

PC 47

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Gwybodaeth ychwanegol gan: Pen Y Bont Health

Additional information from: Pen Y Bont Health

Founding a Federation progress report April 2016-March 2017

Background:

Bridgend East Community Network (BECN), with the help of ABMU LHB, had been successful in securing Welsh Assembly 'Pathfinder' funding, to explore the feasibility of establishing a 'Federation' of General Practices. With the help of legal advice from BAVO, and guidance from a consultancy firm 'Mutual Ventures', a not for profit company limited by guarantee was established, Pen-Y-Bont Health (PYB).

The PYB mission statement is, "The relief of sickness and the preservation of wellbeing through the delivery of community based, co-ordinated and accessible services."

Achievements

a) Managerial/Technicalities

1. Initially there seemed to be a disconnection between the upper echelons and those lower down the LHB managerial pyramid. This hindered progress of the PYB development, until senior LHB representatives engaged directly with PYB.
2. Regular meetings from latter half of 2016 with the LHB to try to tackle some of the stumbling blocks e.g. Funding issues, Pensions, Procurement issues, contract arrangements, that were exposed in the development of PYB.
3. Appointment of accountants.
4. Appointment of a project manager (albeit still hosted by one of the constituent Practices).

b) Projects

1. Karuna tier1, counselling services, funded from BECN, co-ordinated through PYB.
2. Call-handling for out of hours (OOH) services during Protected Learning Time (PLT) events across ABMU. Funded by ABMU, delivered by PYB.
3. Successful bid to deliver GP medical services to Parc prison. Funding through G4S, delivery by PYB. Currently in preliminary scoping and set up phase. Due to commence in next month or so.
4. Successful bid to deliver appropriate medical advice to patients at high risk of having a stroke, when they also have atrial fibrillation (AF). Funded by the Stroke Implementation Group (SIG). Required collaborative working with Interface Clinical Services (ICS) Ltd. Short timeframe of 10weeks. Patient consultations completed. Various feedback meetings to sign off work in next few months.

5. Bid to deliver care to patients with Type 2 diabetes who require injectable agents to manage their conditions. Collaborative work with various pharmaceutical companies to provide software, and educational training for staff hoping to deliver the service. Draft contract returned with our comments and proposed costings. Awaiting ABMU decision on funding.
6. Establishing PYB website. Engagement with IT/marketing company. Plan to develop specific patient education video clips. Ongoing.

c) Ongoing and still to do

1. Explore employment law, feasibility for future staff, clarity over pensions awaited from WAG, or Powys Federation model?
2. Explore medical indemnity for future staff.
3. Work with various organizations eg Universities, Public Health, Schools, Sports Wales, around developing a programme to encourage children to live healthier lives.
4. Update fellow GPs through a feedback session ?PLT.
5. Projects and services as outlined above.
6. Medical cover for OOH, across ABMU during PLT sessions.
7. Consider the feasibility of delivering a minor ops service.

Summary

The Federation has spawned Pen-y-Bont Health, a not for profit social enterprise business, that aims to work with the LHB plus other sectors of health and social care, but is independent of the LHB. To my mind, it still does not as yet address governance issues within the Network for all parties, but does provide a means of getting a coherent response from all Practices. As PYB matures it is hoped that it can work with the LHB and other partners towards the mission statement mentioned above.

There has been some good progress over the last 6 months in particular. The funding through the 'Pathfinder' work has been crucial to allow the clinicians and practice managers time to meet, discuss, and develop ideas, without compromising their respective practices. There has been a greater appreciation, and trust that pooling GP resource can help deliver services in a more universal, standardized way. There has been a sense of excitement at finally being able to put into practice some of our ideas.

Dr. Ian O'Connor.

