Summary of points raised at the Inquiry

Item	Theme	No.	Issue
Contributing Factors			
	Ageing Population	1	Wiltshire has an ageing population with increasingly complex needs. Older people have less resilience to chronic illness and consequently place greater demand on health and adult care services.
	Economic & Social	2	There are fewer carers and generally less support in families as people are working longer hours or returning to work because of the cost-of-living crisis.
		3	There is an increase in working age adult demand for Adult Social Care (ASC).
		4	Demand in children's services has increased, leading to follow-on demand in adult services as they get older.
		5	The ambulance service reported receiving more calls from areas of deprivation.
		6	Since Covid, there has been an increase in levels of anxiety and depression as people struggle to engage and connect with communities.
	Covid	7	Covid has impacted all areas of health and social care. There is a Bath and North East Somerset, Swindon and Wiltshire (BSW) Post Covid Urgent and Emergency Recovery Plan which was outlined in the briefing pack provided before the inquiry session (Appendix 2).
	Staffing	8	There is a recruitment crisis in general practice causing practices to operate with a skeleton staff or close to it. Physician assistants will help but will take three years to train.
		9	Staff worked during Covid and have since faced a hugely challenging backlog, causing greater staff stress and sickness.
		10	Domiciliary care homes are struggling to recruit staff partly due to wage competition with supermarkets.
		11	In hospitals many staff post-covid are trying to catch up while managing significant staff sickness levels. Salisbury NHS Foundation Hospital Trust welcome the new national workforce plan. They are starting to notice a reduction in sickness and are looking at new roles, but this all takes time.
	Primary Care	12	The GP's role is to act as gatekeeper to the NHS and 90% of contacts with health are with primary care. (A drop to 80% of contacts would be felt across the system). At some practices GP triage has turned into a two or three step process, involving call-backs to see if patients need an appointment. It is important that triage and call-backs happen quickly to avoid unnecessary demands on acute care however the system's ability to function effectively has been impacted by GP sickness.
		13	A Healthwatch survey found that some GP surgeries don't have the infrastructure to do multiple calls and call-backs etc. If people know they are in a queue they can manage it, but they need to know that. Different Primary Care Networks (PCN) are adopting different systems – with some advising patients to go to A&E.
		14	Pharmacies and dental services are also primary care contractors and need to play a bigger role in the system. However, some pharmacies are closing and towns are expanding without additional services. There is concern about how these issues will be tackled.
		15	Access to NHS Dentistry is increasingly reducing for adults and the bulk of calls to Healthwatch are about dentistry.
	Community Services	16	Wiltshire Health and Care (Community health services) have noticed that the level of care needs has increased, with the number of visits required per patient going up from 2 to 3-4 visits a day.
		17	It can cost £2K a week for people to be cared for at home.
	Care Homes Domiciliary Care	18	The capacity in care homes is not sufficient and it is likely to get worse.
		19	The type of care available does not meet the complex needs of people on discharge, e.g. people with very challenging behaviours.
		20	Housing is a huge element of the solution. There is a need for single-sex provision and accommodation for younger people too.
The impact of a reduced access to services		21	It became clear through the discussion that all health and social care services are closely interlinked, so any change or block in the system is felt by everyone across the whole system.
	Exacerbation of physical and mental health conditions	22	The post-covid demand on services has led to very long waits for specialist interventions e.g., a 12-month wait for a cardiologist compared with a 2-month wait pre-covid. This is likely to lead to patient deterioration during wait times and routine problems becoming more significant.
		23	There are rising levels of anxiety and depression with young people and at the same time a lack of access to Children and Adolescent Mental Health Service (CAHMS), with waiting lists sometimes over a year. Consequently, young people present at A&E with mental health symptoms.
		24	There is no support for people who fall between the thresholds of mild and severe mental health conditions, which may lead to more people presenting late with complex mental health problems.

