

## Board Paper Summary Sheet

**Agenda Item No : 217/01/09**

**Date of Trust Board Meeting: 20 January 2009**

**Title: Reforming Community Services in Wiltshire – 2<sup>nd</sup> Anniversary**

For: Approval  Discussion  Information to note

<b>Purpose/Summary</b>	To note the progress made two years on from the Board decision to implement the Reforming Community Services programme in Wiltshire.
<b>Link to PCT strategic objectives</b>	Delivery of high quality care for all residents of Wiltshire.
<b>Human and Financial Resource Implications</b>	None
<b>Risk Management/Other implications</b>	None
<b>Equality issues</b>	None
<b>Consultation and Public Involvement</b>	None
<b>Freedom of Information</b>	Public paper
<b>Review of Progress</b>	Through Provider Services Committee and Board reports, as required
<b>Standards for Better Health</b>	All
<b>Legality Issues</b>	None
<b>Options/Recommendations</b>	The Board is asked to note the substantial progress that has been made and to formally record its thanks to the clinical and managerial staff who have been instrumental in the delivery of modern and accessible health services for the people of Wiltshire.
<b>Author (if different from Director)</b>	
<b>Sponsoring Director's signature</b>	Alison Knowles Director of Corporate Affairs & Communications

# **NHS Wiltshire**

## **Reforming Community Services in Wiltshire - 2<sup>nd</sup> Anniversary**

### **1. Background**

On 30 January 2007, the Board of Wiltshire PCT met to make vital decisions about the future shape and delivery of health services for local people. The meeting was the culmination of eighteen months of listening to patients, users and carers, and the public in Wiltshire. All these views were invaluable in shaping the plans.

At the Board meeting in January 2007, the PCT set out a new vision for the future. This centred on the NHS providing greater support to help people live healthier lives, to deliver care much closer to people's homes, give people greater choice over where and how they receive NHS care when needed, and ensuring that when people do need hospital services they can expect them in modern facilities.

This approach meant a change in the balance of services, with more care provided in the community, we already had staff working in the community, in GP surgeries and hospitals. The plans placed many more staff in community teams and in primary care, and few in a smaller number of improved Community Hospitals.

#### **1.1 The Programme**

In order to make the vision for local health services a reality, a number of key changes were agreed. These were:

- ✓ To develop eleven neighbourhood teams - comprising teams of nurses and therapy professionals providing care 7-days per week. The teams would serve every area of Wiltshire with three teams in the South, three teams in the West, three teams in the North and two teams in Kennet.
- ✓ To develop new NHS Primary Care Centres with general practitioners, nurses and other health professionals with special training. These centres would provide modern diagnostic services and clinical assessment in Trowbridge, Devizes, Salisbury and Malmesbury. In addition, in Westbury, the GPs were keen to develop a similar practice-led service.
- ✓ To develop an NHS health campus in Devizes bringing together three GP practices, the Primary Care Centre and a new NHS Treatment Centre.

- ✓ To upgrade the NHS Community Hospital in Chippenham, Warminster and Melksham, which along with Marlborough (Savernake Community Hospital) will provide modern appropriate facilities. The upgraded Community Hospitals would have the following inpatient beds:
  - Chippenham - 10 general medical beds, 20 stroke beds and 14 maternity beds;
  - Savernake - 24 general medical beds;
  - Warminster - 20 general medical beds.
- ✓ Walk-in services at the Community Hospitals in Devizes, Westbury and Trowbridge and the health centres in Devizes, Trowbridge and Chippenham will be replaced by new Primary Care Centres or improved Community Hospitals.
- ✓ To commission six general medical beds in Malmesbury.
- ✓ An improved NHS minor injury unit would be developed in Trowbridge, open at all times, and a similar unit in Chippenham, open between 7am and 1am daily.
- ✓ Community maternity beds would be centred in one 14-bed unit in Chippenham, supported by a range of antenatal and postnatal service in the local communities with more opportunity for mothers to choose to have their baby at home. Women would be able to choose whether to have their delivery at home, at Chippenham Community Hospital, at the birthing centre at Frome Community Hospital, or at an acute hospital in Salisbury, Bath or Swindon.

