

March/April 2011

Final PBC Newsletter

In this issue:

- 🔗 Final PBC Newsletter
- 🔗 Valediction from WyvernHealth.Com
- 🔗 Interim Arrangements
- 🔗 Financial Position and Plans for 2011/12
- 🔗 New Dermatology Service
- 🔗 The Stroke Association in Somerset
- 🔗 Dates for your Diary

This is the final newsletter from WyvernHealth.Com (WH.C) and we would like to thank PBC Leads, Practice Managers, the LMC and NHS Somerset for supporting WH.C to be recognised as one of the leading PBC groups in the country. We have established links with a range of providers from our local acute Foundation Trusts to private and voluntary sector organisations that have also been very helpful. The support of our third sector colleagues has been invaluable. We would hope that as new arrangements across the country are put in place for the development of the GP Commissioning Consortia (GPCC), the foundations are in place for practices and the population of Somerset to benefit from the NHS reforms. As we work through the handover arrangements to the Interim GPCC Board we propose that the existing membership agreements between the practices and WH.C remain effective until an Extraordinary

General Meeting has been held in May or June to formally pass a resolution to dissolve WH.C and a final report and accounts can be presented to the membership.

Valediction from WyvernHealth.Com

Wyvernhealth.Com is about to cease trading as part of the Transition to GP Commissioning. WH.C has a reputation for being a high achieving Practiced Based Commissioning organisation. Some local and national stakeholders and organisations cannot understand why WH.C is being wound up. They fear we may be throwing the baby out with the bath water. The standing and respect for WH.C seems higher among external stakeholders than in some sections of our member practices. We need to ensure that we will not lose the considerable experience and expertise of the WH.C Board and Team in the transition to GPCC.

We have not got everything right and we all have been learning, as an organisation, as we have progressed. We have always been a small team and our greatest weakness has been the ability to communicate in a way that pleases everyone in primary care. We have learnt that communicating with primary care is very difficult and the risks of over or under doing it are very real.

I would like to express my sincere thanks to our executive team of Paul, Jayne, Tina and Sue for their excellent leadership and support to the Board, which has put us in a position to be awarded national recognition as The Most Advanced Primary Care Clinical Commissioning Group in 2010.

The individual and team working of Board Members, past and present, has been crucial to the vast achievement of WH.C and for putting WH.C in the limelight with the earned respect it has. We would not have been able to achieve all we have without the support of our member practices and individual non-board primary care clinical and professional ambassadors and leaders who are too numerous to mention here.

I would like to thank our partner agencies and organisations in the public, private and voluntary sectors for their engagement and support which has enabled us to achieve so much.

I believe that the legacy of WH.C has put Somerset in a highly advantageous position as we move to GPCC. We have intentionally supported the development of Federations, in the county, and I wish those Federations and the countywide GPCC organisation every success in the future.

David Rooke
Chairman, WH.C

[Please click here to return to top of document](#)

Interim Arrangements

Until the interim GPCC is established with a Board and appropriate management support, NHS Somerset has agreed that the workstreams that had been led by WH.C Board members with support from primary care colleagues will largely continue. Members of the management team within WH.C who have been on secondment from NHS Somerset will be working within the Primary Care Development Directorate as part of an interim team to support commissioning in Somerset. It is recognised that this team is not necessarily the organisation that will ultimately provide commissioning support to the GPCC as it is still unclear where and how GPCCs will receive this. Final details for the commissioning support team are still being developed but they will be involved in supporting practices and federations develop further as commissioners and ensuring primary care engagement in the QIPP agenda. There are also PBC issues to be addressed including determining freed-up resources and LES2 payments for practices from 2010/11 which will be managed by the commissioning support team.

The WH.C Implementation Managers and administrative support have had key roles in ensuring that a number of PBC schemes have happened. Their work will evolve and continue within the new structure.

Arrangements for commissioning new services and managing proposals for new services from practices and federations have not been finalised but, in the first instance, they should be forwarded to David Slack at NHS Somerset.

The new money available for GPCC running costs of £2/head and how that is to be used has been discussed at the Transition Group and an element of this will be released for the Federations.

Financial Position and Plans for 2011/12

The PBC Information Dashboard now has financial data until January 2011. This is showing an improving position but still an overspend of £1m against PBR activity and the prescribing figures are showing an overspend of £500k. Kevin Hudson will be issuing a more detailed report for federations to review shortly and this will also be available on the Dashboard. Although practices and federations will have indicative budgets in 2011/12, it is important to recognise that the new GPCC will be responsible for any debts that are incurred by primary care arising from 1 April 2011.

To ensure that NHS Somerset maintains a sound financial position, discussions have been taking place with the local acute trusts to have in place a three year financial framework for each trust. These set out clear activity plans and will mean secondary care income is profiled to decrease over the next three years. However, there is no reason for this not to happen at a greater pace than predicted but there will be a need to ensure the activity plan is not exceeded as with the current financial climate there is no additional money to fund secondary care. There will be an expectation that primary care will be engaged in managing this.

What is clear is that moving to a three year financial framework provides a plan for both the commissioner and provider to work towards. It helps the commissioners define the priority areas to focus on. For the acute provider it ensures recognition of the fact that there will be a reduction in income. In agreeing to a three year framework it has been recognised that there must be sufficient flexibility to amend annual contracts and that the framework is compliant with procurement rules and regulations.

[Please click here to return to top of document](#)

New Dermatology Service

For some time there has been an enhanced primary care dermatology service provided from Penn Hill, Yeovil. We are now pleased to advise practices that from 5 April 2011 there is now a similar service for the west of the county provided by College Way Surgery, Taunton. Further details are attached.



The Stroke Association in Somerset

The Stroke Association currently provides an information, advice and support service throughout Somerset. The service is funded by Somerset County Council. Family and Carer Support Co-ordinators visit stroke survivors shortly after hospital discharge and follow-up at three months and then as necessary. The service is available for people who had a stroke at any point during their life and may need reassessment.

The service focuses on the quality of life and rehabilitation of stroke survivors and their families. It supports them to access relevant support and information relating to social activities and services; this is with the aim of meeting the service users individual goals. The service also provides primary and secondary stroke prevention advice and is integral to their role. One to one emotional support is also available for stroke survivors, family members or their carers. The team works in partnership with all statutory and voluntary organisations to ensure that the best outcomes for stroke survivors and their families are met. The service acts as a safety net for people affected by stroke in Somerset and helps individuals to navigate the health and social care systems locally. We have recently supported the personal health budget pilot in Somerset by providing a directory of resources and referring possible participants.

The Stroke Association is a national charity whose vision is to work for a world where there are fewer strokes and all those touched by stroke get the help they need. It funds research, provides 'Life After Stroke' services, campaigns, educates and provides Department of Health accredited information, has a national helpline (telephone: 0303 3033 100) and acts as a voice for everyone affected by stroke in the UK.

For more information, service leaflets or referral forms please contact the local administrator based in Williton Hospital telephone: 01984 634276 or at Lynda.East@stroke.org.uk.

If you would like any other information please contact the Regional Manager danny.hames@stroke.org.uk or by telephone: 01392 447 362 or go to our website www.stroke.org.uk.

Dates for your Diary

Wednesday 6 April (12.45 pm to 4.45 pm – including registration and lunch) **Accredited: Practical Management of Dermatology in Primary Care**, Dillington House, Ilminster. Practice Managers and Nurses welcome. Organised by LEO Pharma. To reserve your place or for more information please contact: adam.clements@leo-pharma.com / mobile 07584 500405

[Please click here to return to top of document](#)