

### Frequently asked Questions & Answers

*Two 'Zoom' sessions took place with Healthwatch, West Cumbria Community Forum and members of the public on Friday 11 December. An overview of the questions raised are:*

**When the changes all come about, would all of the doctors go to one set of premises? Or will patients ringing up maybe have to go to one surgery one week, and then a different one another time? What would be the procedure?**

The current buildings and premises are going to continue to be used for the foreseeable future. We would like to have one big building, but this would take time. As much as possible, patients will continue to see the same GP, to maintain continuity of care. On some occasions patients may be asked to see a clinician on another site; for example, chronic conditions may be managed by a nurse in another location.

**I deal with two different practices – one for myself, and one for my husband. My practice is good at offering an appointment on the same day. My husband's, however, often asks that I phone back the following morning, and then I have to get up early and wait in a queue on the phone, and often when you finally get through, there's no appointments left. I'm happy with my current surgery, and am concerned that if practices merge, the better practices will be brought down, rather than the poor ones brought up.**

We recognise the issue of Practices asking patients to call back the following morning, and we know it needs to change. We recognise as well that during the pandemic the issue seems to have got worse, with more patients being asked to call back the following day. It's much more efficient for a practice to do today's work today, and see the patients who need to be seen on that day, rather than putting the work off and then trying to catch up. Our ambition is to rapidly improve access for patients, with a new telephone system being rolled out for Workington, and we're optimistic about the number of trainees being taken on to improve staffing levels, which will improve access. The aim is to bring all practices up to the level of those performing well.

**What will happen when I can't get through on the phone?**

Going forwards there will be more flexibility with phone systems, people from different sites will be able to help out, which means some of the frustrations people have with getting through, will be minimised. We're working with phone providers to decide on the best system to meet our needs. This will be introduced as soon as possible.

**In my last three visits to my practice I've seen Nurses twice and a Health Care Assistant once, and am happy with that. I'm worried how these changes will impact Nurses, Health Care Assistants and admins in current premises. Will there be redundancies, or staff down-graded?**

Nurses and Health Care Assistants are fantastic, and there is no intention to make redundancies. Because of shortages of GPs, they've gone above and beyond in recent months. North Cumbria Primary Care has recruited new staff and has created new roles for nurses, including establishing a nurse leadership structure. It has also set up nurse groups, which include Health Care Assistants, to get everybody involved in decisions, and hear staff voices. We hope that the merger will help them to feel less isolated than when working in their current smaller teams, as they will get more support, and there will also be more opportunities for them.

**At the moment I can use a Patient Access system on the computer, where I can make an appointment with a Health Care Assistant, and order prescriptions. Is this available to all practices in Workington?**

All practices have been asked to give this online access to patients. It works well for nurse and Health Care Assistant appointments. At the moment it is difficult to offer GP appointments through this system, due to the shortage of GPs, but this is an aspiration for the future.

**Will there still be a Patient Participation Group for each practice in the future, or will they merge too? In Copeland the PPG have been a 'critical' friend and helped services to improve.**

We have recently been working to establish a Workington wide Patient Participation Group, and in the future there will just be this one, assuming people are happy to join that wider group. It's important that patients have the opportunity to contribute, as they know what they need from service providers; the input in Copeland supports this. It was also noted that the opportunity to meet up with PPG groups from outside of the immediate area has been beneficial and that it was a good way for members to get to know each other and learn what's going on around the county.

**When the merger has happened, will appointments be centralised? Or will that have to wait for a computer system to be set up?**

Yes, the appointment system will be centralised eventually. We hope that this will happen early next year (2021). There will be one appointment system which uses one EMIS computer system, for all patients in the town.

**IT seems to be a main driver for change, why do the systems not work now?**

They do work now, they just don't link patient lists together, which is what we need in Workington. This is to do data protection and national legislation, which we can't influence or change locally.

**I have chronic diseases and am keen to see my 'own' doctor?**

Depending on your needs you may well see your 'own' doctor, however it may at times be necessary or beneficial to see someone different. A fully integrated Primary Care model is about patients seeing the most appropriate clinician and the person with the most expertise in a particular area.

**As a parent of a child with complex conditions and needs, I sometimes feel seeing different clinician's makes things more difficult, as they don't know the history and complexities. In particular, I've received conflicting advice from different clinicians and consultants with regards to shielding.**

Continuity of care is important we're very keen that this continues and indeed improves, in the future. Some patients will be better placed seeing other clinicians, if it's more appropriate for their care. This will change how appointments are utilised and make better use of GP time, allowing them to see more of those patients that they need to see for the reasons you mention. With regards to shielding perhaps it's almost always a case of 'mother knows best'.

