

Hub services and estates long list

- ① Please supply glossary of all terms - (es HCAs etc.)
used in slides
- ② How many doctors would be in each hub? ^{Workforce for all} ^{planning for all} ^{skills essential.}
- ③ How are the demographics worked out -
some areas ~~near~~ ~~near~~ needs are different from others.
- ④ Concerned all older GPs are going to retire. ^{Lot of new GPs don't want} ^{to work 9-5 on locum basis.}
- ⑤ If this hub model works you get - it would be good as
^{has GPs working}
- ⑥ Are these services 9-5 or 24/7? ^{Need fast response}
^{- more towards STP}
^{requirements -}
- ⑦ Workforce concerns
- ⑧ Services like sexual health - even if commissioned by
other organisations - need to be at hubs.
- ⑨ Accurate signposting for public needed
- ⑩ Need GP triage system / Walk in centre in hub
- so GP there 24/7 to refer to right place.
- ⑪ Need realistic timescale for the transition
- This is a major change in service ~~provision~~ provision + public need
to buy in to this so that services are used.
- ⑫ Mental health - ~~need~~ hub needs to be able to help
people in crisis.
- ⑬ Dementia centre of excellence (good one in Dudley) -
- ⑭ Benefits/advice needs to be in hubs. ^{(Some elderly people MFFD}
^{but have ~~not~~ ~~not~~ ~~not~~ a fund}
^{to upkeep homes + covers}
^{want to go in - need}
^{grants ~~costs~~)}
grants - need to give CAB etc
grants to fund this.
- ⑮ Is there any guarantee that ^{voluntary sector}
^{funding will be there?}
- ⑯ Want an ambulance service back, rather than
based at festival park - not even get a first response service.

- Optim → reflection
 - EVALUATION HUB & SPOKE MODEL - SERVICES clarity - ^{services hubs} LA CAPABLE
 - ETHOS → IMPLEMENTATION - YOUNG & ADULTERENT SERVICES

* Options DO NOT REFLECT ENG. TO DATE - BRADWELL

* BRADWELL
 ↳ NEED WHAT WE HAVE + FM UNIT + EXPAND BTTE P.C UNIT
 LEANTON OP2 + OP3 → WHAT THERE ASK FOR
 ↳ NEED AN ACTUAL FM UNIT
 ↳ INT HUB + HUB → ALLEGRIATE PRESSURE THROUGHOUT

* LEEK, CHEBDLE
 ↳ DISPARATE & SPARSE
 ↳ HUBS → NOT ACCESSIBLE ... MITIGATED BY THE SPOKE

* EVALUATION HUBS & SPOKE MODEL ... NEEDS BETTER EXPLANATION

BRADWELL HOSPITAL → NEWWORLD ... IMPRESSION FM/ROBARK ... NEEDS, NEWWORLD ... NEEDS TERMS FOR ADOLESCENTS
 ↳ THE VILLAGE NEEDS TO BE MORE THAN SPOKE CARE
 Services for young

* ETHOS → HOW YOU INTEGRATE

* CARE VILLAGE - SUBJECT OF DELIV IN L.D, need
 ↳ Hub w/spoke
 ↳ ~~not~~ Happy w/ principle

* LOCALITY ... FACILITY OF A 'SUPER COMMUNITY HOSPITAL'
 ↳ LOCATION OF COMM HOSPITAL & HUBS

NORTH OF STONE OIL LOCATION
 SOUTH → MORE DIFFICULT ACCESSABILITY

ACTIVITY FLOWS IN & OUT OF THE SYSTEM

Community/hub services

Per Pennatal/ Services

options

Residential element at Longton - not needed
 large sheltered housing next door

Day care facility / social facilities

* 3 G.P surgeries - Leek - clarity on incorporating G.P services v's practices

Family services → clinics

links to community services → care in the community

- SSOTP
- oversight of community services
- Quality monitoring / contracts

* Commissioned - Sustainability
 Minor ailments / MIUs - urgent care offer

Kniveton - where's it up to?
 Been talked about for a while

hubs
 need to be tailored to geography ie rural areas