

OX12 Project

Solution Building Event

Group Work 2 – Making Best Use of Community Resources

Post-its

Digital

- Technology/assets
 - need concordat on integration with NHS to ensure world class data set to improve services
- Info on local services/groups/activities/events in and around the OX12 area
- Intuitive flow chart style service – where you identify the problem you have/activity you are interested in and the app makes suggestions!
- Volunteering opportunities advertised on the app
- Launch it at schools and colleges to target younger people as well as at health centre/hospital
- Loneliness and technology/phones
- Different sorts of contract communication
- Co-ordination of all services/groups/organisations and creating a place where all info is available (not just for patients)
- “Connecting people to information” place and website
- Develop IT systems that enable better sharing of info across primary care, OH, OUH. Communication depends on this.
- More imaginative use of Wantage hospital using digital services enabling Outpatients services and virtual ward round
- Same day access service
- GP – health care professions in Community Hospital not just the GP surgery

Volunteers

- Support the supporters
- Volunteers need help sometimes
- Third sector
- Sustainability of voluntary services – ongoing funding ensuring that people know where funding is available
- Seed + ongoing services
- Improve capacity

Outpatient Services

- Already have breast screening what about other mobile facilities?
- OP dermatology
- OP urology
- Other outpatient services
- Chemo
- Infusions
- Dialysis
- Follow up's + pre-op
- Digital "Tele health" (mental, physical, social)
- Diagnostic
- Audiology Ophthalmology
- ENT – ear, nose, throat
- Outpatients in community hospital
- Family services in the community hospital
- Triage + self-referral to range of services
- Not just one option for solution
- Access to appropriate diagnostics within the community

Integrated Working Teams

- Using healthcare resources that are not used
 - Retired paramedics – use in A&E
- Value the workforce
- Develop existing community teams such as ILT, h@h, COMMUNITY THERAPY SERVICE AND IMPROVE COMMUNICATION WITH PRIMARY CARE. Develop AMDT to respond to patient needs in their own homes. Perhaps a team led by community gerontologist. Embed social care experts in GP practices
- Input multi-disciplinary services that can support co-morbidities
- Value domicillary carers!
- Get more domestic/carers to help people at home
- Specialist within primary care for social care
- Improve capacity by better integrated working
- Collaboration eg, District Council go active scheme well being
- Social care to integrate better in the facilities

Funding

- Funding as lever needs to be there to match growing population (50%)
- Invest in co-ordination to break down silos between specialist/primary/third sector
- Costing for bed bound community hospitals viability

Developing Solutions

- Design services for the patient wants
- Any solution needs monitoring – a review + evaluation

Beds

- Not able to agree on bed provision at Wantage hospital
- Step down care – OT/PT care
- Step up care
- 10 days in hospital adds 10 years of life and ability to function
- Rehabilitation beds
- Provide rehab services for half-way house provision between acute/home
- Hospital?
- Care homes?
- Extra care apartments?
- Improved re-enabling function to be social care package at home
- Step up v step down at home
- Rehabilitation not limited to beds
- Improved re-ablement in care homes
- Rehab is best at home (all agreed)

Other Services

- Set up A&E in Wantage hospital
- Disability services in community hospital
- Podiatry vans in villages mobile with lift and other services
- Wantage hospital – expand maternity able to enable births locally reducing need to travel
- Sort plumbing in Wantage hospital
- First Aid
- Matron led
- Children's mental health services more locally
- Maximise the use of community buildings – evening-weekend to define appropriate health services eg, speech & language therapy in the library vacant shops for pop up health checks
- Buildings normally closed in daytime schools
- Community space is not maximised
- Co-locate third sector with statutory sector

- Wantage hospital working with other providers for services required in hospital i.e. cleaning, providing meals, staffing
- Develop a central hub (physical + website) to share information about available local – services – activities – funding for them (pump priming + sustainable funding support eg, 3rd sector groups
- Walk in service
- Matron
- Use all space
- Grove – has community centre, village hall, library and day centre
- New developments – new community halls on Crab Hill – Grove Airfield
- Empty day centre
- Village halls
- Wantage – Beacon, Church halls, Charlton day centre
- Use sterling day centre as an life skills training centre eg, at transformation stages
- Basic DIY
- Cooking
- Managing money
- Getting back into work
- Use unused buildings eg, hospital
- Surgeries eg, doctors work across practices Nurses so can see “anybody”
- Efficiencies/effectiveness outcomes
- Explore how closer working./good practice can improve access eg, Faringdon example - primary care
- Other services aside from rehab wards

Using all Assets differently

- Affordability of venues – need to collaborate
- Enlarge health centre so can accommodate more services
- Expand Mably Way Health Centre
- Local authority new builds – no provision for older generation (ie, in social or private) housing
- Extend the Mably Way Health Centre
- Same day primary care/minor injuries unit