Fit for my future.
A HEALTHIER SOMERSET

SOMERSET County Council

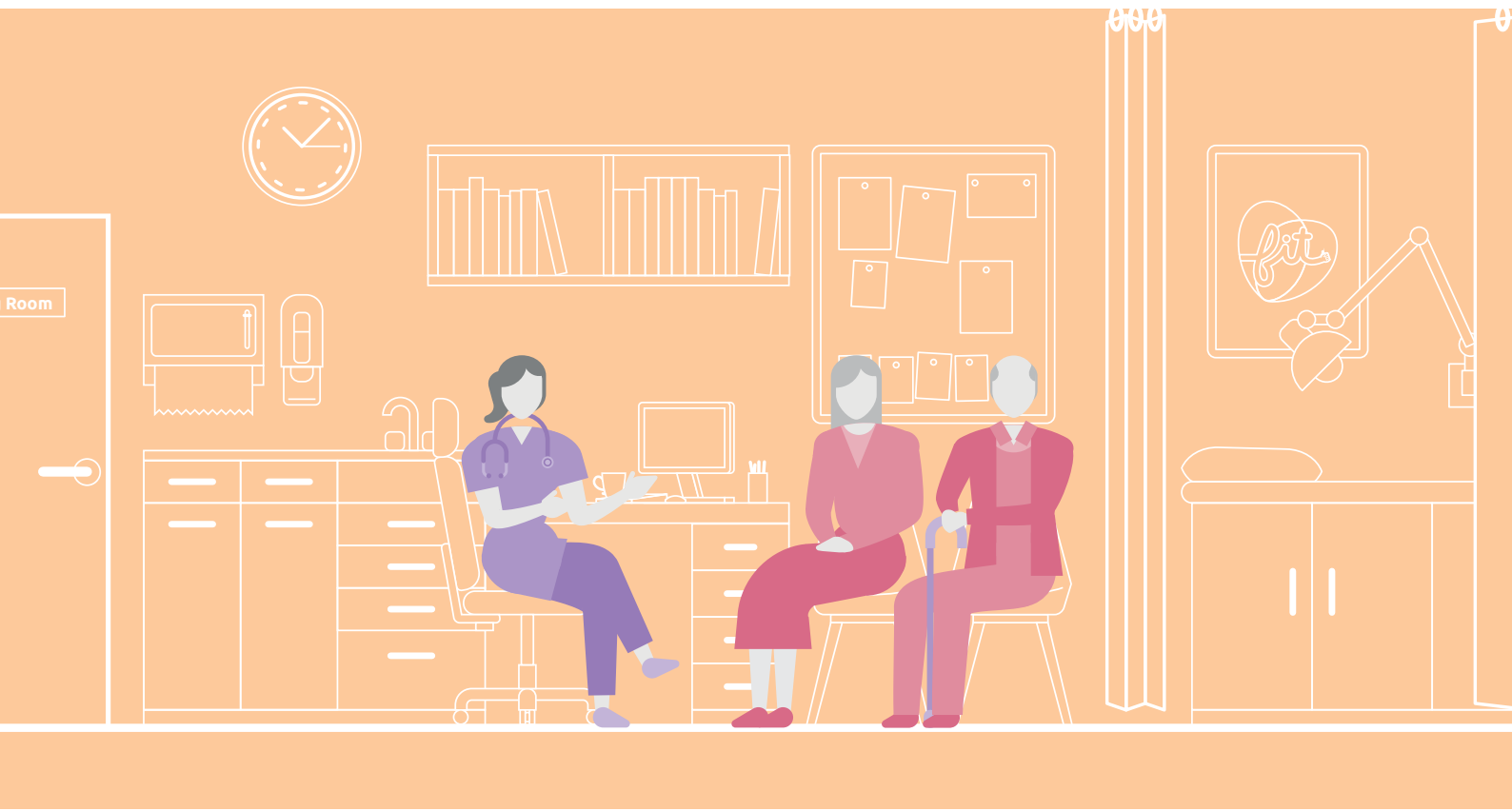
NHS

Engagement document

January 2020

Improving community health and care services for people in Somerset

Our early thinking about future community health and care services for people in Somerset



visit

fitformyfuture.org.uk

What this document is about

We have a real opportunity to improve our community health and care services for you and your loved ones. We invite you to join us in thinking about and shaping a new way of providing services which is, where practical, closer to where you live, supports independence and helps you maintain your own health. Your input, ideas and suggestions are vital to help us get the right services in the right place so that they are available when you need them.

We also want to share with you why our current services need to change and the challenges that we face in continuing to run them as they currently are. Using your feedback and evidence from Somerset and elsewhere we will develop options for how we could deliver health and care services differently. We will consult with you about these potential options as part of a future public consultation.

Contents

Forward

We want to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people. The NHS organisations in and around Somerset, along with Somerset County Council, work very hard to provide safe, compassionate and high quality care, however, we know our health and care services are not currently organised in the best way to support people to live independent, healthier lives

As our population changes and grows, the support they need from our services is also changing. People are living longer. More people are living with long-term conditions. Our current services are not designed for our needs today (or for the future).

Our health and social care services must adapt and we have a real opportunity to improve our community health and care services. By working together we can design a new way of providing community health and care services that support people to live independent, healthier lives. This will help us to make sure the services we provide meet your needs today and the needs of your children and grandchildren in the future. We also need to make sure our services are sustainable for the future and that they address the challenges we face in terms of staffing, our buildings and estate and geographical need.

We know our community hospitals are highly valued by the local community and consistently receive excellent feedback from patients and carers.

We also know that it is not good for people to be in hospital for longer than they need to be. We want to invest money to develop community services that support people differently. We believe that there is a real future for our community hospitals but the way they work and the services they provide may change.

We have not made any decisions about what our future community health and care services will look like and we are committed to working with you to help us shape that future.

Please do respond and tell us what you think of our early thinking. Please also let us know about anything that is important to you so that we can take this into account in our thinking as we develop our proposals.

