your care your way

Your Care, Your Way

Sue Blackman

28th October 2015

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

your care your way

Consultation results so far…
320 respondents

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

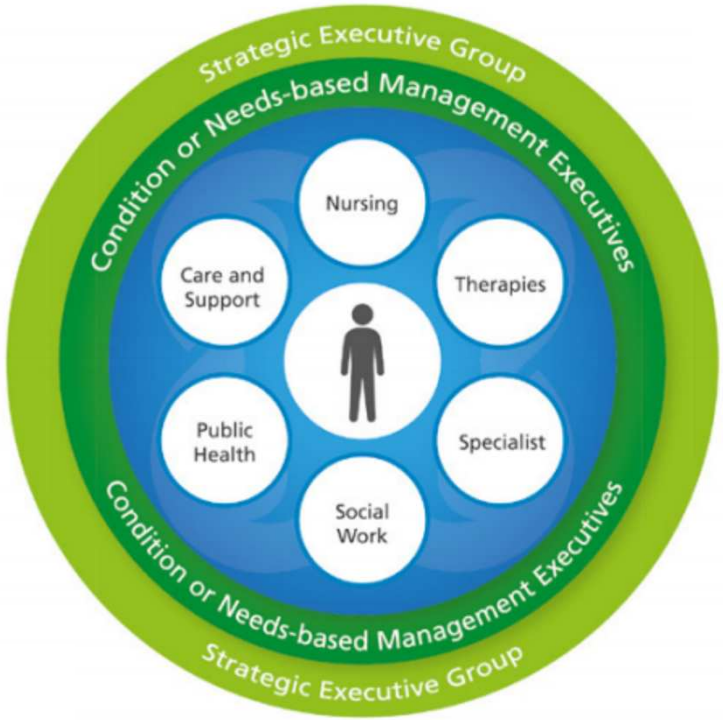
THREE words that you think are most important in our vision

your care your way

Is there an important word missing from our vision?

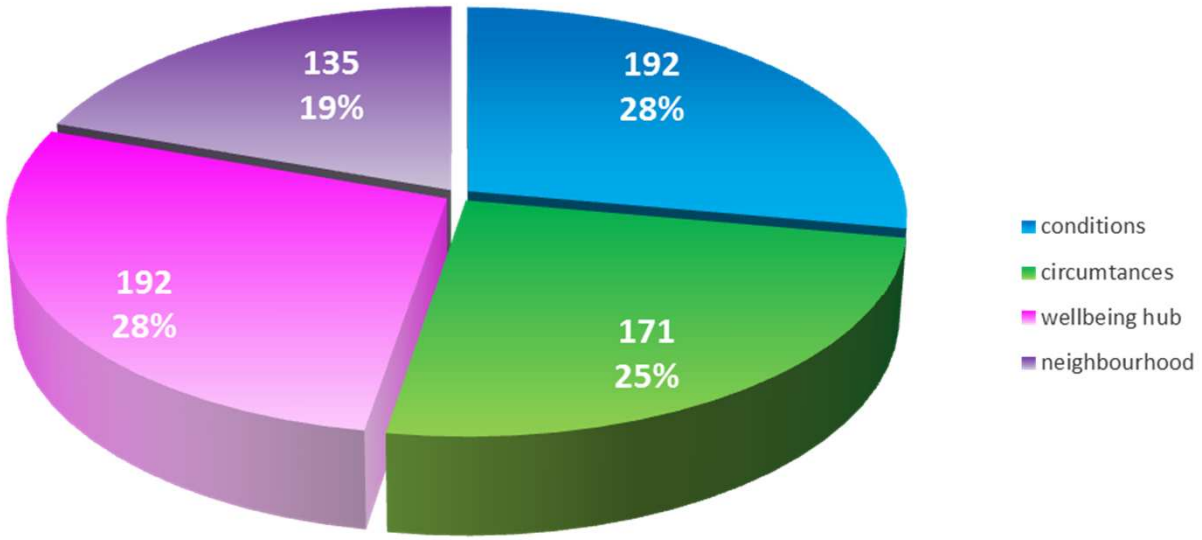
your care your way

The Models...Pathway or Asset Based?