The programme was scheduled to run from summer 2007 so that all changes were complete by 2012.

The Board approved the Reforming Community Services (RCS) programme and its financial plan to deliver £15.7million of savings of which £13.7million would be reinvested in new services for patients so that £2million of recurrent savings would be realised. The programme would also be supported by a £65million capital plan to refurbish and build facilities fit for the 21<sup>st</sup> century.

## 1.2 Timeline

The Board agreed that a detailed implementation plan for each project within the RCS programme would be developed against the following high level key milestones:

<b>Date</b>	<b>Milestone</b>
July 2007	Neighbourhood teams established Single point of access established Absorb Devizes general medical and maternity beds
September 2007	Cease Melksham general medical beds Warminster general medical beds set at 20 Trowbridge general medical beds set at 22 Chippenham general medical beds set at 21
October 2007	Improved MIU services in Trowbridge and Chippenham
December 2007	Trowbridge general medical beds set at 10
January 2008	Chippenham HC services transfer to Chippenham Community Hospital (Best Case) Avon Approach transitional arrangements begin
March 2008	Cease Trowbridge general medical beds
May 2008	Chippenham HC services transfer to Chippenham Community Hospital (Worst Case)
June 2008	Chippenham general medical beds set at 10
July 2008	Open Malmesbury PCC Commission 6 beds from Malmesbury Care Home
August 2008	Transfer Westbury day surgery services
January 2009	Open Westbury PCD Open Devizes PCC Transfer Devizes Hospital ambulatory services Transfer Devizes HC services to PCC Open new Chippenham maternity unit Transfer Trowbridge maternity services Transfer old Chippenham maternity services Open new Avon Approach Open Fountains Way End Avon Approach transitional arrangements
July 2009	Open Trowbridge PCC (Best Case) Transfer Trowbridge Hospital ambulatory services (Best Case) Transfer Trowbridge HC services (Best Case)
January 2011	Open Trowbridge PCC (Worst Case) Transfer Trowbridge Hospital ambulatory services (Worst Case) Transfer Trowbridge HC services (Worst Case)

### 1.3 The Benefits

The NHS in Wiltshire envisaged that the RCS programme would deliver benefits for patients:

- People would be encouraged to live healthier lifestyles;
- Eleven new neighbourhood teams would enable more people to live in their own homes because of the increased support available locally;
- Few people would need emergency admission to hospital;
- Local access to clinical assessment and diagnostic services in NHS Primary Care Centres would mean that fewer people would be referred to acute hospitals;
- Reduced attendance at A&E departments and reduced non-urgent ambulance call-outs;
- Unnecessary delays in leaving hospital would be greatly reduced and length of stay shortened;
- Improved recuperation through better use of Community Hospital beds;
- Faster access to clinical professionals and treatments in five new NHS Primary Care Centres;
- Reduced need for patients to travel to main hospitals for diagnostic tests or therapy services as they will be available in the community through neighbourhood teams and NHS Primary Care Centres.

### 1.4 Governance & Scrutiny

The RCS programme was subsequently endorsed by the Wiltshire Health Overview and Scrutiny Committee (HOSC) at its meeting on 1 March 2007.

The HOSC agreed that the programme implementation should be monitored on a monthly basis by a RCS task group which would report formally to the HOSC at its bi-monthly meetings. The PCT agreed that the Director of Corporate Affairs would represent it at task group and HOSC meetings with other senior staff attending as and when required.

The PCT Board in March 2007 approved the establishment of a Board Committee to monitor the implementation of the programme. The Committee was chaired by the PCT Chairman's and included Board members (executive and non-executive) from the PCT alongside executive directors from partner organisations (acute, mental health, social care and ambulance) and the chair of the Wiltshire PPI Forum.

