

# Multispecialty Community Provider Presentation - Questions and Answers

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**Question: What do you mean by Mental Health when you say it is one of the services included in engagement work?**

Answer: We refer to the Mental Health Trust and certain areas they may help us develop e.g. health for people dementia

**Question: What is the Lead provider and what is it responsible for?**

Answer: We are the Lead Multispecialty Community Provider (Battersea Healthcare CIC, a GP Federation). We are responsible for developing and co-ordinating out of hospital care. We are forming a panel to work with providers on how to best develop services and improving contracts to ensure that services suit the needs of the borough. As lead provider we won't be employing the staff for the Community Adult Health Services Provider that wins the contract for those particular services.

For example, we have written a specification for community services and have opened it to organisations who want to run the services to apply to do this. The results of successful applicants will be available in May. There will also be a similar process for 'Better Care At Home' services.

**Question: Doesn't St Georges have the contract currently?**

Answer: There is a legal contract with St Georges at the moment for Community Adult services but we must be open to a new model of working and other providers for a range of services included in what we call 'Community Services'.

**Question: What are the arrangements for working with voluntary sector?**

Answer: There will be a phased approach to engagement. The approach is to look at what the needs are and look at the workforce for opportunities to expand and develop where there are current gaps in the service.

**Question: What do you mean by services being close to people's home?**

Answer: We are talking about a group of services we call 'Community Adult Services'. This is mostly home visits because most of the users of these services are housebound. There are also some services based in GP practices. We will be doing a scoping exercise next year to look at other ways of putting services into the community, like places we might call 'hubs'.

**Question: Can you tell us more about the tender and specification for Community Services and user input? Is the intention to look for the cheapest service providers?**

Answer: We are not looking for the cheapest model, but looking for an organisation that is creative and will be able to be involved in some interesting changes. The specification is quite detailed because we did a lot of work some time ago to find out what people needed so we want the service provider to meet the specification we have developed.

**Question: Are you saying patients and carers will be given the opportunity to discuss changes with you or will changes happen and they will then be communicated?**

Answer: Patients will have the opportunity to shape services as they develop. At the moment we are conducting interviews with patients and the feedback is used to revise the model.

**Question: To clarify do you envisage discussing services in future with patients as part of a group?**

Answer: Yes. Will also have to consider how to work with patients who are housebound.

**Question: Who will be the staff in the new services?**

Answer: All staff currently providing the services will remain. There will be a change to how the services are delivered but the staff will stay the same.

**Question: Will you be making sure services are user friendly?**

Answer: Any service provider should be making sure their services are user friendly.

**Question: In what ways can people get involved?**

Answer: They will be invited to take part in discussions, questionnaires, surveys

**Question: Currently social services have a select number of agencies they employ for social care and they aren't all good at helping people with Alzheimers in a consistent way.**

Answer: Consistency, having the same carers on a regular basis will be important in the new model.

**Comment: A 'Home From Hospital' service will be a combination of voluntary sector contract and part of NHS Community Services. There should be sufficient support at admission and discharge.**

Answer: The voluntary sector will be settling people at home. St Georges have various services but we will be focusing on community services.

**Question: Will there be disability training for staff?**

Answer: There is not specific training for staff to work with patients with disability in the specification, however the staff will be doing this on a regular day to day basis and this will have formed a part of the Health care professionals core training. In addition there is training on a mandatory basis on Equality and Diversity that will also address supporting patients and carers with disabilities. Also if the Provider identifies there is a training need for their staff they could develop and organise bespoke training and are encouraged in the specification to look for specific training opportunities for their staff based on identified need.

**Question: As a voluntary sector provider there is a concern that a longer term roll out is described but the dates given are quite short term.**

With reference to services provided in the home, it is encouraging to hear that referrals to our voluntary sector service may well increase and we will have better relationships with primary care professionals to increase the support to vulnerable people. A lot of the funding is quite short term at the moment. However, we are concerned that there is a need to develop a long term future and we would have to consider extra capacity if needed. We have projects funded by the Council's Social Services, the National Lottery and the NHS CCG. We would like to to be

able to develop a programme of services in new and smarter ways and to be able to sustain them beyond May next year.

Answer: The dates given are for the first stage of plans. These are important points to raise and there needs to be recognition that you need to make sure you have the information and funding to sustain yourselves. Our role at the GP Federation is to facilitate the co-ordination of the variety of services (not directly commission).

**Question: Can you tell us more about nursing home services?**

Answer: Currently Community Adult Health Services relating to nursing homes is not always a consistent service and problems arise due to a high turnover of staff in nursing homes.

We have arranged for it to be a requirement of the Community Adult Health Services provider to ring fence staff to respond quickly to people in nursing homes to support nursing home staff e.g. helping them manage people whose condition is deteriorating at end of life, pain management, safe management of falls, patients with dementia. This team will also be developing training programmes and working closer with nursing home managers.

All patients will have a Key Worker so staff know who to contact in an emergency because each patient will have an emergency plan. For example the plan will be used to help nursing home staff know that if a patient's blood pressure falls to a level specified in the plan, they will know that the patient will need to go to hospital. This is equipping staff to know what to do rather than just sending people to hospital when not sure.

**Question: The 'Better at Home' service is being awarded soon. What organization would be most appropriate e.g clinical or not roles?**

Answer: It could include any voluntary sector organisation because there isn't a clinical requirement. The service is mainly concerned with helping people know how to navigate the health and care systems for specific patients. This is more generic than specific to conditions such as dementia. The service isn't about medical qualifications, just knowing where to go to support people.

**Question: What we have heard about the contracting processes illustrates bureaucracy of NHS under the system introduced in the recent past. A contract for this Multispeciality Community Provider has been drawn up, tendered, short listed. It is fortunate that the contract was won by this NHS GP Federation. Now this contract has to be overseen and an additional further contracting processes and monitoring for Community Services and Better Care at Home is underway. This system itself is wasteful and costly, where this money could be spent on front line services. This was not the case 20-30 years ago.**

Answer: This concern is raised by lots of people in Wandsworth and GPs. The reason the we at the GP Federation decided to be a community interest company and a social enterprise is because we felt we shouldn't make a profit and any money made should go back in to providing services. We are doing our best to make sure services are run for the benefit of the patients. We also want to make sure that any organisation that were to win a contract has to offer NHS terms and conditions and pensions for staff because we don't want the staff to loose this through the process.

**Question: Potentially you may lose the contract in 7 years to another organisation that might not operate in this way.**

Answer: We will run services during the 7 years in best interests of patients and staff. The model will be around for a number of years and will develop. After this period there may be an administration who value continuity and services.

**Question: What sort of input have you had from the public?**

Answer: As an example GPs and community services are required to create a care plan. Care plans have been designed to be much more personalised, designed from interviews 18 months ago. We have been working on a shared IT system to store care plans in one place so can be accessed by community nurse and therapy services and GPs.

As another example we used feedback from a HW survey 3 years ago on St Georges discharge services to help form this Multispecialty Community Provider Service.