

STAHCOM PBC LTD

St Albans and Harpenden PBC Group

Dr Alison Davies
Board Director, STAHCOM

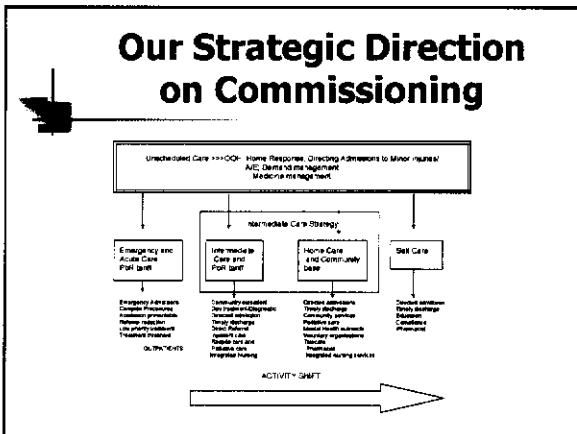
"LOCAL GP PRACTICES WORKING SOLELY
FOR THE WELL BEING OF LOCAL PATIENTS"

STAHCOM PBC LTD

CORPORATE STRUCTURE

Legal entity / incorporated

- Ltd Company
- Not-For-profit
- Co-operative constitution
 - Chair
 - Company Secretary (includes a Practice Manager)
 - 4 Board members
 - CEO – until December 2007
 - Co-opted Members (which include a PPI rep.), nurses, paramedic, mental health and social services/LA



STAHCOM OBJECTIVES

- To enhance and improve the quality and choice of services to patients seeking health and social care
- To provide a greater range of services to patients and to provide greater convenience to patients receiving the service at home/close to home (shifting care from secondary to primary care)
- To monitor and provide personalised care to patients with long term conditions
- To assist the PCT in ensuring the best use of public resources
- To improve and enhance the quality of care provided by primary care to patients
- To assist patients in making better educated choice in provision of primary care, including SELFHELP, where appropriate
- To encourage innovation, enterprise and efficiency and best practice to the local health economy
- To deliver on the whole of the CATS programme

So where are we with PBC?

- Application for Level 3 August 2007

In place:

CLINICAL ASSESSMENT AND TREATMENT SERVICES (CATS)

- To deliver care closer to home and to better manage demand for secondary care services by shifting appropriate services into primary care under GP clinical leadership; working in partnership with our local hospitals and other providers.
- CATS aims to provide a more patient centred, cost effective service in the local community, whilst establishing mechanisms to align clinical responsibilities with financial responsibility for commissioning services for individual specialities.

CATS

| Speciality | Status | Provider |
|---------------|---------------|-------------|
| MSK | In place | Local GP |
| Ophthalmology | In place | Private |
| Dermatology | Sept 2007 | West Herts. |
| EN&T | Sept 2007 | Local GP |
| Gynaecology | July/Aug 2007 | Local GP |
| Cardiology | Sept/Oct 2007 | Local GP |
| Urology | Sept 2007 | Local GP |
| Gastro | Sept/Oct 2007 | Local GP |

supervised
 with Lister consultant
 etc etc
 works with
 depending on
 56 - GPs I Rheum - works with Lister consultant supervised etc etc

practices being asked to identify patients at risk

Mark Bevic works with Dr Form integrated service

v. successful
 more than 50 retained
 needs to be started
 setup and developed
 Clin Gov should be in place
 1

STAHCOM LTD

Other areas of interest for commissioning are as follows:

- > COPD
- > Integrated Nursing Services
- > Diabetes
- > Unscheduled Care etc, etc

- Partnership working with acute clinicians and active engagement in acute service level agreement
- Quick wins
- Huge benefits for patients
- Value for money
- PPI (a must)

mentioned with

Supporting
Extended
prescribing

Spent hours on it
don't want to sacrifice quality for cheaper tender

LM look carefully at effect on other budgets

AD - has to engage all colleagues
can't pay \therefore of probability

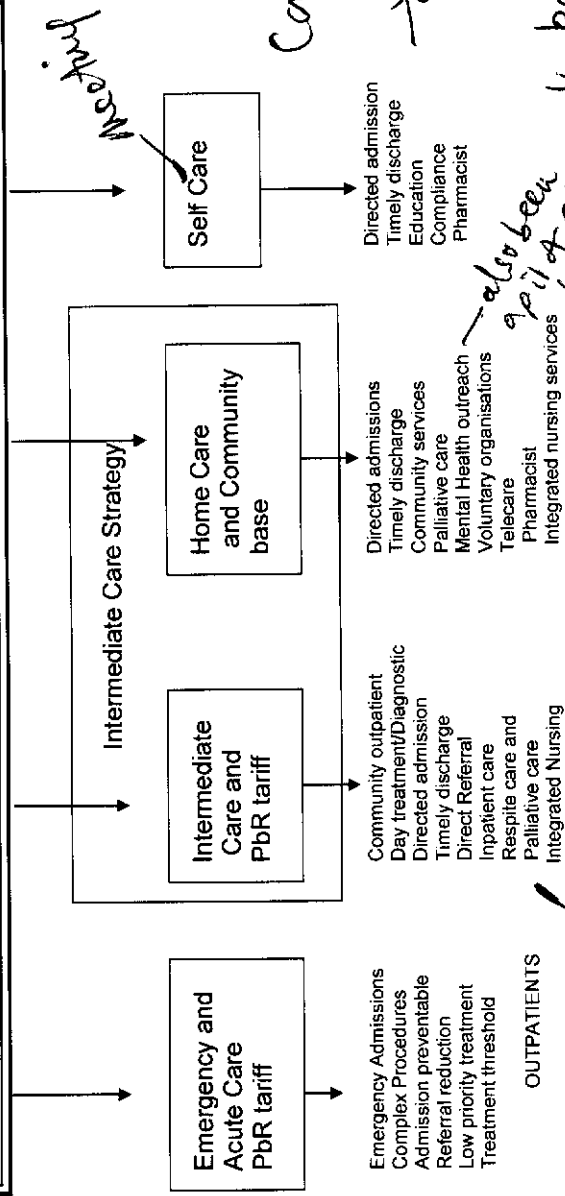
MG - GPs compliance ~~to~~ pathways for CATS

LM - constancy within 1^o care

Our Strategic Direction on Commissioning



Unscheduled Care >>>OOH, Home Response, Directing Admissions to Minor Injuries/A/E; Demand management
Medicine management



Strong medicinal
Management
looking at beds
particularly
admission work
strategically
planning

Are the priorities right
Treatment threshold
discussions on specialities
connected meetings with Consultants
→ educ. website
Stake case
4 board members - 13 LMG
members - 73 GPs
mental health workers
integrating practice based

also been
a pilot of site
for this
computerised CBT & mental health workers

ACTIVITY SHIFT
looking @
opening beds
@ Harpenden Memorial
looking @ DN - integrating