

## Integration FAQ

Following the questions and correspondence we have received to date, we have developed the following FAQs to try and provide further information and assurance to our patients.

### **Why is the surgery moving from Somerset NHS Foundation Trust (SFT) to Symphony Healthcare Services (SHS)?**

The provision of services within GP practices is a critical part of how health and care is delivered within the NHS. We are all aware of the huge challenges faced by many surgeries, particularly in respect of making sure we have enough GPs and nurses to deliver the high quality of care expected to all patients.

In addition, there are a number of changes which are happening within the NHS, nationally. These changes are about developing a more joined up approach to healthcare across a wider geography, reducing the risk of inequity of services and making it easier for people to access the care they need closer to home. In Somerset this includes the development of an Integrated Care System ensuring all providers of health and care will work more closely together.

In reviewing how patients could benefit from such closer working it has been agreed by both the Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH) boards, that they will work towards merging to become one larger Foundation Trust.

As part of this process, they have looked at how we could best support primary care across the two organisations. It was agreed by the Trusts and the Somerset Clinical Commissioning Group (CCG) that the transfer of the practices should be explored before the planned merger of the Trusts – providing more stability for primary care colleagues as well as the patients in their care.

This decision was supported by many of our colleagues within the four SFT practices, who saw this move as providing additional and specific support and making communication and management much more straightforward.

### **Will the transition of the surgeries from SFT to SHS affect where patients have their hospital appointments?**

No, this is not affected by integration. Patients will continue to be able to attend or be referred to the hospital of their choosing (if the relevant service is available at their chosen location).

**The four practices are managed by SFT which has a CQC rating of Good but SHS is managed by YDH which has a CQC rating of Requires Improvement – will this impact the surgeries?**

No. The rating of the Trusts has no bearing on the practices themselves. Each practice is registered with the CQC and has to be inspected individually. They are then given their own rating to demonstrate the quality at the location.

To find the rating of your surgery – visit the [CQC website](#).

**Is SHS registered with the CQC as the regulatory body for health and social care within England?**

Yes, SHS is registered as a provider with the CQC and details of the registration can be found [here](#).

**As SHS is a limited company – should we be concerned about the privatisation of the surgeries services?**

No.

There are a number of healthcare models, which have been used across England in relation to how primary care has been supported. One model is for those practices that can no longer deliver their contract for services on their own, to transfer to become a part of an NHS Trust – which is what has already happened with all those practices, which currently sit with SFT.

Alternatively, a separate company is developed that is focussed on managing such contracts. Some of these companies may have private shareholders, but others, like SHS, are a wholly owned, arms-length subsidiary of a local NHS Trust.

SHS, are a wholly owned, arms-length subsidiary of YDH. They were specifically established to be a specialist provider dedicated to primary care services and in particular those practices who had approached YDH for support to operate and manage GP surgeries.

In our experience, the management of general practice requires specialist knowledge and skillsets that is not generally available within a large hospital-based organisation. Although SHS are supported by the trusts, being arms-length means that we are not overly restricted when making decisions that benefit the surgeries and making governance arrangements suitable for them. In addition, it allows the voice of primary care to be heard and supported. In other words, being ‘arms-length’ we can make decisions that are wholly and strategically beneficial towards our primary aim of sustaining and supporting NHS GP services in Somerset, which will always remain free at the point of contact.

SHS has developed a dedicated team who are solely focussed on primary care, including its own recruitment team who can work much more flexibly than a larger trust and can bring in the much needed resources to support practices.

SHS hold the same contracts and obligations to deliver services as well as being further governed by our [Charter](#) and our [Articles of Association](#). These documents stipulate that any profits that we were to make will be reinvested back into the practices that we manage.

### **You are the only organisation of your type in Somerset, are there other organisations like you in the UK?**

We are the only organisation with our structure in Somerset. There are, as indicated above, many other examples of, at scale primary care providers within England who are very similar to SHS such as [Northumbria Primary Care](#).

### **What is described sounds similar to the work of Primary Care Networks (PCN) – what is the difference?**

PCNs focus on practices working together to achieve localised healthcare outcomes – the COVID-19 vaccination programme is a good example of this.

