve it. There is currently a follow up audit of discharge information being undertaken.

Mike Gorman

Over the last year I have been involved in several aspects of the commissioning process. I have overseen the introduction of BNP testing within primary care throughout Somerset. I have led on the commissioning of a direct access ECHO pilot for the practices in South Somerset area. We will soon publish the outcome measures related to the pilot. Should this prove a success we aim to extend this service county-wide. I have also developed a direct access ambulatory-ECG pilot which is currently up and running in Bridgwater, Minehead, Chard and Ilminster, Yeovil and Millport.



Away from cardiology I have a responsibility to service reviews of the ACGP service within Musgrove Park Hospital, and have been heavily involved in the commissioning of the Shepton Mallet treatment centre. Once the new contract is awarded you will hopefully notice some new innovative ideas for the service which will become part of the new contract.

Nick Matthews

For the last 12 months I have been working on average two sessions per week for WHC. Along with the tasks associated with my main information role, I have had supporting role with the core Wyvern team attending PCT and LMC meetings, and contributed to research and commissioning projects in Stroke medicine, atrial fibrillation and teledermatology.



The information agenda has continued to evolve rapidly. Wyvern has worked closely with the Information Team lead by Kevin Hudson, contributing to the continued evolution of the Somerset PBC Information dashboard, and influencing the continued development of the RISC tool with United Health. This has resulted in significant interest from other PBC groups, and presentations at national meetings.

The most important part of the role is providing training and support to practices (and other groups such as the community matron team) in using the dashboard and the RISC tool, complementing the training made available by the Information Team.

This has ranged from newsletter, telephone and email advice to individual practice visits and interactive training sessions with larger groups. This part of the role continues to grow significantly

Jim Milner

During the year ended 31 August 2010 I have been involved with the following activities for and on behalf of WyvernHealth.Com

- Planning and assessing Freed up Resources Claims for 2009/1010
- PBC LIT Meetings with PCT
- Wyvern Advisory Group meetings
- County Practice Manager liaison including a meeting
- PBC LES Discussions
- Wyvern memberships
- Catch-on Project
- Meetings between boards of Wyvern and PCT
- Meetings of QIPP Non Clinical Group



The biggest single project was approving the 650 bids received from practices.

Sarah Pearce

- Diabetes Meetings
- PBC LIT Meetings
- QIPP Programme



Anne Salkeld

Emergency Admissions have been top of the Agenda for Wyvern since the start of the PBC group and the first schemes were all designed to support practices in their efforts to reduce admissions.



Practices have used all the schemes to good effect but OOH and Ambulance admissions remain a significant pressure on practices' budgets. Somerset Primary Link this year has achieved the level of usage originally envisaged; a new telephone system has recently been installed and this has improved the service.

This year the Complex Care GP service in Nursing homes has been piloted with the aim of reducing admissions from nursing homes; it also has the potential to reduce GP workload by reducing home visits. The Gold Standards Palliative Care scheme has now been adopted by 30 nursing and residential homes and this should prevent unnecessary admissions of patients in their last weeks of life.

Finally the DVT service was started in Yeovil on 6 September and in Taunton on 1 November. The service is patient friendly and reduces admissions but has highlighted the anxiety that GPs feel about increasing demands on their time. Some way to identify and release the freed up resources from using such schemes needs to be found before they can be more widely adopted.

Prescribing and Medicines Management (PAMM) - Since the last AGM Somerset GPs have achieved £2.4m of prescribing savings. This places Somerset in a good position to weather the financial pressures of QIPP. The PAMM group works with the PCT medicines management team to ensure that practices are supported to achieve their prescribing targets and to ensure that those targets are fair and achievable.

We have looked in detail at prescribing in "over- and under- spending practices" to help the prescribing advisers give more relevant support to the overspending practices.

We considered budget setting to see if we can find a method which takes into account local factors and sets a fair target for all. This is difficult to achieve; there will always be year on year variations and these tend to be more marked in smaller practices. Although the individual practice budget remains a useful tool for practices to identify trends in prescribing and potential savings it's essential that risk is shared by pooling resources in a consortium.

A prescribing Leads meeting was held on 7 July with 62 representatives from practices. Another meeting is scheduled for Thursday 9 December. Since Wyvern took over the lead for medicines management from the PCT the PAMM group has been trying to work more closely with the PCT Medicines Management team. This, at times, uphill struggle mirrors the situation which the new GP consortia will inherit in all areas of commissioning when they assume shadow status from next April.

