



Annual Report and Accounts

2008 – 2009

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Foreword

This is our second Annual report.

This year has been a challenging and interesting one for WyvernHealth.Com. We have continued to steer the implementation of the emergency admission avoidance schemes, Somerset Primary Link, Acute Care GP, Chest Pain Service, CATUs, Community COPD and Enhanced Community Services with varying success.

We have commissioned several new services for patients in local and convenient settings.

Somerset practices are using these new services more frequently. A recent survey of practices highlighted that the majority of practices are supportive of PBC in Somerset.


WyvernHealth.Com has been nominated for four awards at the National Association of Primary Care meeting on Wednesday 17 November 2009.

We, in conjunction with the LMC, have been supportive of the formation of federations of practices and of the formation of an umbrella organisation.

Looking to the future we would like to maintain the impetus of PBC despite the challenging financial situation affecting the NHS as a whole, and are keen to continue to redesign service pathways to shift care closer to home.



David Rooke
Chairman



Paul Bearman
General Manager

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 536,000. 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.

During the year we appointed three new Board members as three Board members stood down having completed their term of office. Dr Rosie Benneyworth, Mr Jim Milner and Dr Sarah Pearce joined the Board in August 2009.

Details of specific roles of the Board are given in Appendix 1.

Achievements in 2008/2009

We continue to work on implementation and monitoring of the first PBC commissioning plan 'The Challenge of Reducing Avoidable Emergency Admissions'

We are increasingly confident that the schemes in the plan are providing patients with alternatives to admission. Emergency admissions have reduced in Somerset, but proving this as an effect of the plan is difficult.

Use of Somerset Primary Link (SPL) is increasing and the week's trial of mandatory use of SPL was successful. This learning should help the NHS community to cope better with inevitable bed crises during the winter.

The utilisation of CATUs has been disappointing there has been a staffing problem at the Bridgwater CATU. Further work to invigorate these units is ongoing. There is increasing utilisation of the Acute Care GP and of referrals to the Community COPD service.

Elective referrals to secondary care have increased over the year. WH.C held a meeting on 30 September to discuss this amongst other issues and further work is being undertaken to understand this trend and offer alternatives to referral.

Other PBC Schemes implemented in 2008/2009 include:

- Acute Community Eye Service (ACES) - county-wide
- Sip feed project - Frome
- Enhanced medicines management - St James Medical Centre, Taunton
- Dermatology photo dynamic therapy service - Penn Hill Surgery
- Gold Standards Framework for care homes – county-wide
- Diabetes Information packs for patients – county-wide
- Enhanced palliative care support – West Somerset
- Community dietetic services – South Somerset
- Health inclusion project worker - Glastonbury
- COPD training for practice nurses and GPs – county-wide
- POINTS practiced based COPD audit and service improvement scheme – Cheddar Medical Centre and Taunton Road Medical Centre, Bridgwater.

Achievements in 2008/2009 - Continued

WH.C has had influence over the implementation of the new Somerset Right Steps Emotional Health and Wellbeing Service. This has been a challenging process and further work is needed to ensure that this enhanced service is provided from primary care when possible whilst maintaining patients' choice to access services away from their practice or locality.

Flexible Health Care

WH.C has been working with NHS Somerset to implement a number of projects to deliver real 'patient centred' healthcare services across Somerset. The aims of Flexible Healthcare are to ensure:

- Patients are treated in their own homes and communities
- Patients have the opportunity to be seen locally by hospital specialist wherever possible
- Patients will make fewer journeys to hospital whenever possible
- Patients have a genuine choice about when they receive their routine care
- Patients are able to meet a team of health professionals all in single locations
- Patient care will be genuinely integrated.

Pathways being developed jointly by primary and secondary care clinicians as part of this are:

- Gynaecology Service
- Urology Service
- Rheumatology Service
- Pain Management Service
- Ambulatory ECG
- Echocardiography
- Orthopaedics.

World Class Commissioning (WCC)

This DH initiative is now in its second year and we are working with NHS Somerset to become a "World Class" commissioner of health services for the people of Somerset. Clinical engagement and PBC is a key element of WCC and WH.C has an important role in this. In the first year, NHS Somerset was assessed as one of the highest performing NHS Commissioning organisations in England.

Achievements in 2008/2009 - Continued

Transforming Community Services (TCS)

During the last six months we have been working with NHS Somerset to produce a commissioning strategy for community services in Somerset which sets out NHS Somerset's plan for the future of these services. The priority areas identified for further work are:

- Emergency Admissions
- End of Life Care
- Flexible Health Care
- Generic Services for Long-Term Conditions
- Rehabilitation/Maximising Independence
- Childhood and Adult Obesity
- Early Intervention to Promote Healthy Children.

WH.C Advisory Group (WAG)

This group was established as a forum to advise and inform WH.C to ensure it commissions services that effectively deliver fairness, personalisation, innovation and safety for all. The group is key for ensuring that commissioning is fully integrated across the whole community.

Prescribing and Medicines Management (PAMM) Group

WH.C has formed the above group and we have extensive input from primary care. We are grateful for the time and commitment of PAMM members. The remit of the group is to develop and support implementation of a prescribing strategy for WH.C which ensures safe and cost effective prescribing practice. The strategy will encourage consistent practice across Somerset and recognise local issues and desired changes.

Challenges

Besides Somerset Right Steps implementation we are still striving to continue on the implementation of:

- Diabetes Community Service
- DVT care pathway

The largest challenge facing us is the creation of freed-up resources (FUR) for this year at a time when there is increasing financial pressure on the health system.

