



-  **Bewdley Medical Centre**
-  **The Church Street Surgery**
-  **Hagley Surgery**
-  **Kidderminster Medical Centre**
-  **Stourport Health Centre**
-  **York House Medical Centre**

Questions from the public meeting – Tuesday 10 February 2015

The Wyre Forest Health Partnership (WFHP) held an open evening at Kidderminster Town Hall to explain the reasons behind the Practice merger, and to outline some of the plans for the future. There was a presentation from members of the WFHP Board. Below is a summary of questions asked by members of the public.

1. Communication – how will the organisation communicate – will there be a centralised telephone line or will practices keep their own system?

There are no plans to change the individual telephone lines into each surgery. In time, we may develop an enhanced telephone answering systems to provide a more effective service, but this is not in the short term.

2. How many care co-ordinators will be attached to surgeries?

This question relates to the WFHP's plans to increase integration with our district nurses and community nursing teams. We don't know how many care navigators we will need as our plans for this new service are still very early in development.

3. There are 12 Wyre Forest Practices, only 5 in the new partnership; were the other practices invited to join?

Yes. All practices were offered the chance to join. The WFHP now cares for over 50 % of the patients in the Wyre Forest.

4. Ratio of GP's v staff – any plans to increase number of GP's? Are you planning to open in extended hours?

We have made an application for funding to open for longer in each week; this is still pending. There are no immediate plans to recruit more GPs. We are planning to make better use of the clinical skills of the GPs who already work in the WFHP.

5. Good to hear more extended hours. Are you planning to cover Out Of Hours (ie night times and weekends)?

We have no immediate plans to cover out of hours. The contract for this service is currently held by Care UK and we understand there are no clauses to finish this early.

6. There is no mention of 'patient' in the mission statement?

The mission statement is not yet finalised and what was shown on the presentation slides was not a mission statement but a direction of overall travel. Our mission statement will be focused on patient care.



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7. Receptionists will become the 'gate keepers' not allowing access to your doctor.

We are training our receptionists in signposting. This is not gate keeping but it is to help patients work out which of our services best suit their needs. It is also help ensures GPs are available for those who have a clinical need to consult with a GP.

8. Will there be specialist clinics with GPs & nurses?

Yes. The sites already offer some specialist services, but the eventual plan is to develop these further.

9. If providing specialist doctors, care co-ordinators.. what about OAP's/elderly patients – continuity of care with their own doctor?

The main focus for our care of patients in most need, is that they will have clear access to their own doctor if this is needed.

10. How will you measure success or failure?

- a) By gaining patient feedback and using this to inform Board decisions.
- b) By having a formal performance and quality of care report to the WFHP Board meeting to ensure high quality of care throughout the organisation.

11. What is the relationship with NHS England & CCG?

We are in the early days of this relationship and are starting to understand each other better.

12. Are you publishing levels of service/guarantee standards?

We have taken this question to the Board for discussion. It is a good suggestion and we will do what we can to be as open as possible.

13. Funding for all types of consultancy?

If this question refers to all services, at present we are not fully funded but by working with our CCG we hope to become more clearly funded for more care for our patients.

14. Is there an exit strategy?



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No. It is not possible to build one into a partnership agreement due to the complexity of partnership law.

15. Will I have to go to other surgeries to see a GP?

Most care for most patients will be at their own surgery seeing their own doctor or nurse. Some specialist clinics will run on one site only and some staff may also travel round the sites, but this would be for the sort of care you would normally go to a hospital to receive.

16. Have you got the balance right on the board between health/business/patient representation?

This is our first attempt at this balance. We have regular review built in to appraise ourselves and ensure we have the correct structure.

17. Will you be able to increase the number of patients on the virtual ward in this merger by using nurses, etc. from all surgeries?

This is one of our core aims.

18. One of the concerns in Hagley is that we have a very low deprivation score but a very high elderly population with co-morbidities. How will the board ensure equity within this situation?

We are planning to offer the best level of service we can to all our patients. Each of our sites has unique issues. They also have a lot of commonality. Our plan would be to ensure the services meet our patients' needs and most services will be site based.

19. Community pharmacists can reduce GP's workload by introducing minor ailment scheme, could this be considered by CCG?

We think that is for the CCG to answer. But we are very supportive of this idea.

20. How much travelling will there be between surgeries – I am thinking about people without transport i.e. Hagley Helpline already have many patients to transport i.e. hospitals etc.

As per Q 15.

21. Do you think all the surgeries in Wyre Forest will eventually merge?

We don't know. We believe we are heading in the direction others will follow.



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22. How will we locate the best person to see for our particular need?

In the first place our receptionists are being trained to help with this.

23. Could we have a written copy of the presentation?

Yes



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