

Ten Year Health Plan

Workshop in a box summary – Moving from hospital to community

If the 10 Year Health Plan is a success what 3 words will describe how using the NHS will feel in the future?

The most common words used were the following:

- Efficient
- Well-staffed
- Easy
- Quick
- Safe
- Inclusive
- Consistent
- Modern
- Convenient

Moving more care from hospitals to communities

What difference – good or bad – would this make to you?

Earlier intervention and prevention

In terms of positives, there was consensus among participants that increasing convenience of healthcare, in principle, could lead to higher patient participation, earlier detection, and possible prevention of illness. They also recognised the potential of community healthcare in reducing hospital admissions.

Accessibility and travel

Some participants, however, expressed concern about the ease of community healthcare for those who may struggle with accessibility or travel requirements, and felt it may be more appropriate for younger individuals. Those participants felt community healthcare would work better in a large city where access to pharmacies, for example, would be easier. There was also concern around potential postcode lottery for quality of care based on infrastructure, location and resources.

“The quality of care will depend on what part of England one lives. Big cities are better equipped to deliver than small towns and villages. There is also a staffing issue, the availability of trained pharmacists and other professionals.”

Workforce and resource

Participants recognised the need to expand community care teams, and to encourage the workforce to work in communities over hospitals.

“Heart failure nurses are a great example of bringing healthcare into the community”

Some expressed concern that time was already limited with GPs/pharmacies under pressure, and increased reliance on general practice could exacerbate these problems.

They also highlighted the importance of resource allocation to community healthcare, in order to see real change.

Thinking about virtual wards, what sounds good?

Making good use of technology

Participants expressed it was a good move towards making use of technology: ‘a real step in the right direction’.

Thinking about virtual wards, what concerns do you have?

Workload

A few participants felt that staff wouldn’t have the time to manage the increased workload that would come with remotely caring for patients.

“Virtual wards may need to hire new staff or reassign staff from other areas of the hospital. This can be a challenge when staffing is already short.”

However, others welcomed the opportunity for NHS staff to flex their working times and location.

Digital exclusion

Some expressed concerns about older people struggling with the technology.

“Change can be frightening especially for older people... Change management has to be thought through in order for these massively different ways to deliver health care.”

Safety

One participant expressed a need for safeguarding to ensure that participants receive the right care, in the right place and that it’s not used to free-up beds. There was also concern around what would happen in an emergency at home – patients would have to wait for an ambulance instead of receiving urgent treatment at the hospital.

Burden on carers

One participant shared their experience of their family member on a virtual ward and felt that these wards may only work effectively if there's a carer at home to support the patient. When implementing virtual wards, they felt there should be support for those fulfilling this role, especially when it is a family member/unpaid.

Thinking about community diagnostic centres, what sounds good?

Wide-ranging services

Participants liked the idea that they offer a wide range of scans and tests. They felt this could save administrative burden and hassle.

One participant said they had a positive experience of going to their local CDC, highlighting the ease of parking, the tests on offer and the speed of the test.

Thinking about community diagnostic centres, what concerns do you have?

Accessibility & ease

Although it might be ideal for those in cities, there was concern expressed that they'd be less easily accessed by those in rural areas. They cited London as having an advantage.

One participant suggested that these centres should offer walk-in (rather than appointment only) to improve accessibility and uptake.

Public awareness and communication

Participants felt there needed to be an accompanying public awareness scheme, to ensure the population actually makes use of these facilities: *'there will be lots of issues to iron out to convince users that new ways are workable'*.

Personalised care

Some felt that private diagnostic centres could feel impersonal and detached, as a result of gaps in follow-up care and long waitlists.