



## Previous Frequently Asked Questions

- Q** What is your vision for primary care Nurse Practitioners in Salford?
- A** Salford health Matters are committed to improving both the journey of the patient and the experience of our practitioners. All SHM directors share the desire to improve the NHS. This vision is dependent upon a rich mix of different skilled professionals. Development of all members of the primary care team is considered to be crucial to the achievement. We have already shown full commitment to improving the primary care skill mix in our practices, and would hope to support and extend our Nurse Practitioner role through out the organisation.
- Q** If I already work for the NHS and I am successful in an application for a post with Salford Health Matters, will I still be entitled to the same benefits with regards to NHS pension and holiday entitlement for number of service years in the NHS?
- A** If you are successful with your application, SHM staff will be entitled to membership of the NHS pensions scheme. In terms of other benefits, SHM will use NHS standards for its staffing. Holiday entitlement is detailed in terms of service for each new post and and consistent with NHS standards and 'agenda for change'.
- Q** Who will be looking after the HR side of things as I know that this is looked after by the PCT at the moment, no-one in the practices is currently completely responsible?
- A** At present the PCT remains the provider of the individual services and HR is a central function of the PCT, based at St James House. Paul Fish is the nominated lead from the PCT on matters relating to Salford Health Matters, and can be contated through the PCT on 0161 212 4800. If SHM is awarded the contract, we will centralise our HR functions as part of the planned central business unit from October 2007. Each centre will have a nominated lead for HR matters, and we are committed to working to 'Investors in People' national standards. We have already recruited specialist HR professional advice for the transition period.
- Q** Please can you give me any further information about your vision of the nursing teams -
- How they will be structured?

- Will practice nurses continue to take a lead role in chronic disease management?
- Will nurses be moved between sites?

**A** Nurses skills are integral to our service plans. Salford Health Matters are keen to push forward the public health agenda. Practice nurses can engage in illness prevention activities by supervising clinics, educating communities and running chronic disease management programmes. Practice nurses are a trusted source of advice to the public and we should capitalise on this role. We envisage our nursing and medical teams working together to provide more seamless support for people living with long term conditions.

It may be possible for nurses with special interests to work across sites but we value continuity of care for our patients and expect staff to mostly work from their base surgery.

We do anticipate that nurses will continue to take a lead in chronic disease management but we will be looking at care pathways and want to work in more innovative and creative ways to address health needs and empower patients as well as using the medical model. We will always welcome staff ideas and involvement in helping new services to develop as we know that the frontline staff have the expertise to influence the service developments in Salford Health Matters.

If you have any ideas that you would like to contribute to this eg ideas you have seen work well in other places, please contact Kate Jones directly (Kate.Jones2@nhs.net, or through info@salfordhealthmatters.co.uk).

**Q** Will you have a 'well man' clinic?

**A** We recognise that some men find it difficult to access appropriate health care for various reasons. We are committed to providing high quality care for all our patients, and in overcoming hurdles to access. We would be interested in any suggestions that would improve the services for our male patients, whether this about the timing and access to services, or the most useful services we can provide. Whether this leads to specific clinics dedicated to men's health or a wider awareness amongst teams of the specific needs of our patients, but accessed through our general service provision, is still open to debate. We would welcome suggestions from service users as to how we can best develop, please let us know your views in person at the surgeries, on the webpage or via the free phone line 0800 019 6259.

**Q** How is the level of PCT funding fixed? What does it depend on? Are there any safeguards to ensure that efficiency savings do not simply benefit the PCT and its budget?

**A** The level of funding is detailed in the contract document. It will include defined funding based on the different types of provision; broadly this includes the current funding from all sites, and any payments for enhanced services. The new provider would also get funding for achieving national quality standards (National

Quality and Outcomes Framework). The contract defines the period of time for the contract to run, and any review arrangements. Therefore the amount that is available to the service is defined and will remain available to the service provider and the communities served.

**Q** How will the new practice relate to the new LIFT health centres?

**A** Part of the service is already located in the Willow Tree Health Living Centre (Charlestown and Lower Kersal) in Littleton Road. The Ganvir Practice, located in Church Street Eccles, will re-locate to the planned new healthy living centre in Eccles when it opens, to provide new larger premises.

