**Requirements of Integrated Community & Wellbeing Hub in Thame**

As jointly supported by:

The Rycote Practice, Trinity Health, Rycote PPG, Trinity PPG and Thame League of Friends

This document provides the outline of a vision for the scope of an integrated community and wellbeing centre in Thame that addresses physical, social and psychological needs of patients.

**Provision of Core Primary Healthcare Services**

- Relocation of existing GP practices (Rycote and Trinity Health) from Thame Health Centre to purpose built facility
- Expansion of consulting space to ensure adequate sized and equipped rooms to deliver core primary care and added value services
- Co-location of additional primary care services such as district nurses, social services and other community healthcare professionals

**Provision of Care Closer to Home**

- Additional consulting rooms to allow a greater number and range of outpatient appointments to be provided in Thame (in a familiar environment) rather than residents having to travel to Oxford, Aylesbury or High Wycombe. Any specialty with sufficient referrals to achieve at least one clinic per month should be provided in a primary care facility where possible.
- Exploration of a greater range of diagnostic facilities to allow care and decision making without the need for referral to secondary care. E.g. portable ultrasound and x-ray or access to same day x-ray. As a minimum direct image/report viewing should be available
- Provision of a greater range of specialist outreach services capable of providing care at a community hub or in patients' own homes.
- Greater collaboration of primary and secondary care to provide an out of hours base closer to residents of Thame & the surrounding area that would facilitate extended hub opening hours and greater involvement of clinicians that know the patients best

**Rapid Assessment & Admission Avoidance**

- Creation of an integrated rapid assessment facility staffed by a multi-disciplinary team including GPs, Geriatricians, highly skilled specialist nurses to focus on reablement and supporting people in their own homes, helping to avoid (emergency) admission to hospital
- Arrangement with existing or ideally new care home that would allow some beds to be used for overnight (up to ?48/72 hours e.g. while receiving IV antibiotics) care to stabilise patients so that they can return to their own homes. Access to overnight beds should be in a step up capacity (i.e. to avoid a hospital admission)
- A single point of access function that would coordinate access to such an assessment service and facilitate ongoing support to ensure admissions were avoided and not just delayed. This might include a falls service, physiotherapy, occupational therapy, social services, carer support, podiatry, emergency dentistry and district nursing

**Cross Border / Cross Agency Collaboration**

- A single point of access function capable of liaising with and mobilising resources in both Buckinghamshire & Oxfordshire. This should include primary and secondary care services as well as social services in both counties
- Co-location of health, social care, charitable and civic functions to consolidate public perception of the community and wellbeing hub as a "one stop" facility eliminating the need for complex signposting of services
- Joint Bucks and Oxfordshire commissioning of hub services to ensure services operating from the centre are as efficient and integrated as possible

**Services for a Growing Population (& Ageing Population)**

- Consolidation and expansion of Day Care and Day Hospital facilities to support an ageing population. This should incorporate a multi agency approach with activites and programmes tailored as part of an integrated care/rehabilitation programme
- Co-location of local childrens centre (depending on local authority care provision post funding cuts) with a greater focus on multi agency family support in light of local population expansion
- Provision of other services for various age groups as scale of service allows (e.g. Sexual health clinics, Mental Health support, Equipment loan store)

**Measures to Address Social Isolation**

- Co-location of facilities that afford elderly and immobile patients opportunity to access as many services as possible in one visit; e.g. basic foodstuffs, healthcare, pharmacy, newsagents, library
- Opportunity to work with other organisations to create social interaction opportunities for the isolated (and elderly) including expanded provision of day centre/day hospital facilities
- Encourage community activities to operate from the building that will have indirect health benefits, both physical and social and give isolated patients a sense of purpose

**IT Innovation / New Ways of Working**

- Greater use of and support for home monitoring to encourage a culture of patient taking greater responsibility for managing their conditions
- Use of remote video assessment to allow services, particularly the rapid assessment service access to expertise in specialist centres on other sites. E.g. consultant input to managing patients and avoiding admissions
- Community internet and IT to be able to access an electronic library to support self-management. This would ideally be accompanied by support to help and education patients (e.g. training in Skype to address social isolation)

**Greater Focus on Healthy Living & Wellbeing**

- Provision of a healthy eating café to promote the site as a community hub and emphasise from health promotion/disease prevention as much as management of illness
- Co-location of fitness facility with exercise programmes tailored for people with weight issues and long term conditions
- Co-location charitable organisations that can contribute to the physical, social and psychological wellbeing of patients with a view to providing holistic care for patients (e.g. CAB, Age UK, Diabetes UK, MIND)
- Development of self-help and support groups run by primary & secondary care clinicians, charitable specialists and 'expert patients' to encourage patients to take greater responsibility for managing their conditions
- Creation of a healthy living ethos within a community and wellbeing hub, defined by the points above and emphasised through agencies leading by example; i.e. using these services and adopting and encouraging green travel, including walking and cycling to the community hub wherever practical

**Genuine Cross Agency Community Facility providing a focal point for wellbeing in Thame**

- Creation of a facility that can be used up to 18 hours a day 7 days a week by community groups rather than the core 10 hours a day 5 days a week usually required by healthcare
- Design of spaces that can be dual use wherever possible e.g. waiting areas that can be used as auditoriums or conference facilities; consulting rooms that can be used by a range of care professionals and rented out for private use; large rehab space that can be used jointly by physiotherapy and gym users
- Consideration of a shared reception function to allow economies of scale for all services in the building