

## **NMoC – Frequently Asked Questions:**

### **Q1. What is the *YourNorwich* New Model of Care?**

Please see page 3 of the consultation document.

**A.** Our New Model of Care aims to bring together local GP surgeries, nurses, community health and mental health services, social care, hospital specialists and voluntary sector organisations to provide joined up (integrated) out of hospital care (like we have described in the scenarios in this document and on the display boards if you visit one of our roadshows).

### **Q2. What will the *YourNorwich* New Model of Care do?**

**A.** Our ultimate vision is to have staff from all these different organisations working together in 3 or 4 integrated neighbourhood teams.

We also want to create a service which supports our care and nursing home residents and staff as part of a co-ordinated system with regular planned visits.

### **Q3. How does this affect the care I receive?**

**A.** We see this as the continuation of what has already happened over the last five years. We will continue to work together to develop and test new ways of working before rolling them out to the wider population.

### **Q4. What is integrated care?**

**A.** Most of us tend to think of the NHS as a single national organisation. In reality, different local health services are provided by several NHS trusts as well as GPs, pharmacies and so on.

The local health and care community is larger still, with social workers, nursing homes and voluntary sector organisations all playing a role in the wellbeing of our local population.

Someone with several different health-related conditions – which is increasingly common as we get older – might be looked after by half a dozen different health and care professionals. It is important that the different professionals work closely together to support local people. By providing more health and care in one single organisation, we are able to better provide care that is joined-up.

### **Q5. What are the benefits of integrated care?**

**A.** Integrating services makes a big difference to our ability to respond quickly and effectively to people's needs as seen in the scenario for 'Iris' on page 7 of the consultation document.

### **Q6. What services will be affected?**

**A.** No decisions have been made yet, the model will evolve over the next 2- 5 years.

**Q7. What happens next?**

A. We will continue to involve patients, carers and stakeholders in our plans for service development and improvement. This could include workshops, patient insight interviews, surveys and further consultations in line with our statutory duties.

**Q8. Are you proposing to close services?**

A. No

**Q9. How will you involve local communities in decisions?**

A. Information on how to get involved as we go forward will be available through a number of sources;

- You can join our Community Involvement Panel
- Look out for information on our engagement and consultation pages:- <https://www.norwichccg.nhs.uk/>
- We will let the local media know and ask them to advertise our current involvement opportunities.

**Q10. Why do things need to change?**

A. Please see page 3 of the consultation document:-

**Q11. Why are we doing this now?**

A. There has been a lot of publicity about the pressures faced by the NHS and our social care partners. This is not just about the amount of money that is available, but also linked to the difficulty in recruiting and retaining staff. People are living longer, our population is getting older and the type of care that people want and need is changing. This means that our health and social care services need to change too. There is also an increasing number of people who care for their loved ones at home, who require support.

But this is not the only reason. You have told us (through patient research both locally and nationally) that you would like to see named doctors, nurses and health professionals on a consistent basis. We also know that you only want to tell your story once and this means that we need to improve the sharing of relevant information between all the organisations involved in your care.

We want to make sure that people receive the right care, in the right place, at the right time. See how Sandy could benefit (page 11).

**Q12. Is there a risk of privatisation?**

We have no strategy to “privatise services”, this is very much about working with our existing partners in health and care. However let’s be clear – the NHS is a huge family of organisations including pharmacies (private business), GP practices

(private business that hold NHS contracts), and not-for-profit social enterprises (our NHS/111 service is run by a social enterprise that is NHS to the core). There are some other services that are run by non NHS organisations – ranging from groups such as Age UK Norwich and Dementia UK to audiologists who provide NHS hearing tests. This is because when contracts for services are tendered, we have a legal duty to consider bids from non-NHS organisations on a ‘level playing ground.’ The services they provide are still NHS services, to NHS standards at NHS rates.

**Q13. What are you doing to advertise these roadshows?**

**A.** We are using a number of methods of advertising the roadshows; we are advertising through our member practices, the venues themselves and local stakeholders including libraries. We are using social media and sending out press releases to local media outlets as each event approaches.

**Q14. Have you taken projected population increase into your plans?**

**A.** The strategic and long term plan for the integration of services across the City, is intended to better align provision and ensure that patient care is delivered in the most effective and efficient way possible. This programme of work will be supported by a number of “enabling” projects, including workforce and IT/systems as well as estates.

Our plan will align with the wider STP Estates Strategy, be flexible to take advantage of opportunities for development as the new model emerges, address the pressure on primary care in the short term and include potential estates solutions to meet the increasing population growth, particularly in the North of the City.

**Q15. Is this just happening in Norwich?**

**A.** No, this is a national plan, but each area is tasked with developing plans to reflect the needs of the local population.

**Q16. GP recruitment – is it stable, improving or deteriorating?**

**A.** It has been recognised nationally that there is a shortage of GPs in primary care and there are robust plans at a national, regional and local level to recruit more GPs. This includes more funding for GP training in England funded by the Department of Health and an international recruitment programme run by NHS England. We have a superb medical school in Norwich that trains new doctors and nurses that we have forged strong links with.

Our NMoC will assist in supporting and sustaining primary and community services going forward by ensuring patients receive the right treatment at the right time, in the right place and by the right person.

**Q17. Request for public meetings – more of a presentational format to the public**

**A.** This consultation is about sharing our ideas for the NMoC for Norwich patients, we are not proposing any changes to services at this time. It's about telling members of the public, stakeholders, patients and their carers/loved ones if they, as the users of services about the plans for an Alliance Agreement, what it means, do they think we are heading in the right direction and are there services which we haven't thought about.