



Engaging with you on proposed changes to your local health and care services

Improving health and care services in central Lancashire – you said you wanted...

Services that encourage self-care and improve health and wellbeing

Services that deliver a person-centred and bespoke approach

Services that reduce the dependence on hospital-based care

Services that are clinically and financially sustainable

Services that are integrated



The themed areas we are working on



Engagement activities so far

Public engagement events and workshops – 600 public attendees

Targeted conversations with patient groups and community groups

Targeted conversations with specific demographic groups

Conversations with hospital staff, ward visits

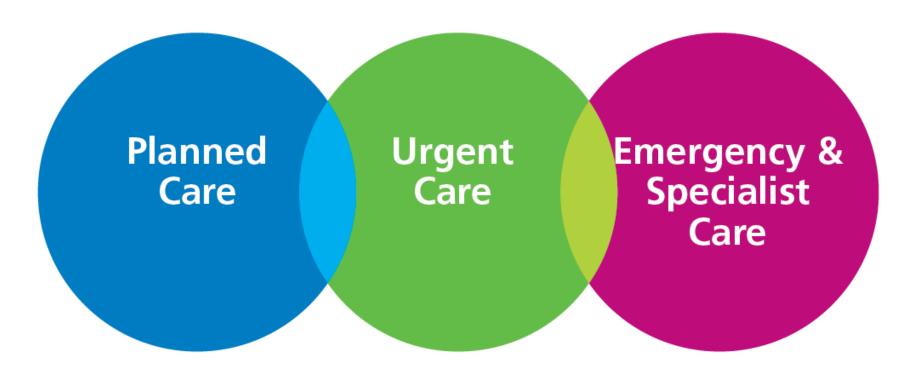
Conversations with partner organisations, health and care providers and local authorities, councillors and MPs

Opportunities to provide direct feedback and ask direct questions, via email or online



The clinically-led emerging model for local hospital services

- Your views so far have helped local clinicians to come up with some ideas of how local hospital services could be arranged.
- These ideas are based on three areas:



They are also based on the following principles



Purpose of this event

Emerging model of care

Detailed model of care

Develop options

To gather views to turn the emerging model in to the detailed model of care



Purpose of this event

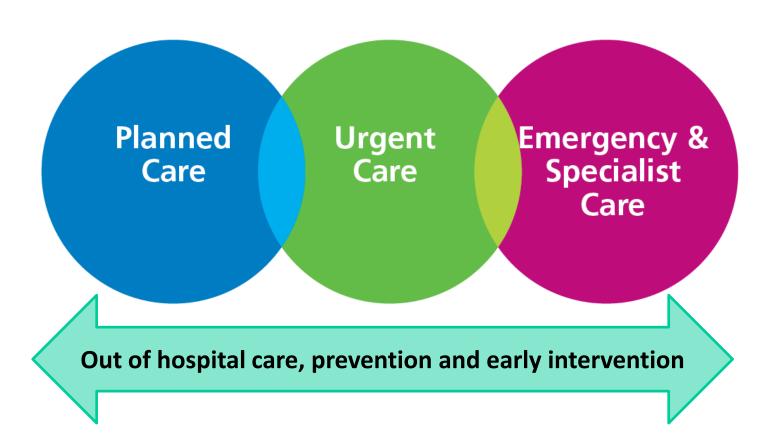
Pre-consultation engagement to gather views and feedback

Expecting a formal consultation to take place in spring 2019



You have told us...

 ... that you want to talk to us more about local health and care outside of the hospital and to see more 'joined-up' care



How your views are already shaping the clinically-led, emerging model of care

Hospitals will still be under pressure until care is better integrated, because people can end up in hospital when other services aren't joined-up enough

Care closer to home, that includes support in the community / in primary care.

Enhanced mental health liaison to connect support for people with mental health needs from the community through to hospital and/or emergency care and in-patient treatment.

Intermediate care for patients to reduce length of stay in hospital, or stop the need for hospital care.



What could local health and care services look like outside of the hospital?