**Q** Will all efficiency savings be retained and reinvested in local services by Salford Health Matters?

**A** Yes, for the reasons in the answer to the previous question, the CIC model contains an 'asset lock'.

**Q** Are there other examples elsewhere of such a community interest company running a general practice?

**A** Community Interest Companies (CICs) are new types of organisations, not just in the health sector. This is a type of business that exists for social purpose, with an 'asset lock' keeping funds in the business for re-investment in the services. This type of organisation has only been available in law since 2005. More information on CICs may be found on the regulators web site <http://www.cicregulator.gov.uk>. Recently the Department of Health announced a number of social enterprise 'pathfinders'. These may be viewed [HERE](#). Some of these pathfinders, like Salford Health Matters, are also providing general practice services. The department of health is currently appointing independent evaluators to conduct a detailed evaluation of the outcomes from these new organisations.

**Q** Will Salford Health Matters benefit from any continuing funding from the Social Enterprise pathfinder Fund?

**A** We do not know of any opportunity to bid for additional funding at this stage but we were pleased to receive the start up funds of £105,000 to enable us to progress to start up.

**Q** Will the practice be able to maintain the necessary skill levels in minor surgery?

**A** Yes, the organisation will only be commissioned to provide minor surgery if it meets national standards. We have a number of highly skilled GPs with Special Interest (GPSIs). We have written standards that cover competence standards and infection control. If you would like copies of these, please e-mail [info@salfordhealthmatters.co.uk](mailto:info@salfordhealthmatters.co.uk). In addition we have set out our plans for staff to maintain and develop their skills with our education links with higher education institutes. Doctors undertaking minor surgery must Demonstrate a continuing sustained level of activity in their specialty, must conduct regular audits, be appraised on what they do and take part in necessary supportive

educational activities.

**Q** Is there a preferred provider for translation and interpretation or will this go out to tender?

**A** It is good practice to draw up a specification of what is needed and to go out to tender, tendering may specify not just cost but also other considerations, such as local employment.

**Q** Will I be able to see my usual GP?

**A** Yes, all local centres will remain and all existing staff will be part of the new organisation so you will still be able to see your usual GP.

**Q** What would happen to the existing GP's if Salford Health Matters is unsuccessful in its bid to run services? (Question from Public meeting to Salford Health Matters)

**A** If we are unsuccessful then the PCT will need to consider the next steps in tendering out the services, to a wider range of providers that may include private sector organisations. The existing staff, including doctors, would be transferred in to which ever organisation won the tender, through a process known as TUPE (Transfer of Undertakings & Protection of Employment regulations). The Salford Health Matters Directors feel that, depending on who is appointed as the new provider, there may be an impact on retaining staff.

**Q** Will the work of Salford Health Matters be confined to these neighbourhoods or Salford as a whole? Which community of benefit will the assets be locked into?

**A** If awarded the contract, Salford Health Matters will be working in the areas stated in the 'about' section of the web site. In time, we would like to offer services to other areas, if commissioners are in agreement. The commissioners include the PCT and Practice Based Commissioners in Salford. Practice Based Commissioners are groups of GPs who have a devolved budget to commission local services. The 'asset lock' means that the funds in the organisation have to be used for the benefit of the public, and there is a regulator responsible for checking this. To read more about this, see the community interest company regulator web site on <http://www.cicregulator.gov.uk/> The delivery of essential medical services would be for the registered patients in the areas shown on the web site, as this is defined in the contract with the PCT. However, the delivery of other services by Salford Health Matters is not confined to specific groups of people or local areas.

**Q** How will new Directors be appointed?

**A** It will be possible for the board to appoint new directors as the organisation progresses. The articles of association will allow for this.

**Q** Will Directors rotate?

**A** Directors will have a lead role for specific areas, detailed in the outline business case. Copies of this may be ordered by calling 0800 0196 259 or emailing [info@salfordhealthmatters.co.uk](mailto:info@salfordhealthmatters.co.uk).

**Q** If directors have new responsibilities, who will pick up their clinical work, will this mean more work for others?

**A** No. Directors will have clinical roles and director roles which are separately defined , and part of the role of Directors is to ensure fair workload distribution across the sites, and to ensure appropriate clinical staffing.

**Q** Where's the money coming from?

**A** If successful in the current tendering process, a contract will be negotiated with the commissioner (PCT) including the contract value for the primary care services to be provided. The company will tender for other work consistent with its mission and values, as opportunities present, in order to invest in the development of services. The company will deliver a range of services including primary care services, but also incorporating education and social enterprise.

**Q** Will Directors be paid extra?

**A** The role of Directors will be remunerated for Executive Directors, reflecting their individual responsibilities. As these are new roles, HR advice is being taken on the appropriate remuneration levels and this is not yet finalised. Non-Executive Directors will be paid expenses in line with NHS guidance. The remuneration of Directors will be published as part of the CIC reporting arrangements.