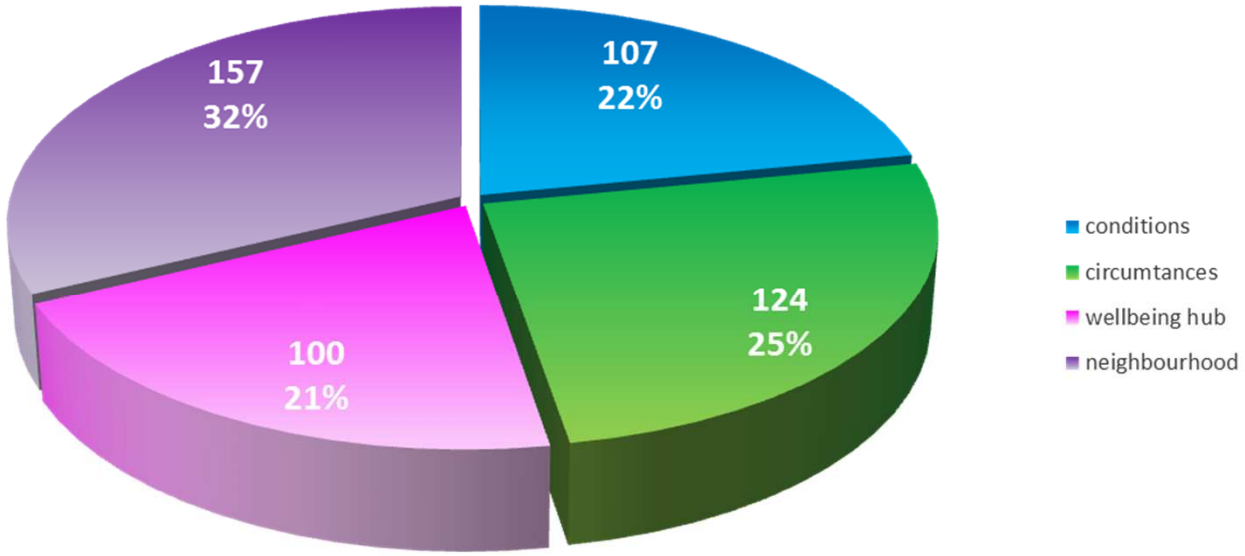
your care your way

Positives
I really like this model/I think this model is ok



your care your way

Negatives
I’m not sure about this model/ I don’t like this model



your care
your way

What is our community saying about Condition specific models?

- This is what we have at the moment, where is the innovation?
- This model does not build on the strengths inherent in our communities across B&NES.
- This is a fine model for medical conditions but does not really cater for more social conditions. It would therefore not work as the sole model used.
- Not person-centred enough-medical model-out of date
- Might be confusing to have lots of different professionals and services involved
- It needs to be clear how this type of model would use multi disciplinary teams to ensure support is joined up and there is a 'single view' of each client - so they do not new to repeat their story to each professional
- Many people have more than one problem and this does not address or prioritise social issues is too medical model focussed

- Doctors are trained in specific areas of medicine. This model is aligned with medics' areas of expertise. Alternative models may require a rethink of medical training.

What is our Community saying about Circumstances led model?

- This model maintains the status quo and does not build on the strengths available in our communities.
- People struggle with more than one contact.
- I can see patients slipping through the 'gaps' between functions
- There needs to be really clear criteria defining someone's eligibility for each service, and then a seamless transition process if someone moves to a different service.

- Services based around your circumstances will be inclusive to everyone and should include being based around your circumstances if you are a traveller, boater or live itinerantly/ nomadically
- This makes more sense than the conditions model. To have professionals and services involved at the right time

your care your way

What is the community telling us about GP wellbeing hubs?

- This model would involve a considerable shift in working practices to ensure the necessary communication channels were in place. It would also place an additional strain on GP resources.
- From a provider point of view , you need economies of scale to be economically viable - how would this work effectively if the "pot" subdivided to GP clusters
- How will practices fit all these services into their premises?
- If the eligible population is on a resident basis this model would provide two tier services where boundary issues occur
- We need to get people out of GP surgeries and away from always thinking in the medical model
- Needs to be more than GPs - need a broad range of clinicians
- GPs are fine to coordinate medical treatment - but a person's health and social care needs should be looked at together by a heath and social care manager - who has access to all relevant information. GP's are too busy and too expensive to case manage.
- GP's are good at both team working and leadership and are the most senior clinicians in the community
- A more holistic approach should provide an opportunity to deal with root causes due to the knowledge pool gained from a hub model
- Builds on existing and well recognised assets in our community

