Locality Hub Specification Development Workshop

A specification development workshop in Bristol on 1st November 2018 welcomed more than 50 people from across the region. It focused on how services could work more closely together within geographical locations within localities. These 'locality hubs' could be physical buildings where services are based together or services that may not be put together physically but may work closely together in other ways. Participants included clinicians, patients, carers, members of the public, general practices, third sector groups, community services providers, local authorities, sustainability and transformation partners and many others. The summary presented here reports themes in people's feedback. It does not necessarily represent the opinions of every person or group involved, or the CCG's views.

Working closer with the voluntary sector

Participants thought a locality hub could help primary care (e.g. general practitioners) and secondary care (e.g. diabetes specialists) work together with voluntary sector organisations. This was deemed important because it could reduce pressure on services which already have high levels of demand from patients.

Healthcare providers were asked by participants to work closely with others in the community to help patients care for themselves (e.g. rehab services, community enablement teams and other volunteers / service providers).

Physical hubs

Some felt that physical locality hubs (buildings) would be best, as patients could go from one service to another easily. Others felt that services should work closely together, but not necessarily be in the same place.

How far patients were willing to travel was also raised at the workshop. There were mixed views on this subject, with some suggesting patients would be willing to travel for certain services while others thought services should be based around the communities in which people live.

A range of health services working together was a key factor throughout. Participants stated they want professionals from different services to talk to each other and patients to clearly understand why they are being sent from one service to another.

Participants fed back that Locality hubs could help patients, carers and the population as a whole to stay healthy, well and independent in the community, if they were alongside other services focused on wellbeing such as exercise classes and cookery classes.

Participants fed back that there should be a holistic approach to the person.   Therefore, it would be beneficial for a team that includes social care and community support like financial and housing to work alongside medical support.

Services located within Locality Hubs

A number of people said a 'locality hub' might help prevent a patient going to hospital or straight to their GP. Services which help people in debt, people who are isolated and people with housing issues would be useful for preventing ill health later on.

There were lots of different suggestions for services which should be included within 'hubs'. Some suggested specialist services like Parkinson's nurses and mental health professionals should be based there. Others believed blood tests, x-rays and other regular procedures should be carried out in hubs to take pressure away from GP surgeries.

Social prescribing was fed back by participants as being important. Examples were given of general practices employing a community navigator who leads on social prescribing for patients registered with the surgery. Further examples were given of receptionists who are trained to be skilled 'navigators' i.e.: people who can signpost to other services.

Quick access to services

A common theme was that patients should be able to see a health professional quickly. This was true even if services in a 'locality hub' were not based next to each other.

When patients are moved from one service to another, participants felt this should happen quickly and without complications or major issues.

It was suggested that physical 'locality hubs' could open and close later than general practice (GP) surgeries so that more services can be provided outside of typical work patterns.

Communication within Hubs

Sharing information was an important theme. Participants felt organisations should talk to each other more in order to improve patient care.

Participants felt that those who are not computer literate need to be taken into account, with consideration of how some communities might prefer to be communicated with differently.

Participants felt that having a hub of professionals who talk to each other would help combat this and reduce the risk of working in isolation. Building relationships across health professionals was also identified as a priority.

Signposting to other services was also mentioned, to help people feel more in control of their own healthcare.

Using technology to work together

There were discussions about how new technology could help services work together. This was considered to be particularly important if it was not possible to put services next to each other physically.

Participants fed back that when a patient gets sent to different health professionals, those professionals should have access to the patient's record or care plan so that the patient does not have to keep repeating themselves. This could be done using paper or electronically.

Shaping better health