## 2. Progress - two years on

### 2.1 Key workstreams

The RCS programme has been implemented largely on time and within budget. The key workstreams included:

#### 2.1.1 *Neighbourhood Teams*

A Single Point of Access, 'Access to Care' was commissioned from Wiltshire Medical Services (WMS) in July 2007. This single point of access provides the referral route to Neighbourhood Team services (Kennett, North and West Wiltshire) and Community Hospital inpatient beds. Implementation of this service was achieved to time.

The original timeline for the establishment of the 11 Neighbourhood Teams across Wiltshire was scheduled for a phased implementation from July to September 2007. As a result of extensive staff consultation in July and August 2007, the timeline for implementation was revised to December 2007 for Neighbourhood Team services to be provided from 7am-10pm and for a 3 month pilot to be commissioned for a night nursing service from 10pm-7am. This revision was agreed by the PCT Board.

The revised implementation date was achieved for 9 of the 11 Neighbourhood Teams with implementation at Malmesbury slightly later due to significant recruitment requirements. The Marlborough Neighbourhood Team extended their working hours to 7am-6pm but further development of the team has been delayed by the Judicial Review relating to Savernake Community Hospital.

Implementation of the 11 Neighbourhood Teams across Wiltshire was achieved as follows:

- 9 Neighbourhood Teams working from 7am-10pm from December 2007 (not Malmesbury and Marlborough);
- Malmesbury Neighbourhood Team working from 7am-10pm from March 2008;
- Marlborough Neighbourhood Team working from 7am-10pm from February 2009.

The 11 Neighbourhood Teams operate from 7am-6pm with 5 broader geographical areas covered across Neighbourhood Teams in the evening.

A 3 month night nursing service pilot, providing services from 10pm-7am, was commissioned from Wiltshire Medical Services (WMS) and commenced in late November 2007 in West Wiltshire. An evaluation of the pilot was provided to the PCT Board in May 2008 (item 41/05/08-09) and a further update in July 2008

(item 90/07/08-09). The pilot period has now been extended to October 2009 with Wiltshire County Council providing an integrated overnight telecare response.

In the first year of operation, the neighbourhood teams have provided care to over 10,000 new patients and delivered more than 260,000 home visits.

A patient survey, carried out in November 2008, demonstrates overwhelming support for neighbourhood teams. A summary of this survey can be found at Appendix 1.

### 2.1.2 Inpatient Services

The timeline for the programme of RCS bed reductions was revised in line with the changes to implementation of neighbourhood team services – see 2.1.1 above.

The community hospital inpatient bed reduction programme was successfully implemented as follows:

Site	Plan	Date	Outturn bed nos.
Devizes	-10	June 2007	0
Melksham	-12	November 2007	0
Trowbridge	-22	March 2008	0
Chippenham	-23	June 2008	20
Warminster	-4	March 2008	20
Savernake	+8	March 2008	24
Chippenham (stroke)	No change	-	20
Malmesbury PCC	+6	July 2008	6
<b>Total</b>			<b>90</b>

NB: Maternity service beds are not included in these numbers.

Bed numbers at Chippenham Community Hospital have been subject to further review. The original RCS plan was for 10 general medical inpatient beds at Chippenham. A paper went to the PCT Board in August 2008 (item 109/08/08-09) with recommendation from the North Wiltshire Practice Based Commissioning Consortia for 20 medical beds to be commissioned at Chippenham. The PCT accepted this recommendation along with a commitment to work with the Consortium to develop a future service model for beds.

Delayed Transfers of Care (DTC) in the community hospitals have significantly reduced over the period April 2007 to December 2008. At the start of 2007, there were approximately 350 lost beddays each week (ie 50 beds) and this reduced to 58 lost beddays per week in December 2008 (8 beds)

### *2.1.3 Minor Injury Units*

Minor Injury Unit (MIU) services across Wiltshire were reconfigured on 30<sup>th</sup> September 2007, with 4 PCT MIUs closing at Devizes; Melksham; Warminster; Savernake and 1 GP run service closing at Westbury.

The 2 new MIUs were established on 1<sup>st</sup> October at Trowbridge Community Hospital operating 24/7 and at Chippenham Community Hospital operating 18/7.