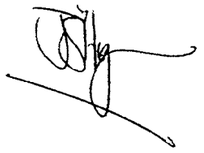
Dr Ed Ford
Chair,
Somerset Clinical Commissioning Group

James Rimmer
Chief Executive,
Somerset Clinical Commissioning Group

Support from our partners

We have worked closely with our partners in reviewing our services, understanding why they need to change and developing our early thinking on improving our community health and care services.

Peter Lewis
Chief Executive, Somerset Partnership NHS Foundation Trust
Chief Executive, Taunton and Somerset NHS Foundation Trust



Jonathan Higman
Chief Executive, Yeovil District Hospital NHS Foundation Trust

Pat Flaherty
Chief Executive, Somerset County Council

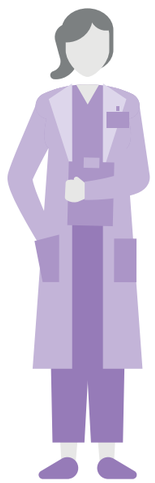
Introduction 01

Who we are

Fit for my Future is Somerset's health and care strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy led by Somerset County Council and Somerset Clinical Commissioning Group, who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

We work closely with the people who provide our health and care services. This includes doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services and health services across a variety of organisations including Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and our GP practices.

Together we have been sharing our expertise, experience and understanding – and looking at what happens elsewhere in this country and internationally - to think about how health and care services in Somerset can work better together and better meet your needs.



Why we want to talk and listen to you

We want your help to shape and improve our future services. Our thinking is in the early stages and we want to hear what you think.

By having conversations and asking you to share your thoughts at this stage, we will be able to:

- Understand what is most important to you about community health and care services in Somerset.
- Understand the issues and challenges you and your family experience in the way our community health and care system works now, and work together to think about what we might do differently to overcome them.
- Share with you the opportunities we have and why we think making changes will give you better community based services.
- Check out our thinking so far and hear your views. We want to know whether there is anything we have missed or not thought of.

After our conversations with you, we will:

1. Carry out a thorough review of all the feedback we receive – this will be done independently.
2. Carefully consider your feedback as we develop potential future options for services.
3. Produce and publish a summary of your feedback.

Using your feedback, we will develop a number of ways that Somerset could deliver community health and care services. These will then be shared with you and a formal consultation will take place in the future.

Our vision for our services

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The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities.

Health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

This means:

Where we can we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can.

When people do need care, this will be provided in the most appropriate place to meet an individual's needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed.

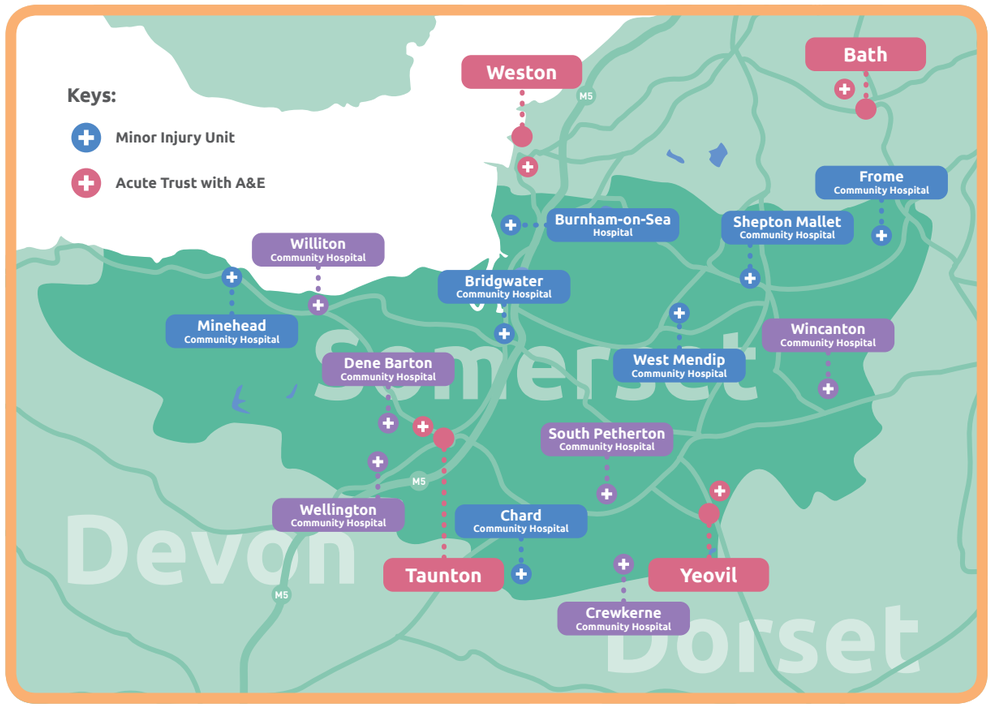
When people need urgent 'same day' care for something that is not a medical emergency but for which you need rapid support, we will provide access to advice and guidance that will enable you to *'talk before you walk'* so you can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.

Urgent Treatment Centres will be open for at least 12 hours a day (7 days a week), provide a range of diagnostic services, such as x-ray and some blood tests and offer bookable appointments.

The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

Our early thinking fits with the national vision from the NHS Long Term Plan. The NHS Long Term Plan is the ambitious and realistic plan to ensure that the health service is fit for the future in 10 years' time. The NHS Long Term Plan includes a focus on prevention and helping people to stay well and live well, care closer to home, wherever practical, and the development of Urgent Treatment Centres.