	Patients going directly to A&E	25	People don't always know where to go for the care.
		26	Patient surveys and feedback suggest frustration at the lack of access to GPs.
		27	Patients report a lack of confidence with online booking systems, unable to complete or system errors advising them to attend A&E.
		28	Younger people are more likely to use A&E for non-emergencies.
	Difficulties sourcing appropriate care.	29	It is difficult to source rehab and housing for people with complex mental health problems and community support will no longer be able to provide the level of support needed.
		30	There are challenges with discharging patients with complex needs and sourcing the appropriate care package to meet those needs.
		31	Loss of community hospitals means more people discharged to residential homes without nursing provision.
		32	Delay in clinicians and Adult Social Care (ASC) being able to agree a discharge plan causing Delayed Transfer of Care (DTOC). Delayed hospital discharges and adult social care (parliament.uk).
		33	For Adult Social Care (ASC) the introduction of No Criteria to Reside (NCTR) has resulted in a diversion of resources to manage the increase in patients being discharged home who are not ready to be independent at home and still have high needs.
		34	Social care not being able to provide does have an impact on acute care needs.
		35	Readmissions to hospital are often due to the right care not being available at home or in the community.
	The Voluntary Secto	36	The voluntary sector has a role in supporting people, however there is a limit to the services that can be provided purely by volunteers.
		37	The ambulance service noted that reductions to community support services has had an impact on other services e.g. reduction in alcohol support, causing an overall impact on ambulance services.
		38	The Council has had to divert some resources away from prevention in order to handle the impact of more people leaving hospital with significant support needs.
Strategies to mitigate demand on urgent care		39	It is a challenge for people to both 'row the boat' and fix it at the same time, that is to innovate and make improvements at the same time as delivering day-to-day services.
	GP Surgeries	40	The Devizes pathway-2 model aims to replicate the care patients with high needs would receive in a hospital. It is working well, and the cost is significantly less than a hospital bed.
		41	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) is developing plans from all PCNs to improve access to GP care.
		42	Surgeries need to provide for transactional urgent care (same day appointments) as well as a more traditional life-long care service. Practices are all independent businesses so it is difficult to encourage GPs to all take the same approach.
		43	Some GP practices have now adopted a two-lane system with a) the choice of an urgent appointment with someone, or b) an appointment with a specific person with a longer wait.
		44	There is now a common health record, which is beginning to work well, but bringing the current 12 systems together (Single View) takes a lot of work and clinical input. Currently when a patient arrives at an Minor Injuries Unit (MIU) it is not possible to see if they have called 111 or been to the GP.
	Ambulance Service	45	South West Ambulance Service Trust (SWAST) tries to treat on scene or redirect from Emergency Department. The demand is increasing but the ability to treat outside hospital Emergency Department (ED) is also increasing.
	Adult Social Care	46	The Council introduced a new homecare framework in April 2023. The specification is clear to new providers that they pay the national living wage to their staff. There are a couple of pilots in Wiltshire testing new ways of doing business with providers.
		47	Under the new commissioning framework, an increase in price per hour has brought more providers into the market. New providers also bring risks around quality assurance. The benefit of a framework is increasing capacity and local provision, but it does need to be carefully managed to ensure quality. Complex care costs are a high risk for providers too. There is an opportunity to have a coherent approach with the upcoming re-commissioning of the community services contract.
		48	Wiltshire Support at Home, the Council's in-house domiciliary care agency has grown well in the last year. Although it can't entirely replace a viable care market, it is having a positive impact.
		49	The Council has an early intervention strategy and now needs to incorporate other partners. There has been a shift in discussion at the Integrated Care Forum towards prevention.

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		50	Technology is part of Council's ASC transformation programme. The tech team has been developing a new strategy for this and we will be looking to make gains across the system in the next 12 months.
		51	There was some concern about technology in care not being suitable for some conditions.
	Care Co-ordination	52	The 111 and out of hours service (Medvivo) is implementing a new approach to care co-ordination to reduce duplication and link the services a patient is known to.
	Care Co-ordination (cont.)	53	A single point of access was introduced for health care professionals to access more senior clinical support and advice.
		54	Care co-ordination initially focused on ambulance crews who were able to seek advice on hospital conveyance. It also has representatives from Adult Social Care and community services to help provide alternative care to going to A&E.
		55	The triage system used by 111 is very risk averse and defaults to acute services too. To mitigate this, in Wiltshire a 111 clinician speaks to category 3 callers. They address 3000 callers a month in this way.
		56	Only 16% of patients (across all categories) were conveyed to hospital, which is significantly lower than average.
		57	Support to care homes is also being looked at to reduce 999 calls with a consultant-led multi agency team to support care home staff.
		58	The next step is to address end of life care.
	Resources for delivering urgent care services in the community	59	Wiltshire Health and Care supports 17-18,000 people and aims to avoid them going into crisis and keep people in the community. The service has been recently reviewed and will be starting a new improvement programme.
		60	Money is not the only answer and how services are provided needs to be considered.
		61	NHS at home – there are 32 beds in virtual wards, with a focus on frail people, up to 100 by the end of the year. The initiative has seen over 80% not going on to need admission. The challenge is growing public confidence in the approach. It takes a lot of time to shift the culture away from treating in a hospital to managing in the community.
		62	In terms of providing community services, good data makes a big difference in being able to focus on prevention.
Aspirational Improvements	**Patient-friendly services**	63	Healthwatch surveys highlighted improvements from a patient's perspective to include better communication to help people understand how the system works, consideration around improving acoustics in facilities so people don't have to shout their symptoms, quiet and safe areas for patients, clear signage and colour use, facilities for patients attending hospital with children.
	Transition from hospital to home	64	'Home for lunch' initiatives, getting people home earlier in the day makes it easier to get the required support services in place. 48% from Comm hosp are home before lunch but recognise could do more. Patient transport availability is big challenge to this as well as other things like TTAs (pharmacy/drugs).
		65	Start process earlier so become aware of their needs. Eg need to know if they are a hoarder and will need support to get home. PW2 pilot survey showed how well this worked within the new model setting. Resulted in 28 day LOS and had better understanding of peoples' needs as a whole, not just health.
		66	Involve Adult Social Care from the start. More in-reach in acute wards, even small things like passing on key codes etc. completing info correctly on the ward. Lisa H responded that we have recruited in-reach teams to each acute. They are having clinical conversations to get people in right place and gather right data. Supporting unpaid carers and making referrals to appropriate community organisations.
	Preven repeat readmissions to hospital	67	More could be done to link up to the adaptations service however it is difficult to change current process to access Disabled Facility Grants (DFG).
		68	In terms of quick wins, focusing on smoking cessation does reduce readmissions.
		69	There are lots of small health issues that could be tackled that will make a difference.
		70	More could be done to better monitor those discharged. It would help to know the outcomes for up to a year.
	Integrated approach to care	71	A longer-term vision would be to develop community models for care, like dementia care villages.
		72	Ideally, the Council would want to encourage small, even micro, providers linked to local areas/villages. This would have the added benefit of saving on high-cost care with a county provider.
		73	More could be done to join up care needs in housing strategies and local plans.
		74	The council needs to prevent people from requiring care.

75	There is a need for Adult Social Care to focus on whether we are working effectively with the voluntary sector.