Out of hospital care, prevention and early intervention

GP surgeries
working
closely
together, and
at scale

GP surgeries working closely with community, hospital and mental health services to deliver integrated care via integrated teams

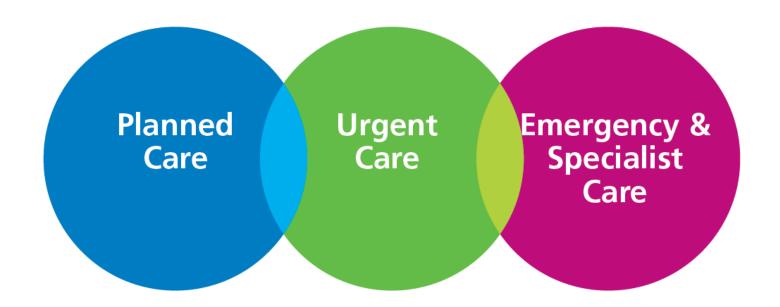
Access to appointments

Care for people who are frail and/or elderly



We would like to give you...

... more information on what urgent care could look like





How your views are already shaping the clinically-led, emerging model of care

How can the system deliver good urgent and emergency care?

To support the new model of care, an urgent care service needs to be developed further. It's estimated that around 70% of people currently seen in A&E could be treated by a fully functioning Urgent Care Centre.

The urgent care service will need to:

- Be staffed by a range of clinicians with a range of skills
- Treat minor injuries and illness, fractures and lacerations, and infections
- Accept patients arriving by ambulance

Since 2012 Lancashire and South Cumbria patients who need life and limb saving treatment have been taken to the Major Trauma Centre, rather than their local A&E. This won't change.

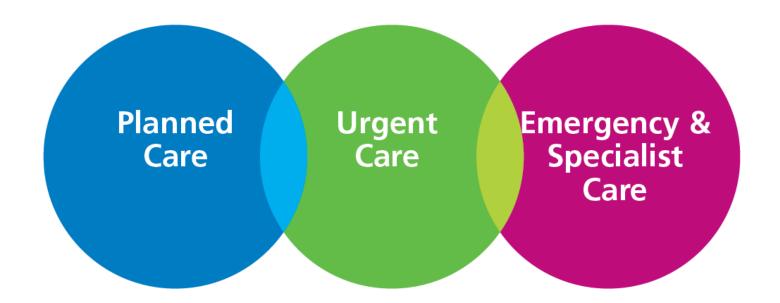


What could local urgent care services look like?



We would like to give you...

• ... more information on what planned care (non-emergency and urgent treatments and operations) could look like





How your views are already shaping the clinically-led, emerging model of care

How could the system deliver effective critical care, and critical care that can support planned care?

High risk surgery would be done at the emergency and specialist centre, which will have a critical care unit

We are looking at including a level of critical care service in the planned care centre so more complex surgery can be done there, and safety is assured



What could local planned care in the hospital look like?



- 1. Out of hospital and 'joined up' care
- 2. Urgent care in the hospital
- 3. Planned care (treatments and operations) in the hospital

You will have the opportunity to discuss on your tables where there will be a clinician and a facilitator to support the discussion and take notes.

There will then be an opportunity for the tables to feed back to the whole group.

Out of hospital and joined up care

Issues

 Local health and care services are not as integrated and joined up as they can be, and care is not as close to home as it could be

Proposal

- More services located in the community and in you GP practices
- More care and treatment closer to home
- Care that is more joined up and integrated

For discussion:

- Do you think your services are joined up? (Any examples of good practice?)
- Do you think they could be more joined up (Examples of areas for improvement)
- What would joined up services look and feel like to you?
- What should we do to ensure these services are joined up?

Urgent care in the hospital

Issues

 There are high pressures in the emergency department, including with many cases that could be dealt with in a different service

Proposal

 An urgent care treatment centre located with the emergency department, networked with an additional urgent care treatment centre

For discussion:

- What would the benefits of this be?
- What concerns do you have about this?

Planned care (treatments and operations) in the hospital

Issues

- Long waiting times
- High numbers of cancellations

Proposal

 A 'planned care' centre with protected beds to prevent cancellations of treatments and operations

For discussion:

- What would the benefits of this be?
- What concerns do you have about this?

Next steps

Your feedback, as well as feedback from a wide range of other conversations, will help inform a more detailed model of care.

We will come and talk to you again about a more detailed model of care, to help us develop that model into some options for how it could be delivered

A 'pre-consultation
business case' will be
produced, which will be
subject to a formal
consultation – the
consultation is likely to take
place in spring 2019

Once we have talked to you about potential options, these options will formally appraised by clinicians and patient representatives

Watch this space for details of more opportunities to get involved!

Contact us





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