Future Plans for WH.C

Practice based commissioning, clinical commissioning or GP commissioning appears to be remaining for the foreseeable future and consideration is being given to making the PBC budgets “real”. In Somerset consideration is being given to whether “real” budgets could be piloted and whether some elements of activity which are still in “block” contracts could be disaggregated and better managed (eg A&E attendance and community services).

Although information is better in terms of availability and presentation, timeliness and quality need to improve.

Budget setting needs to improve, the PAMM group are reviewing current prescribing budget arrangements and considering alternative models. Discussions are also taking place with NHS Somerset on the PBR budgets and how they can be fairly allocated across the practices in 2010/11.

The PBC Local Enhanced Service (LES) is an important mechanism for engaging practices in PBC. The LES has been evolving over the last three years and WH.C and the LMC have a greater opportunity to influence it in the future. There will be a need for practices, working with their local federations, to consider how they can further reduce inappropriate emergency admissions to hospitals and what they do to provide alternative services to outpatient attendances.

WH.C is keen to work with and support the development of federations, during 2009 guidance from the DH suggested that potential conflicts of interest should not be viewed as a barrier to opportunities for developing more integrated services. In 2010 further thought will need to be given as to how any FUR should be allocated to practices and federations.

Directors' Report

The directors present their report and financial statements for the year ended 31 August 2009.

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 £96,524 (2008 - £50,000). 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 2009 were £182,468 (2008 - £98,694). 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 2008:

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



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 2009, 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 2009 your duty to ensure that the company has kept proper 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.

**PROFIT AND LOSS ACCOUNT
FOR THE YEAR ENDED 31 AUGUST 2009**

	Notes	2009	2008
		£	£
Turnover		230,428	136,715
Administrative expenses		(201,719)	(144,749)
Other operating income		<u>60</u>	<u>11,342</u>
Operating profit		28,769	3,308
Other interest receivable and similar income	2	2	-
Interest payable and similar charges		<u>(765)</u>	<u>-</u>
Profit on ordinary activities before taxation		28,006	3,308
Tax on profit on ordinary activity	3	<u>(5,763)</u>	<u>(1,361)</u>
Profit for the Year	6	<u>22,243</u>	<u>1,947</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.

Lentells	13 November 2009
Accountants	26 Fore Street Chard Somerset TA20 1PT

Balance Sheet As at 31 August 2009

	Notes	2009		2008	
		£	£	£	£
Current assets					
Debtors	4	48,191		-	
Cash at bank and in hand		<u>13,796</u>		<u>21,067</u>	
		61,987		21,067	
Creditors: amounts falling due within one year	5	(37,796)		(19,120)	
Total assets less current liabilities			<u>24,191</u>		<u>1,947</u>
Capital and reserves					
Profit and loss account	6	<u>24,191</u>			<u>1,947</u>
Shareholders' funds	7	<u>24,191</u>			<u>1,947</u>

For the financial year ended 31 August 2009 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 13 November 2009

Director



Company Registration No. 6356871

Notes to the Financial Statements For the Year Ended 31 August 2009

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	2009	2008
	£	£
Other interest	2	-
	=====	=====
3 Taxation	2009	2008
	£	£
Domestic current year tax		
UK corporation tax	5,718	1,361
Adjustment for prior years	45	-
	-----	-----
Current tax charge	5,763	1,361
	=====	=====
Factors affecting the tax charge for the year		
Profit on ordinary activities before taxation	28,006	3,308
	=====	=====
Profit on ordinary activities before taxation multiplied by standard rate of UK corporation tax of 20.42% (2008 – 28.24%)	5,719	934
Effects of:		
Non-deductible expenses	-	427
	-----	-----
Current tax charge	5,719	1,361
	=====	=====

Notes to the Financial Statements (Continued) For the Year Ended 31 August 2009

4	Debtors	2009	2008
		£	£
	Trade debtors	48,191	-
		=====	=====
5	Creditors: amounts falling due within one year	2009	2008
		£	£
	Trade creditors	15,160	5,035
	Taxation and social security	22,036	13,485
	Other creditors	600	600
		-----	-----
		37,796	19,120
		=====	=====
6	Statement of movement on profit and loss account		Profit and loss account £
	Balance at 1 September 2008		1,948
	Profit for the year		22,243

	Balance at 31 August 2009		24,191
			=====
7	Reconciliation of movements in shareholders' funds	2009	2008
		£	£
	Profit for the financial year	22,243	1,947
	Opening shareholders' funds	1,947	-
		-----	-----
	Closing shareholders' funds	24,191	1,947
		=====	=====

Board: Roles and Responsibilities

David Rooke, Chair

- CATUs
- COPD
- Internal Stakeholder Meetings:
 - ◆ JEF
 - ◆ ASPB

Matthew Dolman, Vice-Chair

- Elective Care
- Flexible Healthcare
- WAG Meetings

Rosie Benneyworth

- PBC LIT Meetings
- WAG Meetings
- World Class Commissioning Lead

Mike Gorman

- Cardiology
- Finance
- Mental Health

Nick Matthews

- Information

Jim Milner

- Governance
- PBC LIT Meetings
- WAG Meetings
-

Sarah Pearce

- Diabetes Meetings
- PBC LIT Meetings
- 2010 Budget Setting Meetings

Anne Salkeld

- Non-Elective Care

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

Contact Details:

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