Location of our Community Hospitals and Minor Injury Units

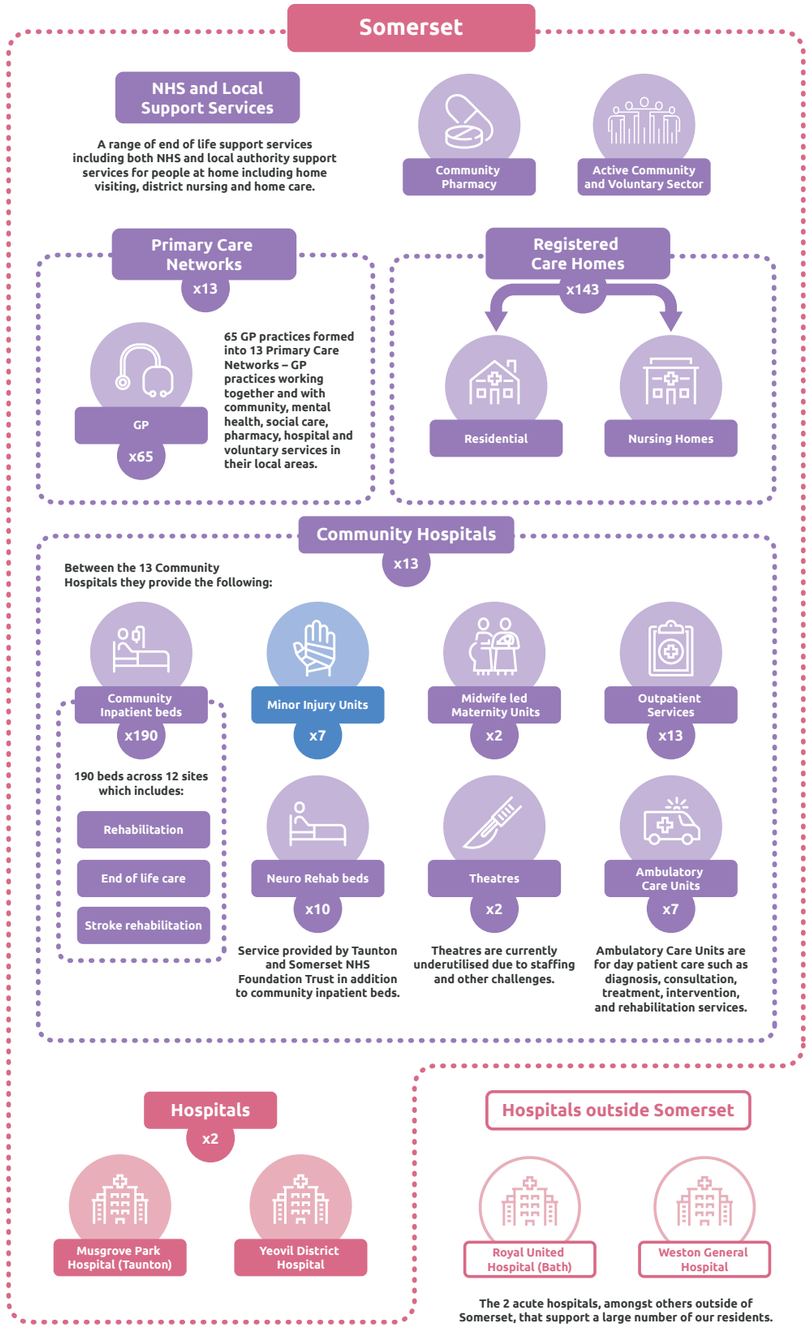


Acute hospital with A&E	Community hospital with MIU	Community hospital
Taunton Yeovil **x2**	Bridgwater Burnham-on-Sea Chard Frome Minehead Shepton Mallet West Mendip **x7**	Crewkerne Dene Barton South Petherton Wellington Williton Wincanton **x6**

Outside Somerset
Bath
Weston-super-Mare
x2

What we have now

The overall picture across Somerset today:



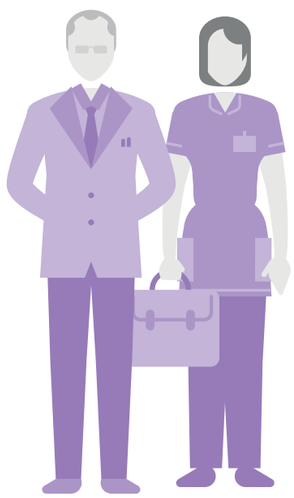
Why we need to change

03

Our health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives.

Our population is changing and the support they need from our services is changing - which means that our services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing.

When the NHS was launched in 1948 the needs of our population and what we knew about healthcare was very different from today. 23,000 people were in hospital with tuberculosis and very few people had long-term conditions such as heart disease, diabetes or dementia. Today there are hardly any people in hospital with tuberculosis but 1 in 4 adults in hospital has dementia. In addition, the demand on our services is different:



Our population is growing

In Somerset we have 59,000 people over age 75 now, growing to 118,000 by 2031.

There is an increasing demand on same day urgent care

In the last year, there has been 10% growth in demand for urgent and emergency care in Somerset against a national average of 3.5%

Long term conditions are rising

An increasing number of people, of all ages, are living with complex, often multiple, conditions.

There are significant challenges in Primary Care

There is increasing demand for GP services, alongside a local and national shortage of GPs resulting in challenges in recruitment and retention of both GPs and primary care staff.

We need to support better self-care and prevention

A significant amount of demand across health services is driven by preventable ill health. Patients, carers and the wider public need to be supported and enabled to take greater responsibility for prevention of ill-health and self-care of their long-term conditions, thereby reducing the need for medical care.

In Somerset we have seen a 10% increase in demand for our same day urgent care and emergency care services and an increasing number of people, of all ages, living with complex, often multiple, conditions.

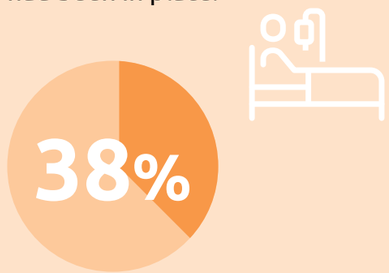
Our health and social care services must adapt and we have an exciting opportunity to reshape and improve them for you and your family. We need to make sure the services we provide meet your needs today and the needs of your children and grandchildren in the future.