These service changes were successfully implemented in line with the planned RCS timeline.

A paper 'Annual Review of MIU Service Provision' was presented to the PCT Board in December 2008 (item 199/12/08-09). This paper updated the Board on the first year's data on activity and patient experience following the reconfiguration of MIUs in Wiltshire.

### *2.1.4 Primary Care Centres*

The capital development programme of primary care centres across the county has taken longer than originally envisaged. The opening of the Malmesbury Primary Care Centre in June 2008 was an important milestone in the programme and evidence of the high quality accommodation and opportunities for service improvement that will be delivered through this element of RCS.

All of the other primary care developments have now been formally approved by the Board and are at various stages in their project plans:

- Westbury - the outline business case was approved in February 2008 but the project was delayed by the original site being withdrawn from sale. An alternative site has now been identified, the GMS Schedule of Accommodation agreed, services to be transferred from WCHS identified and accommodation agreed and the architects have been instructed. Interviews for a builder will take place early in 2009 with anticipated completion at the end of 2010;
- Devizes – the outline business case was approved in September 2008 and a public survey assisted in identifying Green Lanes as the preferred site for the development, alongside the NHS Treatment Centre for Wiltshire will open in autumn 2009. A developer and architect have been appointed with the design process well underway. The GMS Schedules of Accommodation has been agreed, and the accommodation requirements for services to be transferred from Devizes Community Hospital and Devizes Health Centre have been identified. Building work will start in early 2009 with completion due in winter 2010;
- Trowbridge – the outline business case was approved in May 2008. A preferred site has been identified and an outline planning application has been submitted to West Wiltshire District Council who have confirmed their



intention to hear the planning application prior to end March 2009. The GMS Schedule of Accommodation is being worked on and the accommodation requirements for the community health services from the community hospital and the Halve Clinic are being identified. It is anticipated that the project will be complete in 2012;

- Salisbury – The outline business case for the primary care centre development was approved in December 2008. The site has been developed and negotiations with potential developers are underway. The GMS Schedules of Accommodation have been agreed and work is underway to identify the accommodation requirements for the re-provision of community health services from the Central Health Clinic and the Salisbury Hospital site. There will be a number of planning issues to be resolved with this development and it is not anticipated that the build will start before late 2010 with an anticipated completion summer 2012. In addition to the PCC development, the Board approved the re-provision of Castle Street surgery which will proceed to a different timescale as a GP-led initiative.

In addition to the primary care developments, Wiltshire Community Health Services have undertaken a programme of updating and refurbishing community sites including the recent relocation of community services from Goldney Avenue Clinic to Chippenham Community Hospital and local GP surgeries.

### *2.1.5 Maternity Services*

The implementation of the RCS changes to Maternity Services in Wiltshire was successfully completed on time at the end of December 2008.

Maternity services in Wiltshire provide a choice of place of birth options, including home, local midwifery unit or birthing centre.

A paper went to the PCT Board in June 2008 'Maternity Matters and Review of Birthing Options' that built on the original RCS plan for maternity Services and further developed these to take into account the national Department of Health document, Maternity Matters: choice, access and continuity of care in a safe environment, published in April 2007. This paper made further recommendations, which were approved by the Board, to develop a Birthing Centre at Trowbridge, with a formal evaluation of the service after one year. The birthing centre was established at Trowbridge Community Hospital on 1<sup>st</sup> January 2009 and post-natal beds were reduced following the original RCS timeline and plan.

## 2.2 Benefits Realisation

In 2007, the Board envisaged that a number of benefits would be realised by changing the way in which community health services were delivered to patients in Wiltshire. The RCS programme is still evolving and parts of the programme are yet to be delivered such as the primary care centres which will deliver local clinical assessment and diagnostic services but analysis of activity data from

2008/09 compared to 2006/07 demonstrates achievement of some of the anticipated benefits.