**Is there anywhere else apart from Cumbria that has a system that operates in the way that NCPC does?**

NCPC is constructed in a way that is different to any other models in the country, in that it's driven by values and localism. NCPC is a not for profit organisation who reinvest in patient care rather than for financial benefit of any individuals. GP partners within the organisation are paid via a salary rather than a profit share, which is very different to the traditional way in which partners in practices were paid historically. The organisation is protected via its company construction, so that it can't be sold off to a profit based organisation in the future.

**Will there be an option for Lay members' to be involved with NCPC?**

NCPC will have a stakeholder forum and will meet in the New Year. In the meantime, we'll be considering how we involve the general public and what the options are - it may be through lay representation, third sector groups etc.

**Is there a disconnect between primary and secondary care? Getting test results can take months**

In the main the systems and processes are better than they used to be. There is the ability for some blood results and xrays etc to be seen in Primary Care. However, with other scan's or results that are coming in from 'out of area' systems, there can be delays, due to IT systems and the connectivity between them. Some systems still rely on human intervention e.g. letters being scanned to the system etc.

**Two practices in Copeland amalgamated in recent years and then failed, which resulted in a practice closing. Is the position similar in Workington?**

We are working hard to avoid a similar situation in Workington. A number of practices work as 'single handed practices' i.e. one GP, which causes great fragility for that practice. We don't want patients in Workington to experience the crisis that occurred in Whitehaven, patients were dispersed to other practices, which caused additional pressures for them. Acting now will increase resilience and sustainability in the system and across the town. Status quo is not an option as Workington General Practice is extremely vulnerable at present.

**Fellview in Copeland, appears to be a similar model. Can some of their ways of working be adopted?**

Yes, Fellview is part of the NCPC. We've recruited additional partners and will utilise best practice from them and other practices that operate within NCPC. In Copeland additional services have also been established. The impact of those service changes are now gaining momentum and improving access and quality. Again, we'll learn from others and 'lift and shift' ideas that can benefit Workington patients. We need to stabilise current service and improve as we go.

**Are we learning from others who have merged e.g. Carlisle Healthcare?**

Yes we are. We know they experienced problems with phone systems and access, initially, which is why this is one of our priorities. A team from Workington have also been liaising with them with regards to Medicines Optimisation and will be looking at how this can work locally, making best use of expertise across the town, for the benefit of all patients. We are working on streamlining processes to maximum effectiveness, making it simpler for patients to order repeat prescriptions. This will also support medication reviews, which is an important part of patient care, particularly for those with chronic and long term conditions.

**Sometimes a bigger organisation can feel less personal?**

Personal contact is the most important part of any clinician's role. By changing the way we operate and allowing others to do some of the 'admin' tasks that so many clinicians spend time doing currently, we're hoping to increase the time clinicians have to actually see patients. It will take time.

***Some additional questions received through surgeries were also shared via the Healthwatch Forum:***

**When patients phone their surgery, will they get to talk to people, or will it be an automated answer machine?**

There's an aim to make automated messages much shorter, so a patient doesn't have to wait as long to speak to a person.

**In terms of engaging patients on these changes, why don't you just write to every single patient? Not everyone can get online.**

In the outset, there was a plan to write to every patient in Workington. However, due to the high cost (multiple ten's of thousands of £'s) to the NHS of writing to every patient, we have instead worked with local news organisations such as the Times and Star, BBC and ITV to get information out, and have used our own channels such as websites and social media, to share information. As no services are ending, and services aren't being fundamentally changing, we felt that this was the most appropriate approach to engagement.

**I'm worried that if you merge you will lose the human touch – why not keep it as it is?**

Our challenge is to make services better, and not lose the good elements of services that are already there. We value kindness and face to face contact, and know that the relationships developed with people and families are a key part of good family medicine. Continuity of care is also key to this, and we are keeping this in our sights and trying to avoid having single contacts for patients that aren't joined up. This is particularly the case when managing patients with multiple conditions, and we need to build a team and bring skills together to achieve it.

**On the issue of the cost of postage to the NHS – I had my flu vaccination at my community pharmacy back in September, but then recently received a letter from my GP surgery to say we haven't had our vaccinations and to make an appointment. Do pharmacies share records of who has had the vaccine with patients' GP surgeries?**

There was a computer glitch early on during this year's flu vaccination programme, and this caused issues with communications between GP practices and community pharmacies. A small group of people were affected, and this should now have been resolved.

***Additional Questions - Week Ending 4 December:***

**What if I have moved surgery and don't want to see some particular clinicians?**

We understand that some patients may have moved GP Practice for such reasons. No one will be expected to see a clinician if they have a reason that they shouldn't. By bringing the practices together there will be a much wider group of staff for our patients to see.

**How will this affect staff?**

We aren't expecting or planning any redundancies. We do understand though that change can be unsettling and difficult for staff so we are trying to be as open as we can about our plans and involve staff in planning how our services may work.