Considering how people's care needs have changed, we know that we have not got the balance right between services that support people to stay well and live well in their communities, live well with long term conditions, services that provide care in people's own homes or a residential or nursing home, and care provided in a hospital bed. Compared with other parts of the country we have limited ways of supporting people to remain independent within their own homes and local communities and limited services to support people with illnesses and long term conditions. At the same time we have a comparatively large number of community hospital beds compared to other similar counties, many of whom have already developed services to support people within their own homes or local communities.

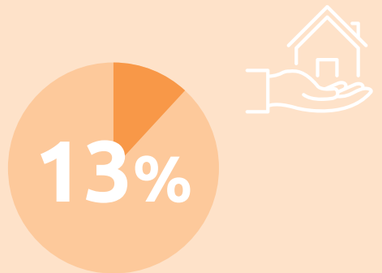
We have more community hospital beds than we need:

In 2018 an independent review was undertaken into how we use the beds in our hospitals across our county. This showed that:

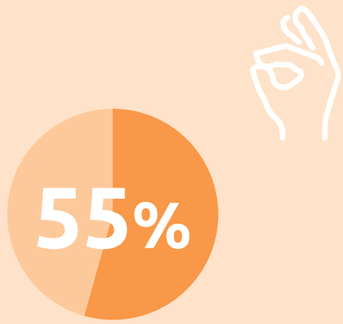
177 patients out of a total of 469 patients i.e. 38% of those who were cared for in those hospital beds could have been cared for elsewhere if alternative services had been in place.



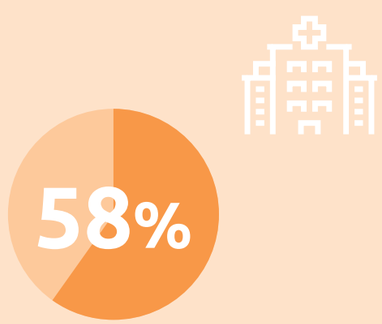
13% could have avoided a stay in hospital in the first place if the right community services were available to support them at home



55% didn't need the degree of care they were receiving on the day of the audit



58% needed support which could have been provided at home rather than in hospital.



Last winter we did not use all our community hospital beds despite our acute hospitals being very busy. This is because, for many of our patients, our community hospitals were not able to provide the right level of care or support they needed.

We currently have the following beds in community hospitals:

190 beds currently in use across 12 Community Hospitals.

Most of these beds provide care for patients who need **care and rehabilitation** following a stay in an acute hospital. Two hospitals have specialist stroke rehabilitation beds. We also have an additional 10 specialist neuro-rehabilitation beds at Dene Barton Community Hospital.

If you do not need to be cared for in a hospital bed then the evidence shows that it is not the best place for you. Over a third of people aged 70 and over experience a loss of independence and functioning during a stay in hospital, leaving them less able to take care of themselves.

Recognising that we have limited ways of supporting people to remain independent within their own homes, we have begun to successfully develop alternative services. Our Rapid Response Service, which started in November 2018 and provides care in the community for people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped 5,000 people to get home from hospital faster.

Case study: Home First – 'Your bed is the best bed'

In the past two years Home First has supported more than 5,000 people to receive care and rehabilitation support either at home, in a specialist unit, a care home or community hospital. This has resulted in 75% fewer patients being delayed leaving hospital and saved 50,000 'bed days' at Musgrove Park Hospital and Yeovil District Hospital.

The service supports people whose medical needs are stable and no longer require care in an acute hospital but who still need some support. It brings together several teams from across Somerset health and care including community health, social care, and the voluntary sector including Somerset Community Council providing support.

Mary's story

Mary, a patient at Musgrove Park Hospital, needed two staff to help her get out of bed but she was desperate to go home. When she was discharged under the Home First scheme she was met at home and assessed by a multidisciplinary health and social care team. A plan of home-based support, therapy and equipment was put in place. After 9 days she was safely walking to the bathroom on her own and able to make herself a cup of tea in the kitchen. Without the benefit of the Home First scheme Mary would have had to stay in hospital longer while she went through rehabilitation and may have had to be discharged home with a package of care to ensure she was safe. The longer stay in hospital would have had a negative impact on Mary's well being, potentially on her physical health and level of independence, on her family, and would have cost more money.

We have a fantastic opportunity to invest in more of these community services that promote independence, support you or your family members in your communities - at home or in a residential or nursing home – but to do this we will need to spend less money on community hospital beds.

We are also looking at the care we provide when people need urgent *'same day'* help for something that is not a medical emergency.

We know from patient and carer feedback that people do not always know where best to go when they need 'same day' help for something that is not a medical emergency - that requires you to go to A&E - but for which you need rapid support. We would like to provide 'talk before you walk' guidance to help you access the most appropriate service for your needs as close to home as practical. This will help to ensure that you are signposted to the most appropriate service and that services across our county are used as appropriately as possible.

There are a number of other challenges that we also need to address.

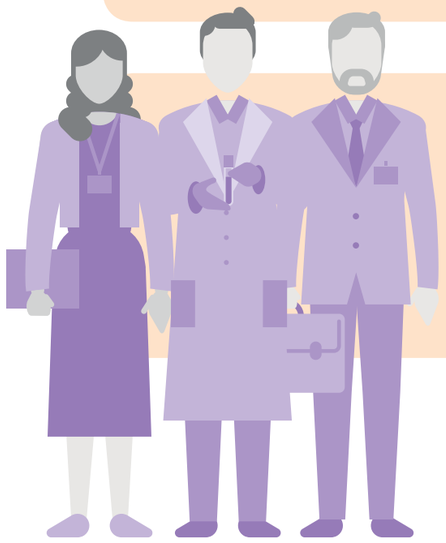
We are affected by national shortages of health and care staff which means that we carry staff vacancies and rely on expensive agency staff when we can get them. The figure fluctuates but on average our current nursing vacancy rate is **12%**, and has been up to **45 - 50%** in some of our community hospitals. Sometimes we have to shut or limit services because of staff shortages.

