

Key development points raised at CRG meeting – 22/06/2016

- Reduce duplication of work
- Flexibility in how social care is delivered
- Current system of setting up care packages can take too long – needs to be quicker
- A desire to bring services closer to home as a means of avoiding unnecessary hospital admissions.
- Change in commissioning – care packages can often be rigid and their needs to be more flexibility
- Pooling of funding across care programmes
- Closer integration between district nurses and GP practices
- Practice-based community teams
- ‘One stop shop’ for a range of health services, especially for rural urgent care and out of hours
- Educate patients about using the most appropriate local service
- A community-based model of care, develop community hubs rather than urgent care centres
- Reduce boundaries and duplication of care
- Further work with the Care and Community Coordinators and how they can be used to benefit patients
- Focus on joining up localities and services towards improving the wellbeing of local residents
- Develop an integrated health and social care record
- Develop an App similar to the ones being trailed at SaTH
- Closer integration of GP practices and other community services
- Develop practice-based hubs offering a variety of services
- Introduce ‘Time Banking’ at GP Practices.
- A single patient-data system which can be accessed by all stakeholders. This will be easy to use and allow stakeholders to access and log information
- A greater focus on listening to patients. It is important that we seek their views and model services around them
- Utilise community building, such as community centres, libraries etc, to deliver certain services. They would also like to see greater engagement with young people to get them involved
- Listening to communities and collaborating with them
- Time bank – using everyone asset based.
- Engaging and educating children and young people about health and wellbeing and personal and community resilience
- Self-referral doesn’t lead to increased demand.
- The public will go where the lights are on
- Single point of access for all services
- MDT hubs – based in localities, partnership with GPs and acute.
- Shared IT