SHS is focused on the operational management and stability of the surgeries to ensure that patients continue to receive good quality, efficient healthcare when you need it.

Due to the number of surgeries within the organisation, SHS contributes to seven PCNs and this is encouraged within our Charter whereby collaboration between SHS surgeries and non-integrated surgeries is crucial, therefore the establishment and continuation of PCNs is another opportunity for us to fulfil our ethos and work closely with neighbouring surgeries.

### **Will you be making staff redundant or moving them across sites?**

All employed staff are protected by TUPE ([Transfer of Undertakings \(Protection of Employment\) Regulations 2006](#)), which means that they will transfer to SHS from SFT.

We cannot make staff work within a practice location that they are not contracted to either. Despite this, some staff do like to work across different locations or support other sites in times of need and this is one of the benefits of working within an organisation dedicated to general practice services as it allows a variety of portfolio working if this is preferred.

### **Will I still be able to see the same GP or appropriate clinical team member following the integration?**

Yes, the services within the surgeries will continue as they currently do as SHS aims to maintain continuity of care as much as possible.

If there are vacancies within the practices, we will be working hard to fill these and develop a multi-disciplinary team to support our GPs and expand the skills, knowledge and services that our surgeries have to offer.

However, as with almost every practice, recruitment of both GPs, nurses and other healthcare professionals remains an ongoing challenge, both locally as well as nationally. We try to offer flexible working, and a supportive package, but it is a competitive environment. We continue to try every avenue to recruit staff including national adverts and have been reasonably successful to date. We will continue to try to recruit knowing that having continuity of care is critical. In the meantime, we try to book the same locums so that there is some consistency for patients.

### **Will everything become digitalised?**

No. We are aware that some patients are tech-savvy and therefore there are digital avenues open to enable individuals to access and contact the surgery in this way. However, our phone lines will always remain working. Our hope is that enabling digitally-able individuals to contact the surgery in alternative ways will allow those that do need to speak to the practice via phone to be able to do so.

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If you have further questions, please contact your registered surgery or join us on one of the following webinars (these links can also be found via the practice website):

Saturday 14 August (9.30am-10.30am). Presenter: Barbara Williams- Yesson, Associate Director of Nursing and Quality

[https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo\\_Vw,B2TNWe2t3E2iAVtWfaNktA,NleyFdEZJ0CSIZxpHUKWeg,aX6ssYfdvk-dO6fsLUURoA?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3](https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo_Vw,B2TNWe2t3E2iAVtWfaNktA,NleyFdEZJ0CSIZxpHUKWeg,aX6ssYfdvk-dO6fsLUURoA?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3)

Wednesday 18 August (7pm-8pm). Presenter: Dr Harvey Sampson, Director of Strategic Development

[https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo\\_Vw,T7lo-jNr7ECokt-4SBPHng,KJ6W6avq-UumZFFE5s12fA,8IUD3mku9EiZQXzdWHGfxQ?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3](https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo_Vw,T7lo-jNr7ECokt-4SBPHng,KJ6W6avq-UumZFFE5s12fA,8IUD3mku9EiZQXzdWHGfxQ?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3)

Friday 20 August (12.30pm-1.30pm). Presenter: Dr Berge Balian, Medical Director

[https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo\\_Vw,OT\\_GDcC\\_V0uzzml6frsview,31gTaNZa-0yyf4kQwtTkvQ,YmEjPB1iMUq9A67WyrvtXA?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3](https://teams.microsoft.com/registration/sITDN7CF9Ueylge0jXdO4w,cjESkpuRD0WZa3S9FMqYMQ,OeA6ubPuGE6xAEPIZbo_Vw,OT_GDcC_V0uzzml6frsview,31gTaNZa-0yyf4kQwtTkvQ,YmEjPB1iMUq9A67WyrvtXA?mode=read&tenantId=37c354b2-85b0-47f5-b222-07b48d774ee3)

### **Will all the webinars be the same?**

Yes. The presenters will change but they will contain the same content.

If you are unable to attend a webinar – please find a recording of the first webinar [here](#).