Two of our community hospital inpatient wards have been temporarily **closed for two years** due to shortages of staff and two additional wards were also closed temporarily during this period but have since reopened.

Recent local and national guidance suggests a minimum ward size for community hospitals of **16 beds** *(South West Clinical Senate)* and an optimal size of **23 beds** *(National Institute of Health Research).*

Many of our wards are running with less than this number of beds, affecting the resilience and sustainability of both staffing and services.

We are spending more money than we currently get from Government to run our services. We must spend within our means and make sure that we get value for money for the people of Somerset and run the most appropriate services to meet your needs in the most efficient way possible. Compared to other similar counties we are spending proportionately more on care delivered in hospitals. We can redress this balance and invest in more services, such as Home First and Rapid Response, that support people to stay independent in their communities for longer.



We also need to consider how suitable our facilities are in which to provide 21st century care. Some of our community hospital buildings are not suitable environments and would need significant investment to make them fit for our future.

Our early thinking

04

In autumn 2018 we sought the views of patients, carers, community and voluntary groups, NHS and care staff, MPs, councillors and the public about what a future model of community-based health and care might look like.

85% of the people we talked to said more health and care services should be based in the community so fewer patients need to travel to hospital to receive care as long as the quality of those services is maintained and are affordable. The early thinking you will read about in the remainder of this booklet reflects the views and ambitions of the people we spoke to.

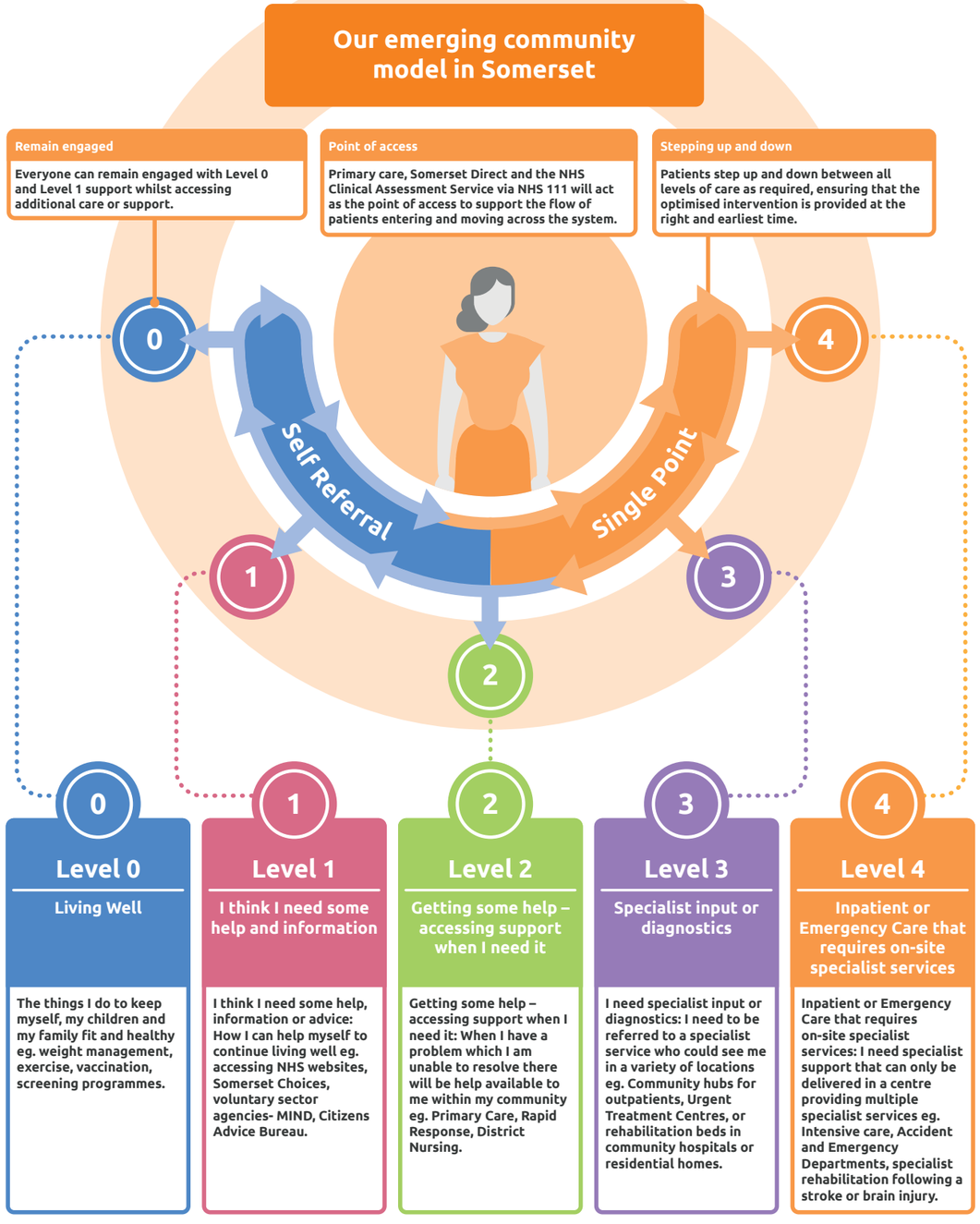
Our vision

We aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

This means that:

- Community health and care services will be provided as close to home as practical, providing support based on individual needs to enable people to live their best life – supporting them to live well, recover well and stay well.
- You and your family members will be able to access the right level of care for your needs within your local community, as close to home as practical. This will range from support to stay well, support to recover well or manage a long term condition, through to care and support at the end of life.
- Health and care teams will work together in local areas to achieve this. Teams could include GPs, nurses, pharmacists, physiotherapists, paramedics and social workers as well as partners from the voluntary and community sector such as Somerset Community Connect, Village Agents or Health Connectors and home support from the Red Cross.

