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STAKEHOLDER FEEDBACK

GP PBC Lead

As a practice based commissioning champion it seems odd to have such a short consultation prior to a transfer of services without having the opportunity to work with our PBC administrative support in the PCT to tender for providing these services and provide an alternative and real opportunity. I have great concerns that the secondary acre service with a history of sucking resources in and now as a Foundation Trust a business imperative to suck resources in will provide our community with the best service we need to our patients and to fulfil the government objectives of the White Paper, Care Outside of Hospitals.

I am sorry that you are prepared to transfer a relatively new service, such as the community nursing service, which in it its infancy, without the results of the evaluation which I believe you said would be happening in August. It seems foolish to transfer a service which may not be running optimally. I am also concerned that the budget for the service has been year on year reduced that even a provider with the best of intentions would not be able to provide the community service that is needed for our patients.

I am very concerned that the proposal includes the transfer of clinical governance to a Foundation Trust, who potentially have a vested interest when it comes to handling referrals in particular ways.

I also feel that the paper does not address the true local issues

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GP So do we really believe that and acute service Foundation Trust with huge and fixed costs and new buildings is going to cherish nuture and promote cheaper more flexible community based services? Do we believe for example the Foundations specialist team, doctors and nurses in heart failure are going to know themselves our facilitating the primary care team they now view as a rival How will the Foundation overcome the human element of not assisting too hard ones rivals let alone blatant schadenfredue? Is six weeks enough time for consultation.
GP Concerns about the proposal and the short period of consultation. We are particularly concerned about the conflict of interest that the Trust will have as a provider of both secondary and primary care services especially where there is potentials for cost savings to the Foundation Trust. We are not convinced that the WPCT will be able to make sufficiently robust commission arrangement to protect local primary care staff and services

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GP - PBC Lead It may indeed be the preferred option for the staff concerned but this is unfortunately not the main issue. Staff out here in primary care also have concerns for their future, practice stability and we are equally unable to put personal consideration first. To move community services and their funding into the Foundation Trust after so many requests by the Northern Alliance for details of these services with a view to commissioning the locally is extraordinary and would send a strong signal that ht continuation of the Trust is more important to the PCT and the process of PBC building the future health service. Conflict of interest in matters such as Community Nursing versus bed occupancy would move the power basis to secondary care, exactly the situation which the new order is trying to resolve. If these services go to the trust staff will the n have to follow to advise and run the services and the whole of primary care will be distorted. If these essential primary care services are transferred to secondary care for management of the future of PBC will be set to fail as GPs will lose all hart to try the service redesign they are being asked to engage in and I include myself in this.

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Practice Manager For the last year or so practices have been willing to take PBC forward, Within this area of the county there is apperception this nationally inspired change is being stifled. For over a year we have asked to be given sight of the costs of as many PCT provided clinical service as possible, particularly community (District) Nursing. At every turn we have been told that these costs cannot be identified. I along with everyone else in GP practice land; will be shocked if you're going down the road of transferring such service to SFT with nether yourselves nor them having all the costing detail. I am incredulous the SWPCT and/or WPCT is contemplating transferring provision of any service to SFT. Fewer, not more providers quite the reverse of the balance government and DOH envisage between PBC and PBR.

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<u>GP PBC Lead</u> This is not a move I would support. SWPCT in its present financial situation because if has been so dominated by SDH. Basically they have provided what they felt appropriate and primary care has rather unquestionably gong along with this. The result has been financial disaster and a very unhealthy running of primary care with a secondary care slant. This proposal would just make things far worse. One of the aims of PBC will be to drag these services out of secondary care. Any move that makes this more difficult will be a disaster. If this proposals goes ahead I would have to consider whether I could advise my fellow GPs in my role as PBC Champion to continue to work with the PCT on its recovery plan. This proposal will make any of this work so difficult and pointless that we may as well not waste our time.

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Practice Manager Offer total amazement at the proposal and ask the PCT to extend its period of consultation. At a time of services growing and moving out into the community and in particular into primary acre, to suggest that the provision of community district nursing in particular would be better delivered by SFT beggars belief. The conflict of interest that is created by such a move can not be underestimated and cannot be in the best interests of with the PCT nor ultimately the patient. We wish that budget and staffing information be provided to each of the localities as a matter of urgency. We no longer accept that this information is not available. We remain fully committed to seeing these services managed by primary are and request the opportunity to look at the information give to the Foundation Trust with a view to offering to provide these services under PBC.

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If we were to move to SFT, these issues could be avoided and our current good service maintained and "tweaked" as necessary to fit in with the strategic plan of the Trust. Communication with our community colleagues would be maintained and indeed improved potentially with A&E. Staff would feel secure in their jobs and be less likely to leave. The quality of service across each boundary of the patient's journey could be enhanced. Surely it is better to transfer us in a good state to SFT and allow us to contribute and merge even better with our local healthcare community. It would obviously be better if this decision could be made sooner rather than later – preferably before October 1st.