Management Team: Roles and Responsibilities

Paul Bearman, General Manager

- External Stakeholder Management
- Strategic Direction
- Governance
- Prescribing
- Mendip Locality
- PBC Information



Jayne Nicholas, Implementation Manager

- Non-Elective Care
- Patient Engagement
- Chronic Conditions
- South Somerset Locality
- North Sedgemoor Locality
- WH.C Advisory Group



Tina Pyman, Implementation Manager

- Elective Care
- Mental Health
- Taunton and Wedge Locality
- Minehead Locality
- Bridgwater Locality



Sue Vowles, PA/Administration Manager

- General Manager Support
- Administration
- Communication
- Conference Co-Ordination
- Finance



Maria Chapman, Prescribing Lead

- Prescribing and Medicines Management Group Support
- Involvement in budget setting
- Reviewing quality markers
- Supporting practices with recovery plans



Achievements in 2009/10

- National recognition at the National Association for Primary Care as the Vision Award winner for the “Most Advanced Primary Care Clinical Commissioning Group”
- Freed up resources available to practices totalling £714K
- Over 650 bids for funding received to improve services and facilities for patients in primary care
- Somerset Primary Link re-directing 25% of GP non-elective referrals to alternative services to an acute admission, over 1,100 referrals received each month
- Community COPD service has received over 2000 referrals to date and compared with 2008/09 there has been a decrease of over 10% in emergency admissions
- Education packages being made available for practice nurses on long-term conditions
- Complex care GP and nurse practitioner services now commissioned in Taunton, Yeovil, Bridgwater, and West Mendip
- Facilitated a national event showcasing the PBC emergency admissions schemes and participated at national conference demonstrating the use of the RISC tool
- Diabetes intermediate core services between June and August held over 1,800 attendances to their clinics and nearly 200 patients attended DESMOND courses
- Training development for Board members, management team, GPs and Practice Managers
- Penn Hill, Yeovil, and College Way, Taunton, commissioned to provide NMSC services. In Yeovil there has been a decrease in monthly referrals to secondary care of 20/month whereas in Taunton there has been an increase of 23/month
- Acute Community Eyecare Service (ACES) - this service has seen over 4,173 patients and the 30 optometrists providing the service across the county see an average of 300 patients a month
- 60 residential and nursing homes have received the training package on the Gold Standards Framework which has resulted in fewer call-outs for practices and few patients being sent to hospital
- Over 400 information packs for newly diagnosed cancer patients have been issued by practices
- 68 carers champions have taken part in St John's Ambulance training for reception staff to improve the care and support offered to carers.

Challenges

Last year we raised three commissioning challenges:

1. Diabetes Community Service — this is now in place and bedding in
2. Somerset RightSteps — the service has seen in excess of 9,000 patients, there however remain issues regarding waiting times which we are working with the service to resolve
3. DVT — we have commissioned a community pathway which is better for patients, but have been unable to receive additional funding for the work required by practices.

Directors' Report

The directors present their report and financial statements for the year ended 31 August 2010.

The company has been set up as a company limited by guarantee not having a share capital.

The company was incorporated on 31 August 2007.

Principal activities

The principal activity of the company is to develop health commissioning to its maximum within Somerset and to act as an interface between individual Medical Practices and NHS Somerset.

The company has been supported financially by NHS Somerset during the year by the payment of a grant of £103,023 (2009—£96,524). The General Manager of WyvernHealth.Com and other staff are employed by NHS Somerset and are seconded to WyvernHealth.Com at no charge. The total salary costs including employers pension and employers national insurance for the period to 31 August 2010 were £206,686 (2009 - £182,468). In addition NHS Somerset also provide the accommodation, IT, communications and office consumables for WyvernHealth.Com.

Directors

The following directors have held office since 1 September 2009:

Dr David Rooke

Dr Matthew Dolman

Directors' Responsibilities

The directors are responsible for preparing the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and Applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing those financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report has been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies.

On behalf of the board



David Rooke
Director

**Accountants' Report to the Board of Directors
on the Unaudited Financial Statements
of WyvernHealth.Com**

In accordance with the engagement letter dated 5 November 2008, and in order to assist you to fulfil your duties under the Companies Act 2006, we have compiled the financial statements of WyvernHealth.Com for the year ended 31 August 2010, which comprise the Profit and Loss Account, the Balance Sheet and the related notes from the accounting records and information and explanations you have given to us.