Our emerging community model in Somerset



LEVEL 0

Living Well

The things I do to keep myself, my children and my family fit and healthy (self-care)

Keeping well:

I can keep active, eat well, receive support with smoking or alcohol use and access emotional wellbeing support.

Living well in the community:

I can join clubs and groups, socialise with friends and family, get involved with community projects and events, build a network of friends and connections.

Staying well through regular screening and vaccination programmes:

I can attend my screening appointments for breast cancer, cervical cancer, bowel cancer or prostate cancer and support family members to do so as well. I can get my flu vaccination and support others to do so while making sure children in my family have their childhood immunisations.

LEVEL 1

I think I need some help, information or advice

How can I help myself to stay living well

Health information:

I can access health support through my GP practice website, by calling – **NHS 111** or visiting the website – **www.111.nhs.uk** or by using the NHS App – **www.nhs.uk/apps-library**

Social care information:

I can access social care advice through Somerset Choices online – **www.somersetccg.nhs.uk/your-health/somerset-choices**

Wellbeing information and advice:

I can connect to my local community and get health and care advice through libraries, community pharmacies, Talking Cafes and community network groups such as MIND, Alzheimer's Society, Community Council for Somerset (Village Agents), Health Connections Mendip and SPARK Somerset.

LEVEL 2

Getting some help, accessing support when I need it

When I have a problem I'm unable to resolve there will be help available to me.

Services in my local area:

I may directly access additional support in my community from a range of voluntary, community and social enterprise organisations as well as more traditional health and care services who can help me manage a long term condition, provide mental health advice or support or other additional support.

My GP practice:

I may speak to a GP, health coach (or health connector), practice nurse or other professional in my GP practice if other support hasn't resolved my health needs. Each GP practice has a range of different professionals who can help support me.

Rapid Response Service:

I may receive short term support to help me stay at home from these services, rather than being admitted to hospital.

Health and care teams:

I may be referred to a team of professionals working together in my area who can support me to maintain my wellbeing or in my recovery and rehabilitation after illness or injury. This may include physiotherapists, occupational or speech therapists, mental health practitioners, pharmacists, district nurses, paramedics or social care staff.

Care home in-reach:

If I live in a care home, I and the team in the care home will receive support from services to address my needs and help me continue to be cared for where I live.

End of life care:

I and my family may receive additional community based support towards the end of my life, either at home or close to where I live, to help me die in the manner and place I choose.

LEVEL 3

Specialist input or diagnostics

I need to be referred to a specialist service who could see me in a variety of locations.

Health and care teams:

I may need specialist input into my local health and care team. The team looking after me may link to specialist teams to further support my care such as specialist nurses (eg diabetes, respiratory, heart failure), specialist advice and guidance (eg community geriatrician, cardiology or paediatrics), community mental health teams, dementia support teams or drug and alcohol support teams.

Home First:

I may receive additional short term health and care support to enable me to return to my home from hospital as soon as it is safe to do so.

Rehabilitation Beds:

I may spend some time in a community hospital bed or a bed within a nursing, residential or care home when I am discharged from an acute hospital (such as Musgrove Park Hospital or Yeovil District Hospital). This will provide me with short term rehabilitation to improve my independence before I return to my home. I may be admitted to a rehabilitation bed as an alternative to being admitted to an acute hospital if I need help to stay independent or have additional needs.

Diagnostics:

I will be able to access tests such as x-ray, ultrasound and blood tests when clinically required.

Urgent Treatment Centres:

I will have access to 7 day a week same day urgent care and diagnosis tests such as x-ray after I have talked to my GP or NHS 111 'talk before you walk'.

Outpatient Appointments:

I will be able to see specialist healthcare professionals for advice and support as required.

LEVEL 4

Hospital or emergency care that needs on-site specialist input

I need specialist support that can only be provided in a centre providing multiple specialist services.

Outpatient services and complex diagnostics:

I will travel to the nearest specialist centre for access to specialist skill sets or high risk procedures (eg breast biopsy or specialist scans for a heart condition).

Specialist rehabilitation beds:

I will travel to a dedicated centre within Somerset to receive care for a stroke or brain injury specialist rehabilitation.

Inpatient services:

I will travel to the nearest appropriate specialist centre that is able to meet my needs for specialist or high intensity care.

Life threatening emergency:

I will call 999 who will assess my needs and send an ambulance if required. The ambulance will take me to the nearest hospital which can meet my needs. If I am assessed as not requiring emergency treatment my call will be transferred to NHS 111 or my GP surgery for appropriate support.

Emergency care:

I will go to the nearest A&E department which can meet my needs for a life or limb threatening illness or injury.

Where people need help to regain independence or additional support, care will be provided in the most appropriate place for their needs which may be support in their own home, a short stay in a residential or nursing home or a community hospital bed.

If you or a family member need help to remain or regain independence, or need a bit of extra help, a range of services will be in place to support you in the most appropriate setting as close to home as appropriate for your needs and practical for the service.

We will develop community hubs that bring together in one place a range of services including mental health, district nursing, on the day treatment for some conditions, hospital outpatient appointments, and diagnostics tests such as x-rays. We would aim to bring together services wherever practical to avoid unnecessary travel for patients and staff alike.

We will develop innovative services that support you either in your own home or close to where you live, depending on your care and support needs. By investing in and developing these services we will help people to remain independent with the necessary support in place for as long as possible.

We will continue to provide community hospital beds for those people for whom that is the best place to receive care. We have proportionately more community hospital beds and fewer services that deliver care in people's own homes or in a residential or nursing home than other parts of the country. When we reviewed how we used our hospital beds it showed that two thirds of the people who were cared for in those hospital beds could have been cared for differently, and last winter we did not use all our community hospital beds.

In the future we would like to provide fewer community hospital beds, invest money to develop services that support people in their own homes or a short stay in a residential or nursing home bed, and ensure that our community bed units are arranged so that they are not so likely to be affected by staffing shortages. We expect this to have a positive impact on our acute hospitals in ensuring that we have beds available when people need to use them.

