

**PMCF – FREQUENTLY ASKED QUESTIONS
(02.02.15)**

GENERAL QUESTIONS

| QUESTION | ANSWER |
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| <p>How will a successful Challenge Fund bid help me – why should I support the bid?</p> | <p>The changes that are described in the bid are aimed at relieving pressures on general practice during core hours by improving the support to GPs from a variety of community health and social care services and improving the flow of information between services by putting in place an IT solution that allows clinical systems to talk to each other (MIG).</p> <p>There will be closer relationships with and more rapid access to:</p> <ul style="list-style-type: none"> • community pharmacy, • mental health specialists through SPA • adult social care • Home visits from 5.30 and urgent apt from 5.30 through the new satellite centres and the GP collaborative. |
| <p>When does the scheme commence?</p> | <p>We will find out if our bid has been successful at the end of February and mobilisation planning has been on-going since submission of the bid. Go live is from early April but some of the innovations will have a phased start between April and July 2015.</p> |
| <p>Can it happen if not every practice in Sheffield signs up?</p> | <p>Going for this as a whole city is an attractive option to NHS England and without everyone's sign up the benefits will be difficult to achieve. However we will need to work with practices (or groups of practices) to work out the detail of how we deliver the changes.</p> |
| <p>How does a Practice show support for the bid? Will we need to sign something?</p> | <p>We are planning a further evening meeting to discuss the details further at which point we will ask for a show of support however we be keen to hear from you by email in the meantime.</p> |

EXTENDED OPERATING HOURS AND SATELLITE UNITS

| QUESTION | ANSWER |
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| <p>In terms of extra appointments for patients to general practice the bid talks about at least extra 1000 hours of availability. How many extra appointments does this mean?</p> | <p>We have tried to avoid the assumption that all the time is equal to additional appointments.</p> <p>In core hours it could mean access to telephone advice, practice nurse etc. Out of hours it will be a mixture of appointments and home visit capacity.</p> <p>As part of the evaluation we will be measuring additional capacity delivered.???</p> |
| <p>If practices currently open for extended hours in the week will they be given extra funding?</p> | <p>We are trying to secure additional funding in the bid to help practices, the return on that will be practices supporting the in and out of hours. Given that all practices are at different points with operating hours there is no standard answer to this and the detail will be worked out at practice level.</p> |
| <p>How many Satellite Units will there be?</p> | <p>The existing Walk In Centre (Broad Lane) and GP Collaborative (on the NGH site) will be Satellite units and three new units will be opened in practices across the city</p> |
| <p>Will existing arrangements for use of the GP collaborative 8-8.30am and 6 - 6.30pm still be allowed or will we be expected to actually be open at those times?</p> | <p>We would like to work with practices to open as much as possible in core hours. Open doesn't have to mean appointments all day, but could be accessible phone lines</p> <p>The GP Collaborative is an integral part of the evening and weekend model so no plans to reduce its usage</p> |
| <p>How will the locations of the Satellite Units be decided?</p> | <p>We have some ideas where the satellites would be, partly geographical, partly demand levels and partly to match 100 hour pharmacies. Exact locations are still to be confirmed.</p> |
| <p>Will practices be responsible for providing home visits up to 10pm?</p> | <p>After 10pm weekday and weekends, we will not be changing the current GP Collaborative</p> |

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| | arrangements. For the extended hours up to 10pm in the week and 1000-1800 at the weekends the “hubs” will provide visits as well as urgent appointments |
| Are there enough GPs and Nurses to this this? | We are not assuming we can recruit more GPs, a lot of what is going in the bid is about reshaping the resources we already have and using our workforce differently. We would encourage neighbouring practices, perhaps GPA’s to think collectively about how we work together to deliver this. |
| Will the extended services only be expected to deal with urgent problems or provide routine appointments? | The extended hours, weekday and weekends are for urgent primary care needs. That doesn’t stop practices that are currently offering the enhanced access DES from continuing to do so. |

WRAP AROUND CARE

| QUESTION | ANSWER |
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| The bid mentions extra community resources-will this be more district nursing provision? | District Nurses will be reorganised to be more responsive to primary care. Hours are already 8-10pm 7/7 |
| The bid mentions free up capacity in the working day – how will this be achieved | Freeing up workload is partly about shifting some of the load to the "wrap around" services, partly about balancing the demand for urgent primary care across the in hours and out of hours offer. Lastly we think that the MIG will improve information sharing and reduce duplication. |

TECHNOLOGY

| QUESTION | ANSWER |
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| How will patient’s records be accessed if they are not registered with the practice hosting the Satellite Unit? | Part of the submission is to invest in a connecting software solution called the Medical Interoperability Gateway (MIG) to connect different systems. Resolving the information governance requirements to support these connections will form an early part of the mobilisation plan. |

FUNDING AND SUSTAINABILITY

| QUESTION | ANSWER |
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| <p>How long is the funding for? What happens when the funding stream ceases?</p> | <p>Funding is for one year and we have to demonstrate that all the inputs remove sufficient spending in hospitals to persuade CCG that it is worth continuing investment. In principle CCG is very supportive. The sustainability issue can only be answered if we remove cost from hospital spend in the year and can recycle into primary care</p> |
| <p>The application talks about aiming for 4% reduction in urgent care admissions = £5.2m per annum. But total annual cost of pilot is over £10m. How will difference be funded after 15/16?</p> | <p>Some of the costs are non-recurrent costs for start up and initial programme management and evaluation. Some of the recurrent aspects of the pilot may after be well be discontinued if the evaluation is not positive.</p> <p>The CCG is clear that if it sees benefit in what is being delivered it will become part of the priority list for funding in 16/17, which is not a guarantee but is an acknowledgement that amongst other priorities it will be considered. We have been careful to align the bid with commissioning intentions to increase the likelihood of on-going funding.</p> |
| <p>Would the funding be sufficient to cover extra administrative staff/GP's/possible security/extra overheads?</p> | <p>We have to build all the overhead costs in, otherwise it won't work so yes</p> |