- *Eleven new neighbourhood teams would enable more people to live in their own homes because of the increased support available locally*  
The teams are up and running across the county and in their first year of operation provided care to over 10,000 new patients and delivered more than 260,000 home visits. Patient satisfaction is high, with patients particularly appreciating care at home and reduced journeys into acute hospitals.
- *Few people would need emergency admission to hospital;*  
Across our three major acute hospitals (Bath, Swindon and Salisbury), emergency admissions totalled 30,805 in 2006/07. The forecast outturn for 2008/09 is 30220, a reduction of 585 admissions (1.9%). RUH, in particular, has seen a reduction of more than 1200 emergency admissions.
- *Reduced attendance at A&E departments and reduced non-urgent ambulance call-outs;*  
In 2006/07, 102,774 Wiltshire residents attended one of the three A&E departments or a Wiltshire minor injury unit. In 2008/09, this figure is forecast to increase slightly by 1% to 103,844. Analysis presented to the Board in December demonstrated that the growth in attendances has been in majors at Great Western Hospital.

In 2006/07, category C calls from Wiltshire totalled 10514. In 2008/09, the forecast outturn is 10477, a reduction of 37 calls.

- *Unnecessary delays in leaving hospital would be greatly reduced and length of stay shortened;*  
There has been a significant improvement in reducing unnecessary delays in patients leaving hospital. In the first week of April 2007, across all health facilities (acute, mental health and community), 877 beddays were lost because patients were delayed in leaving hospital. This equates to around 125 beds. In mid-December 2008, these figures had reduced to 230 beddays lost (33 beds). For WCHS beds, the reduction over the same time period was from 340 to 58 beddays lost.
- *Improved recuperation through better use of Community Hospital beds;*  
Initial analysis of data from WCHS demonstrates that the majority of patients referred via Access to Care are being cared for by the neighbourhood teams resulting in a more acute casemix in the inpatient beds. Similarly, the strengthening links between the inpatient service and the neighbourhood teams is enabling more effective rehabilitation and discharge of patients home.

### 2.3 Governance & Scrutiny

The Board RCS Committee provided leadership to the programme until April 2008 when the Board resolved that the programme was now "mainstreamed" into the work of Wiltshire Community Health Services and could, therefore, be led by the main Provider Services Committee. Internal and external audit opinion supported this approach.

The RCS task-group of the HOSC was disbanded at the end of November 2008. Its final report noted that "reformed (*community*) services are now integrated into mainstream health service provision" and are "operating as they should". The HOSC, therefore agreed that there was no need for further detailed scrutiny and that, in future, updates on community health services in Wiltshire would be covered in the general NHS update reports to the Committee.

### 3. Conclusion

The NHS in Wiltshire embarked on an ambitious programme of service reform in January 2007. Two years on, the programme is largely complete with new ways of working embedded in the day-to-day running of community health services across the county and increasing levels of satisfaction recorded by patients and their carers. The programme of capital development has taken longer than anticipated to conclude but within this the opening of the Malmesbury Primary Care Centre has been an important marker of the quality of service and opportunities that this part of the overall programme will deliver.

The Board is asked to **note** the substantial progress that has been made and to formally record it's thanks to the clinical and managerial staff who have been instrumental in the delivery of modern and accessible community health services for the people of Wiltshire.

Alison Knowles  
Director - Corporate Affairs & Communications  
January 2009

## Patient Advice & Liaison Service Neighbourhood Team Survey

Patients under the care of NHS Wiltshire Neighbourhood Teams were asked their views on the care they received during November 2008 using a questionnaire. In total 225 questionnaires were returned.

The survey included questions relating to hand hygiene & cleanliness, privacy and confidentiality, respect and dignity and communications. It also asked patients if they had received care from nurses or therapists before the creation of Neighbourhood Teams and, if so, whether the new service development was better or worse.

Respondents had the opportunity to include a "free text" comment after some of the questions, and a sample of comments are included where applicable.