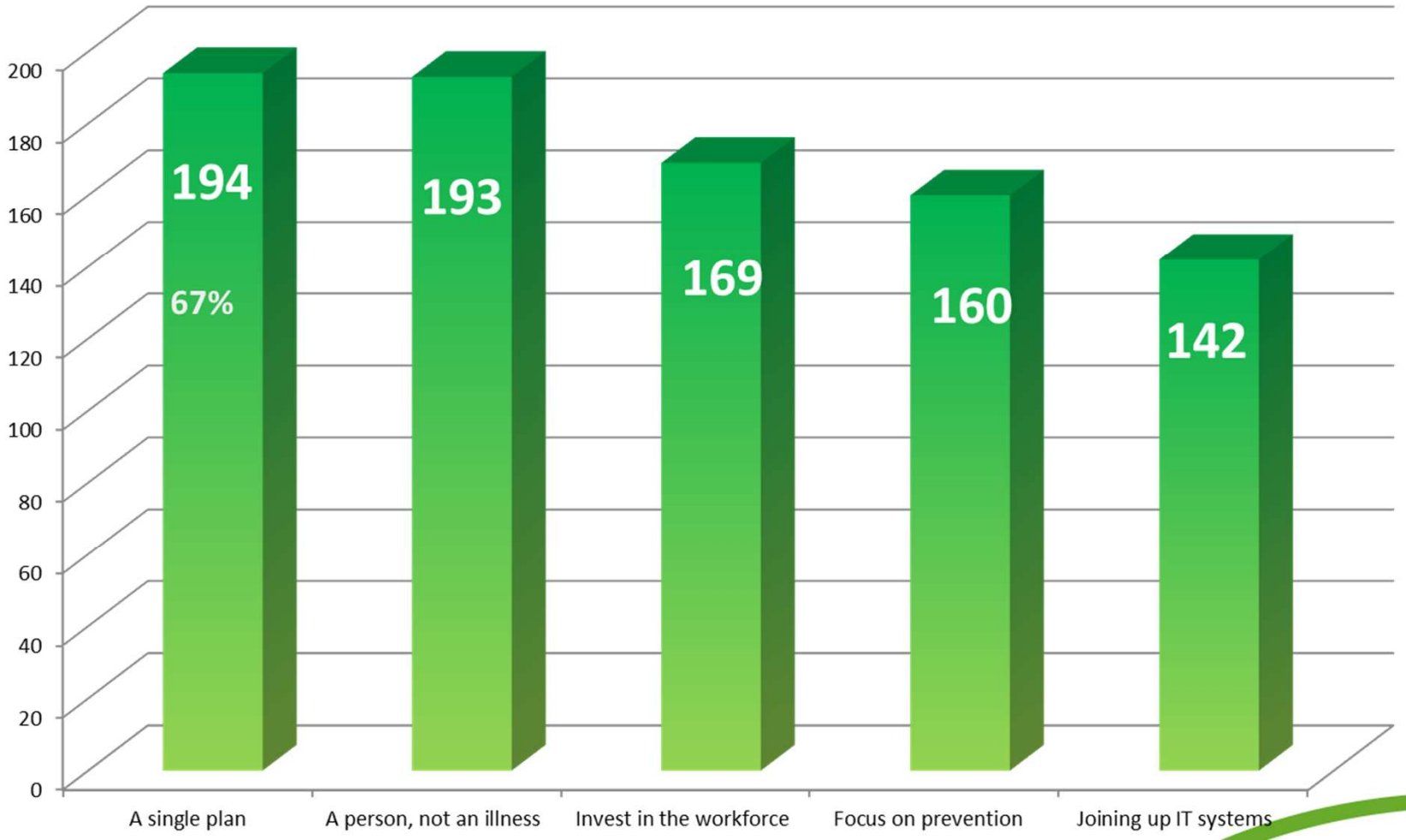
your care your way

Neighbourhood teams model comments

- I like the idea of more community involvement but worry about the loss of health focus
- Some areas may not be as ambitious as others and so how we ensure that the whole of BaNES moves forward together while maximising local ownership.
- Community led projects sound good but are applying more pressure to communities that are struggling. The community has to be fully supported if given extra responsibilities. Sounds a bit too much like Cameron's 'big society' to me.
- I think in affluent areas with well educated residents this will work very well - in areas of deprivation (which will need the most help) or areas with a large geographic cover this could lead to a poorer model ie inconsistent across B&NES
- This model will struggle in rural areas.
- This would allow for the local ownership of issues which ultimately would create a more sustainable model
- It is very innovative, but how capable is the community of genuinely taking ownership of its most vulnerable.
- Putting people, families and communities central to any model has to be the right way forward.
- Sounds wonderful but I have the feeling this may be too costly and involve too much change.