We already have some innovative schemes in the community, such as Rapid Response and Home First, which are already making a big difference in preventing patients needing to go into an acute hospital and supporting them to return home sooner after a stay in an acute hospital.

Case study – Rapid Response Service 'supporting you to stay at home'

In November 2018 we piloted a new Rapid Response Service (RRS). RRS supports frail older people who have had a fall, a loss of mobility, or who are unwell, to remain at home and avoid a stay in hospital. In its first year RRS supported 1,000 people to remain at home.

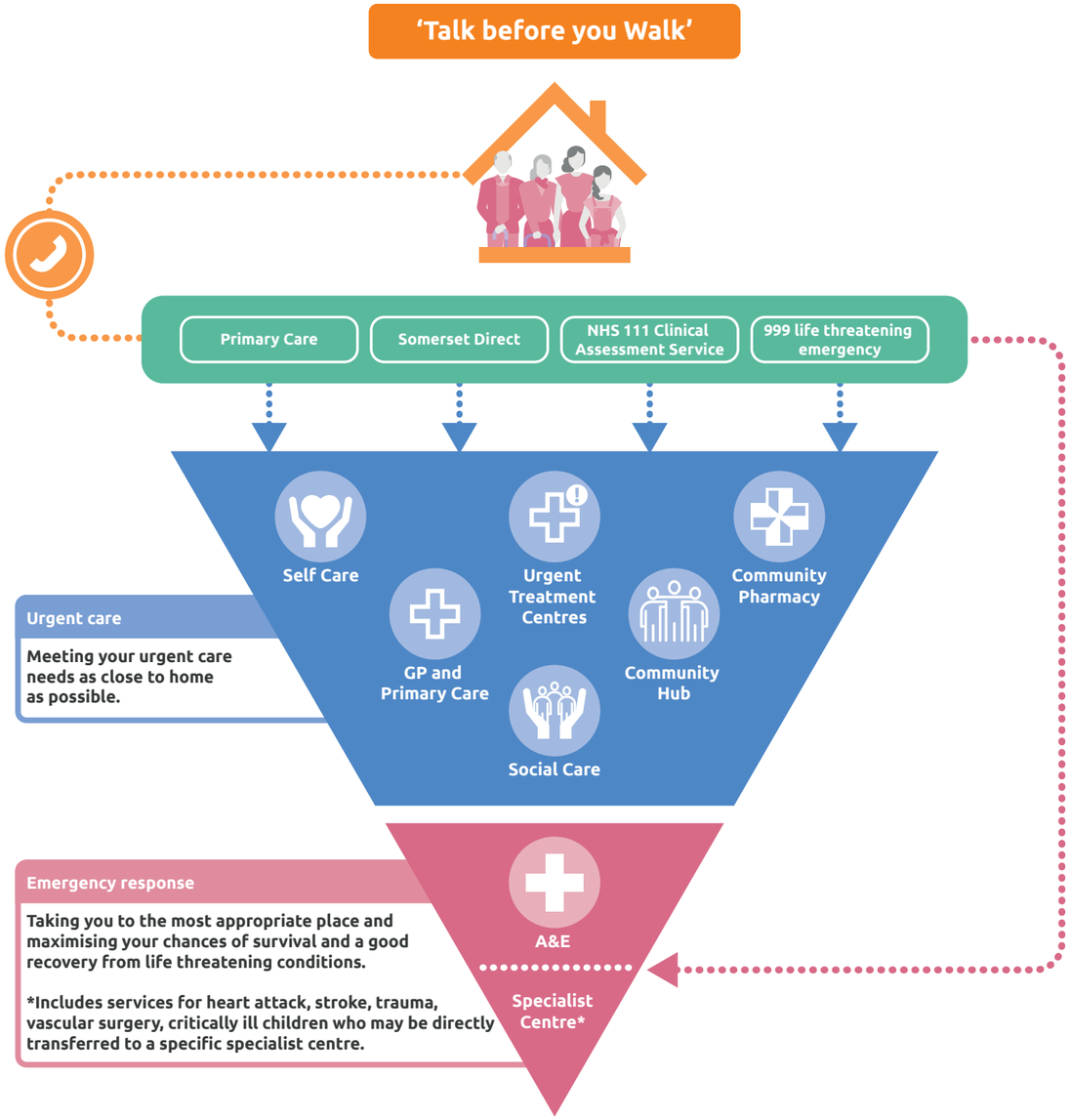
Frank's story

Frank is 86 years old with a long term condition of Chronic Obstructive Pulmonary Disease (COPD). Last winter Frank had a chest infection, was experiencing reduced mobility and did not want to go into hospital.

Frank was referred to RRS by his GP and started on antibiotics and steroids. RRS staff visited regularly to monitor Frank's observations, help with activities of daily living, and they liaised with his GP. After a few days Frank started feeling better and made good progress.

RRS staff made a referral to the Red Cross for further social support for Frank to help him continue to live well at home. He was discharged from the RRS team after 8 days care and support.

When you need urgent *'same day'* help for something that is not a medical emergency but for which you need rapid support, we will make sure you have access to *'Talk before you walk'* guidance to help you access the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.



By ringing NHS111, your GP surgery or Somerset Direct (Somerset County Council's central contact centre) you will speak to a trained professional who will assess your needs and direct you to the most appropriate care option as close to home as practical - and support you wherever possible to access the service.

Options would include:

Self Care
Advice on how to care for yourself effectively

Community Pharmacy
Visit to a local pharmacy or other community resource (such as a dentist or optician)

Community Hub
Support from a range of local agencies, for example the Alzheimer's Society or MIND

GP and Primary Care
An appointment with a GP, nurse or other health professional

Social Care
Access to support from social care

Urgent Treatment Centres
Visit to the local Urgent Treatment Centre with an appointment booked for you

A&E
Emergency care via A&E or 999

This approach will save time and unnecessary travel. It will also direct you to the most appropriate service for you, first time, and direct you to support as close to home or work as practical and help us to make sure that services are used appropriately and most effectively.