**Will it mean appointments on a Saturday?**

We already offer appointments on a Saturday, Sunday and in the evening. These can be booked through your usual practice and are at the Workington Primary Care Centre.

We are really keen for all our patients to make more use of these appointments.

**Is this a consultation?**

No it is not a formal consultation. We are engaging with our patients and community so we can use this very valuable feedback to help shape how our services develop, improve and change.

This period of engagement ends on December 31<sup>st</sup>, 2020, but it will not be the end of the conversation. We will keep involving staff, patients and our community in our developments and improvements.

### ***Initial Questions:***

#### **Will I still be able to see my own GP?**

Depending on your needs you may well see your 'existing' GP, however it may be necessary or beneficial at times to see someone different. A fully integrated Primary Care model is about patients seeing the most appropriate clinician and the person with the most expertise in a particular area.

#### **Will I have to go to a different building?**

The model is about patients seeing the most appropriate clinician, on some occasions they may be at a different site. All sites in Workington are relatively close together, so we don't anticipate this being too much of an inconvenience to people.

#### **Will my healthcare team have access to my notes?**

Further changes to the IT system will be required to allow all clinician's full access to patient records - currently systems are integrated to allow access, however this is restricted and linked to services provided via the Workington Primary Care Centre. This will be one of our priorities.

#### **Will this be a formal merger?**

Yes, we think a merger of the contracts is the best way forward to enable Workington Practices to work fully collaboratively. We can build an integrated model that delivers better patient experience

#### **Will the new single practice be too big?**

It will certainly be bigger than people have been used to in Workington, but it is comparable to practice lists in other areas.

Patients will have access to a wider range of clinicians, including a wider range of specialists for many long term conditions.

It will also support staff who 'behind the scenes' some of whom are currently in very small and very stretched teams.

#### **Will it be difficult to get through on the phone?**

This is an issue in many parts of the county - and in fact the country - as practice phone systems have been run on a traditional 'lines in/ lines out' basis.

An 'internet' based system will allow practices to work collaboratively and means that anyone ringing in or out will be able to do so. Such systems also allow phones to be directed to different teams when phones aren't answered as quickly as we would like them to be.

Again in time this will enable a better patient experience and resolve some of the frustrations we know people have when trying to contact their practice. We expect this to be one of the biggest concerns for our patient so a number of phone systems are being assessed to determine what will be the best way forward.

### **Why do things need to change?**

The delivery of GP services has changed a lot over the last 10 years. It's well documented nationally, and locally, that the number of GPs working in practice is reducing. Practices are reliant on a wider range of clinicians with different expertise and skill mix. A fully integrated approach offers more flexibility within practices and assurance for patients that appropriate clinical care is available, strengthening service delivery in the longer term.

In Workington we have struggled to recruit GPs who are able to commit to staying here, and nationally we know that many GPs want to work part time, or want to do some work in primary care and some in hospital. By making the offer more flexible we hope to be able to recruit more successfully.

### **What impact will this have on services?**

We believe a fully integrated model will improve patient experience and service delivery. But we know any change will take time so some of the changes will come sooner than others.

### **Don't you work together already?**

Yes we do – we work together to deliver the same day service at Workington Primary Care Centre, we also work together to offer our extended access appointments and the home visiting service.

If we didn't work together to do this we would struggle to offer those services effectively. This is one of the reasons we think we can work together effectively in a more formal way.

But a major barrier to collaborative working is our IT systems and separate practice patient lists. By having a single patient list we will be able to work across all Workington sites.

### **When will this happen?**

There's a series of important steps that need to be taken before anything can happen formally. At the moment we want to hear what you think. What could we do better together? What are your worries if we make changes? What do you think we could achieve over the longer term?

We would like to start the process early in 2021 incorporating the ideas you suggest and responding to any issues you find worrying.

Practices are working differently now due to the Covid pandemic. This will aid the transition of some services but could impact on others. We can't control the pandemic or know, at this stage, its lifespan – it isn't going to disappear overnight.

Priorities and government directives are changing continually e.g. the delivery of the Covid vaccine. We need to work with our patients and our staff to make this happen.

**What happens if I don't want to be part of this practice?**

Patients will have the option to apply to move to a practice in a neighbouring area.

**What will happen if the practices decided not to join together?**

If we do nothing then the delivery of services will be affected and that will affect patients and we don't want to get to that point.

**What if I have moved practice – will I have to see health care professionals who I don't want to see?**

No one will ever be forced to see a particular clinician if they don't want to. Reception staff follow very specific guidance when triaging patients and allocating appointments. Patients would need to be mindful of this and advise reception staff if there are reasons for not seeing someone in particular.

We will update this Q+A with questions raised over the next few weeks.

Thank you for taking the time to read this information.

Please share your feedback here:

[Workington Patient Survey](#)

FAQ's V3 181220