This report is made to the Company's Board of Directors, as a body, in accordance with the terms of engagement. Our work has been undertaken so that we might compile the financial statements that we have been engaged to compile, report to the Company's Board of Directors that we have done so, and state those matters we have agreed to state to them in this report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's Board of Directors as a body, for our work or for this report.

We have carried out this engagement in accordance with technical guidance issued by the Institute of Chartered Accountants in England and Wales and have complied with the ethical guidance laid down by the Institute relating to members undertaking the compilation of financial statements.

You have acknowledged on the balance sheet as at 31 August 2010 your duty to ensure that the company has kept adequate accounting records and to prepare financial statements that give a true and fair view under the Companies Act 2006. You consider that the company is exempt from the statutory requirement for an audit for the year.

We have not been instructed to carry out an audit of the financial statements. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the financial statements.

**Lentells Limited
Accountants**

**Profit and Loss Account
For the Year Ended 31 August 2010**

	Notes	2010 £	2009 £
Turnover		204,640	230,428
Administrative expenses		(228,741)	(201,719)
Other operating income		<u>120</u>	<u>60</u>
Operating (loss)/profit		(23,981)	28,769
Other interest receivable and similar income	2	7	2
Interest payable and similar charges		<u>-</u>	<u>(765)</u>
(Loss)/Profit on ordinary activities before taxation		(23,974)	28,006
Tax on profit on ordinary activity	3	<u>4,872</u>	<u>(5,763)</u>
(Loss)/Profit for the Year	6	<u>(19,102)</u>	<u>22,243</u>

The profit and loss account has been prepared on the basis that all operations are continuing operations.

There are no recognised gains and losses other than those passing through the profit and loss account.

**Balance Sheet
As at 31 August 2010**

		2010		2009	
	Notes	£	£	£	£
Current assets					
Debtors	4	51,189		48,191	
Cash at bank and in hand		<u>11,893</u>		<u>13,796</u>	
		63,082		61,987	
Creditors: amounts falling due within one year	5	(57,992)		(37,796)	
Total assets less current liabilities			<u>5,090</u>		<u>24,191</u>
Capital and reserves					
Profit and loss account	6	-	5,090		<u>24,191</u>
Shareholders' funds	7	=	<u>5,090</u>		<u>24,191</u>

For the financial year ended 31 August 2010 the company was entitled to exemption from audit under section 477 Companies Act 2006. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these financial statements under the requirements of the Companies Act 2006.

The directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its profit or loss for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

Approved by the Board and authorised for issue on 11 November 2010

Director



Company Registration No. 6356871

**Notes to the Financial Statements
For the Year Ended 31 August 2010**

1 Accounting policies

1.1 Accounting convention

The financial statements are prepared under the historical cost convention.

1.2 Compliance with accounting standards

The financial statements are prepared in accordance with applicable United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), which have been applied consistently (except as otherwise stated).

1.3 Turnover

Turnover represents amounts receivable by the Company for the development of Health Commissioning within Somerset.

2 Investment income	2010	2009
	£	£
Other interest	7	2
	=====	=====
 3 Taxation	 2010	 2009
	£	£
Domestic current year tax		
UK corporation tax	(5,035)	5,718
Adjustment for prior years	163	45
	-----	-----
Current tax charge	(4,872)	5,763
	=====	=====
Factors affecting the tax charge for the year		
(Loss)/profit on ordinary activities before taxation	23,974	28,006
	=====	=====
(Loss)/profit on ordinary activities before taxation multiplied by standard rate of UK corporation tax of 21.00% (2009 – 20.42%)	(5,035)	5,719
	-----	-----
Current tax charge	(5,035)	5,719
	=====	=====

Notes to the Financial Statements (Continued)
For the Year Ended 31 August 2010

4 Debtors	2010	2009
	£	£
Trade debtors	46,154	48,191
Other debtors	5,035	-
	<u>51,189</u>	<u>48,191</u>
	=====	=====
5 Creditors: amounts falling due within one year	2010	2009
	£	£
Trade creditors	34,957	15,160
Taxation and social security	22,435	22,036
Other creditors	600	600
	<u>57,992</u>	<u>37,796</u>
	=====	=====
6 Statement of movement on profit and loss account		Profit and loss account £
Balance at 1 September 2009		24,192
Loss for the year		(19,102)
		<u>5,090</u>
		=====
7 Reconciliation of movements in shareholders' funds	2010	2009
	£	£
(Loss)/Profit for the financial year	(19,102)	22,243
Opening shareholders' funds	24,191	1,948
	<u>5,090</u>	<u>24,191</u>
	=====	=====

Notes



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