Why are you talking about Urgent Treatment Centres?

The NHS has recommended that Urgent Treatment Centres, which provide a greater range of services and a higher level of care than current Minor Injury Units, are opened across the country. They will be open for a minimum of 12 hours a day, provide a greater range of diagnostic services (for example, x-ray and some blood tests) 7 days a week, be supported by GPs and have the facility to book appointments in advance through NHS111 or your local GP surgery.

What's the difference between an MIU and UTC?

	MIUs	UTCs
Led by:	Nurse	GP supported by nurses and other healthcare professionals
Walk in service hours:	Opening hours vary (in each unit)	12 hours a day, every day (7 days a week)
Appointments:	✗ Not available	✓ Can be booked through NHS 111 and by your GP surgery
Diagnostic services including x-ray and blood tests:	✗ Majority of units do not offer these services	✓ Consistent opening hours 7 days a week
Capability to manage A&E injuries and illnesses: *based on our data – excluding life and limb threatening injuries	✓ Only some of them*	✓ Most of them*
Closely linked to and working together with the ambulance service, NHS111, local GPs, A&E and other local services	✓	✓

In Somerset it will not be practical or affordable to replace every Minor Injury Unit with an Urgent Treatment Centre so we will have to consider how many we need for the county. This means that some Minor Injury Units would close while others would be replaced by Urgent Treatment Centres.

We will support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

We believe that, by working differently and providing a greater range of services, we will remove some of the barriers that frustrate staff, and improve their satisfaction within their roles. This approach will help us to attract staff to Somerset and retain them within our services against a backdrop of national staff shortages.

How you can help

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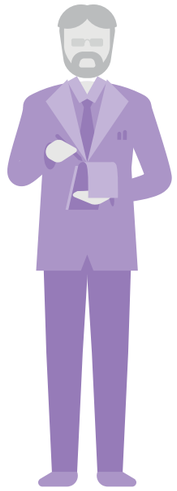
We want your help to shape and improve our future services. Our thinking is in the early stages and we want to hear what you think.

We have a real opportunity to design a new way of providing care that supports people to live independent, healthier lives.

By having the right services in the right place for people's needs, which are available at the right time and delivered by the right people, we can support people to live well, remain independent for as long as possible, receive the support they need as close to home as practical, and at the same time attract, retain and improve the experience of the dedicated staff who deliver health and care services in Somerset.

No decisions have been made and we do not have any preferred options in terms of how services will be provided in the future.

Please give us your views and ideas and let's work together to shape a health and care system fit for now and the future.



Giving your views

To give us your views, you can:

- fill out our questionnaire which you can find at your doctor's surgery or on our website
- write to us for free, you don't need a stamp – write on your envelope **FREEPOST SOMERSET COMMUNITY ENGAGEMENT**
- email us - **somccg.fitformyfuture@nhs.net**
- call us - **01935 384119**
- come to one of our drop-ins, all the dates and places are on our website

For more information, please visit our website:

www.fitformyfuture.org.uk

If you would like this document in another language or format please contact us.

Glossary

1. **Accident and Emergency** – There are Accident and Emergency Departments at Musgrove Park Hospital, Taunton, and Yeovil District Hospital. They deal with life threatening emergencies and major trauma such as a road traffic accident.

2. **Acute hospital** – Provide services such as Accident and Emergency Departments, outpatient services and complex diagnostic tests (eg breast biopsy or specialist scans), inpatient services, operations and in some cases very specialist care.

3. **Adult and children's services** – These span personal care and social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, or old age.

4. **Community hubs** – Community hubs bring together a range of health and care services and professionals, which could include a nurse, physiotherapist, social care worker or mental health worker, to provide more joined up care in a single location. In addition, diagnostic tests such as x-ray or ultrasound and specialist outreach clinics will be based here, making sure as much of your care as possible is managed close to where you live. People may be referred to their community hub (either in person or virtually, by telephone or video conferencing) by members of their GP surgery or other health or social care professional.

5. **Health coach** – A health coach will listen to a person's own health story and help them to set goals that will assist them in staying well, helping people to gain the knowledge, tools and confidence that will help them to take a more active personal role in their own health and wellbeing.

6. **Health connector** – Health connectors are very knowledgeable about activities, support and services available locally in the individual's community, and will support people to access the activities and/or services that will help them to maintain their own health and wellbeing.

7. **Health and Care Teams** – This team may include GPs, practice nurses, asthma or diabetes nurses, district nurses, physiotherapists, pharmacists, health connectors or mental health workers (among others) to make sure people get the right care at the right time without the waits that currently exist for many people. Everyone in the team who a person has contact with, will be able to see their records, know their history and work with them (and the people who support them) to help them resolve or manage the challenges they face.

8. **Long term conditions** – Chronic diseases for which there is no cure and which are managed with medication and lifestyle changes, such as diabetes, hypertension, angina or asthma.

9. **Minor Injury Unit (MIU)** – Current service provided at 7 sites across Somerset, each with differing services and opening hours, providing nurse led same day urgent care including some x-rays (no blood tests), and some routine care (dressings or follow up appointments) outside of GP surgeries or A&E

10. **Public health** – This is a branch of medicine dealing with the health and wellbeing of the population, including the causes of disease and disease prevention.

11. **Same day urgent care** – This includes medical attention for a symptom, illness or injury that is not life threatening but which is perceived to need rapid treatment or support and can't wait for a routine appointment with a GP.

12. **Urgent Treatment Centre (UTC)** – A nationally mandated change to the provision of 'same day urgent care', with a greater range of services than provided within our current Minor Injury Units, including a minimum of 12hour opening, a greater range of diagnostic services 7 days per week (for example, x-ray and some blood tests), supported by GPs, and with an ability to book appointments in advance through NHS111 or primary care

Improving community health and care services for people in Somerset

Engagement document

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fitformyfuture.org.uk

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