

View of all local services - needed Table 1/1  
CEP / STP - What impact does this have?  
Estates review - how does that play in?  
Social Services - lack of  
- budget cuts  
- Frail elderly impact

Accessibility - Public transport  
- Bus routes  
- Voluntary car scheme  
- Access outside of set boundaries

Placement of services e.g. X-ray  
Hearing Aids - Worked well previously at  
Longton. UHNM <sup>center</sup>

Need to publicise services - lack of awareness  
Utilisation of services? Need to understand  
Minor injuries provision (Haywood difficult to access)  
- Reduce burden on A+E  
- GPs locally could support -> GP shortages?  
- Nurse-led clinics to reduce GP workload

EOL - Care that can be provided in a <sup>Table 1/2</sup> Community  
Setting.  
- How will NHS deal with this? Care homes  
not always suitable. A+E etc...

Haywood services - What is there not at Longton + UHNM  
- opportunity to specialise services on one site

Holistic approach to care - how will this be  
achieved - Mental + Physical health

Mental health services not covered?

Self-help groups e.g. Care Hubs - Self-referral?

Understand services provided by UHNM outreach

Understand where GPs can refer to. Signposting / provision  
of information

Wasting GP time - can we use other advice e.g. pharmacy?  
- Online appts with GP (made at pharmacy)

Sell what you do (What the NHS does) -  
Good news stories in local press

Longton Methodist central hall - big enough  
facility.

Post operative beds is missing

↳ Where people can get physio to get mobile

Need warm / comfortable & fit for purpose.

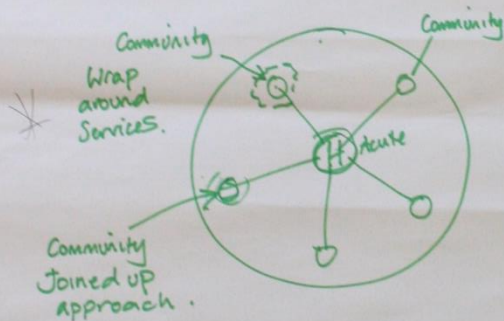
\* Need to be future proofed.

Utilisation and efficiency of buildings.

Dementia services

\* ↳ Navigation of services. / information

↳ Support within the community for both people with dementia and their families / carers.



Look at the whole picture (not in isolation)

Sufficient number of beds for the people that need them.

- Start with the BIG PICTURE.
- Communication / Co-ordination across the community services.
- Look at the organisations that are delivering services before they are removed — look at the impact.
- Is there capacity in nursing home beds.
- Is it value for money putting people into nursing homes.
- Retirement village philosophy is good.

that supports self harmers

Needs to be a support mechanism in place

Only ECHO provide those services.

CCG have withdrawn funding North Staffs Voice

Need for local mental health services.

\* ↳ Responsive and preventative

\* Need for good quality of care when they are released from hospital

Need high standard of care at home

Care package needs to be well put together.

\* Prevention is important

Safety is important.

Dom care needs to be high quality

Packages need to be in place quickly

Need for "re-contact" if required

Easy access required.

Care packages need to be discussed and developed with carers as well as individuals.

15 minute calls are not enough.

\* Co-ordinated approach to care planning

Timing of calls is important

Social media highlighting what is available

## Criteria

- \* Patient Safety
- \* Patient flow - services are accessible. <sup>"swiftly"</sup>
- \* Access to primary care services
- \* Alignment  $\pm$  travel options (eg bus routes, car parks)
- \* Sustainable clinical services
- \* Joint working Health / Social care services

## Services to remain - ALL

- \* X-ray ✓
- \* Phlebotomy
- \* Podiatry
- \* mental health services
- \* 1<sup>o</sup> Care hub - ~~same day~~ 'Same Day'
- \* Outpatient clinics
- \* MOT.
- \* Voluntary services on site  $\rightarrow$  Carers support  $\rightarrow$  CAB
- \* Health Visitor service.
- \* Pharmacy

Are there other ways of providing services?

- \* Email
- \* Skype
- \* Share care records.
- \* Longer GP appointments
- \* Different roles
- \* Proactive care for frail elderly
- \* ~~Ownership and accountability~~
- \* Self management plans.

Are there any services missing in the area?

- \* Respite
- \* Step up.
- \* Dementia
- \* mental health/wellbeing
- \* Diagnostics (eg scrapes)
- \* Prevention

Which services would you travel for?

- \* Hyper acute
- \* Specialisms.
- \*

~ 2015 Hanger Fire Station meeting  
 ~ 'Beds will not re-open'  
 ~ tonight 'no decision has been made'

~ To make the move to Home First must have investment in community settings.

~ Move to Care Hubs - could the hospitals be the hub - focal point

~ Remove specialist clinics from health centres (1 day 1 place - move around daily)  
 $\rightarrow$  Cottage Hospital hubs

INR Service in hub

Accessibility - Could there be a community bus to move patients around health settings?  
 Is this viable?  
 What are the current transport links to Hanger hospital & could  
 this be improved if demand increases?

From patient point of view focus on discharge from hospital early with  
 services in the home does not feel brought through. The services  
 needed in the community - are they in place, cost effective?

Important for patients:

Quality, meets needs, accessible but patients weren't concerned about cost  
 in pounds £££ but costs them clinically.

~ List of services:

\* Join up common elements -

Linked conditions - Clinical specialists working around co-morbidities  
 Several LTCs dealt with in one clinic = better for patients

~ Could there be a Minor Injuries Unit? What are the issues?

~ Wider services not just NHS - Social Prescribing / Voluntary Sector

Services could also play a role.

CAB, Age UK etc

Again addressing people's needs - holistic

Table 4/2

Mental Health -

~ Integrated into Care Ab no stigma

~ Address waiting times / access something more immediate

~ Prevention agenda

~ Eg. Childhood obesity, keeping well, Wellbeing service

~ Supporting People Agenda - invest in prevention!

~ Pharmacy - integrat~~ed~~ - health promotion & dispensary  
Health education / Health champions

~ Community transport is key.

~ Travel to specialist care.

~ Flexible - Choice for those who can travel