

Frequently asked questions

Q: How long will the pilot last and what happens next?

A: The pilot in Marlow and Thame is planned to start in April 2017 and will last six months. We're piloting these ideas to give us a better understanding of what works for these communities.

During the six month pilot we will continue discussions with our staff, GPs, social care, other health and care providers, patients and the public in order to learn from their experiences of these new services.

We will take this learning and have similar discussions in other communities across the county so that by the end of the pilot we have a clear proposal about how we wish to provide more care in the community in the future.

Q: Why Thame and Marlow?

A: We decided on these two locations because we have strong community health bases in Marlow and Thame, as well as strong GP engagement and involvement in the new model.

We already have the facilities in place to support the pilot, and they have the smallest inpatient units (12 beds in Marlow and 8 beds in Thame), which will be used for the new community assessment and treatment service (frailty assessment service), benefitting 350 patients.

Q: What will happen to hospital beds and will this be a permanent move?

A: At the moment one third of our community beds (24 beds) are used by patients who would be better served by the developments we are piloting. Therefore, during the community hubs pilot, clinicians will not use the 20 inpatient beds at Marlow and Thame hospitals. Instead the space will be used to run the community assessment and treatment service (frailty assessment service), where more than 350 patients will benefit from this new service.

Expanding the support available to people in the community will help to maintain a person's health and independence, which would otherwise deteriorate if they were admitted to hospital for a length of time. By introducing a rapid response service and specialist community assessment and treatment service (frailty assessment service), in the community, we will reduce the need for bedded care in hospital.

We will be monitoring this over the pilot period before any permanent changes are agreed.

Q: Where will the patients who would have been admitted to these hospitals now go?

A: Patients who may have been traditionally admitted to Marlow and Thame community hospitals will benefit from the new services we are introducing, which will help them to remain independent and in their own home or care home.

In particular, the new community assessment and treatment service (frailty assessment service), and rapid response intermediate care will support GPs and hospital clinicians with the assessment and care planning for frail older people, putting the right support in place earlier to avoid an unnecessary hospital stay.

On the rare occasion that a patient may need additional overnight support, which cannot be provided by the locality integrated teams, local transitional care home beds and overnight packages of care (night-sitting support for people in their own homes) will be available to our clinicians. This is something we will monitor throughout the pilot.

Q: How will you inform patients of changes to their care?

A: We are liaising with GPs and other referrers to make them aware of the new services we will offer and how to access them, including the promotion of the community care coordinator.

Community care coordinators will provide GPs, hospital clinicians and other health and social care staff with 24/7 phone and email 'single point of access' to organise specialist community services for their patients (including the rapid response intermediate care service). Making it easier to access community services will help to prevent admissions to hospital and avoid the delays to discharge that keep people in hospital for longer than they need to be.

We are working with Prevention Matters, Carers Bucks and the Citizen Advice Bureau to offer a range of advice, support and signposting services in the first step of creating a single point of access to health and care services for the public.