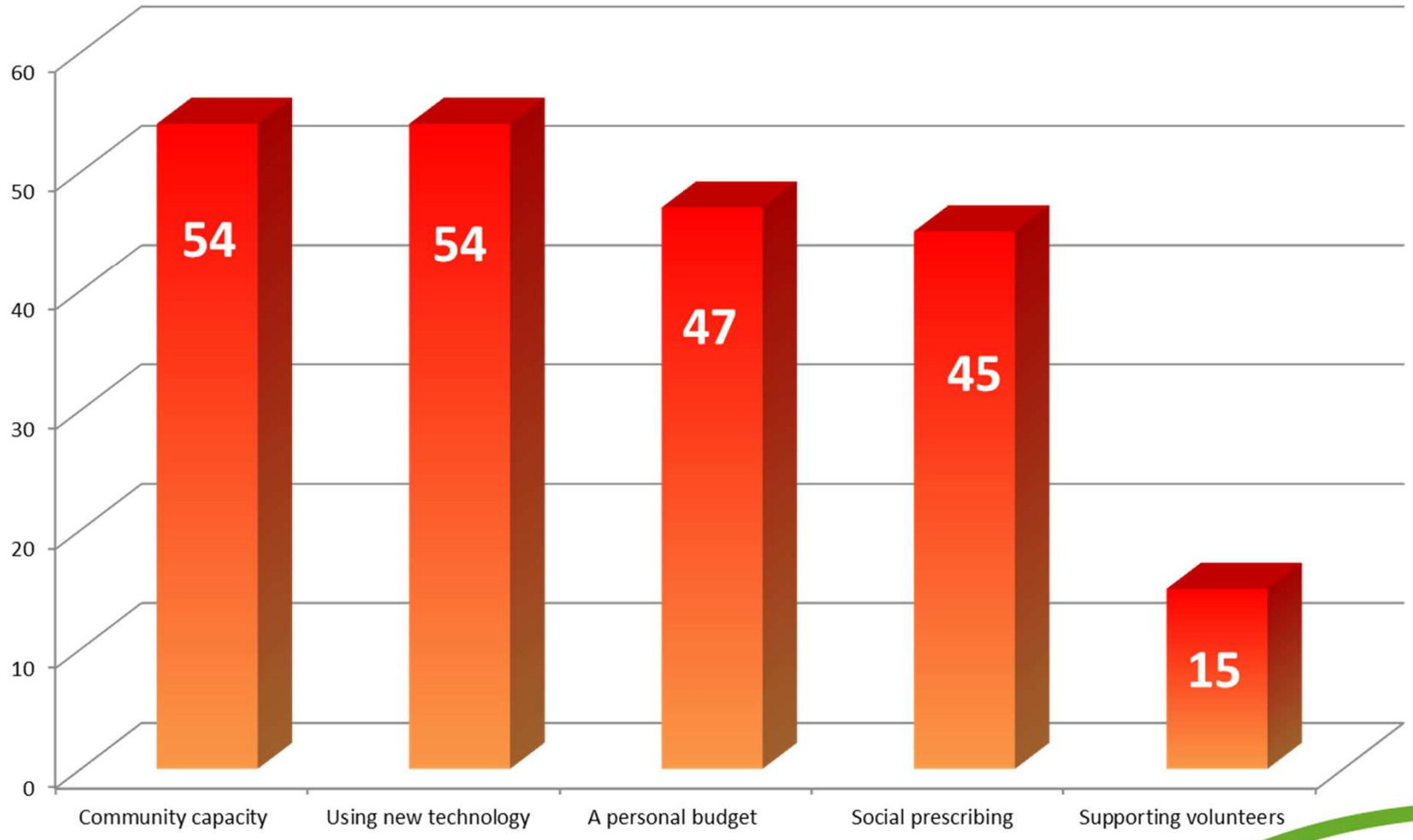
your care your way

5 most important statements



your care your way

5 least important statements



your care your way

your care your way

THANK YOU

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group