### Results

#### A. Overall Care

##### 1. Which member of the Neighbourhood Team have you seen?

(Patients may have been seen by more than one member of the team)

- 89% (187 respondents) had been treated by a Community Nurse,
- 20% (42 respondents) had input from Physiotherapists,
- 19% (40 respondents) were treated by an Occupational Therapist,
- 5% (10 respondents) were seen by a Community Matron,
- 3% (7 respondents) were seen by a Support Worker and
- 1% (2 respondents) answered 'other'.

"The girls are amazing, they all have such wonderful skills, they are all so different and all together they work so well."

"Good liaison between members of the team. Shared information so it is not duplicated or things missed."

"I have found the physios very pleasant and helpful, in no hurry with treatment."

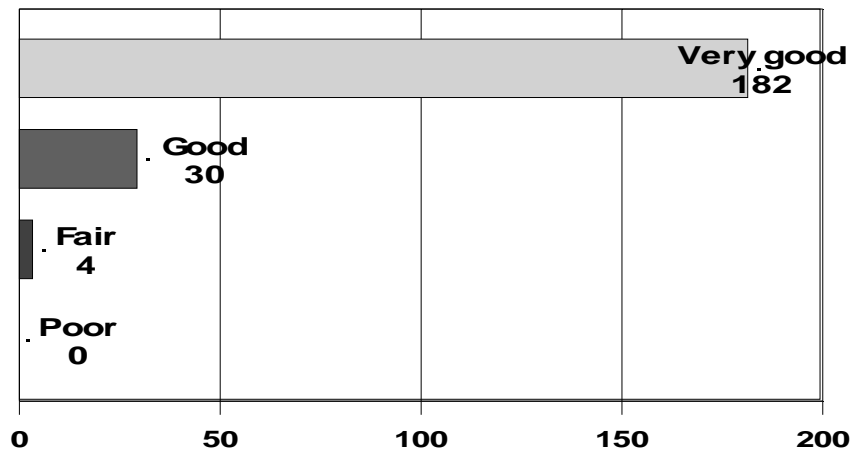
"All my needs were met by a pleasant and efficient team."

"Very good attention - care from the nurses. I have received exceptional care at all times from everyone."

**2. Overall, how would you rate the quality of care/ input you have been provided with by the Team?**

- 84% (182 respondents) thought that their quality of care was very good
- 14% (30 respondents) thought that their care was good
- 2% (4 respondents) thought their care was fair
- 0 respondents thought that their care was poor
- 9 respondents did not answer this question

Overall, how would you rate the quality of care / input you have been provided with by the team



"Prompt, punctual, competent, friendly, clearly explained."

"Everybody has been very supportive, very caring and professional."

"Physiotherapist was very helpful."

"I became insulin dependent but unable to inject myself. My wife could not manage the injections either. The community nurses were there when we needed them. First class service!"

"Reliable consistent and very caring."

"Punctual, efficient, friendly, caring."

"Reassuring and excellent solutions to problems, delivered promptly."

"I am impressed with the caring way my help has been given - people professional but kind, also very encouraging."

"It saves the patient travelling for treatment, excellent care, could not wish for a better service"

"Probably the best in the NHS"

**3. Did you have confidence and trust in the Team staff you have seen?**

- 94% (205 respondents) definitely had confidence and trust in the staff that they saw
- 5% (11 respondents) said that they had confidence to some extent
- 1 respondent said that they did not have confidence and trust
- 8 respondents did not answer this question

**4. Did the timing and frequency of visits meet your needs?**

Yes	98%
No	2%

"They come regularly on the day they are expected."

"They come on the day as the hospital asked them to."

"Consistently on time."

"As I have difficulty answering the door, it would be an improved service if visits could be timed."

"The nurses came quickly to attend my husband who suffers from alzheimers, severe diabetes and is unable to walk."

**B. Communication & Involvement**

**5. Do you feel you are listened to by the Health Professional(s) you saw?**

Yes	99%
No	1%

"They explain the reasons for the treatment; listen to any concerns and go out of their way to meet any concerns we may have"

**6. Were you given enough time to discuss your health condition/ treatment with the Team members?**

- 86% (184 respondents) were definitely given enough time to discuss their health condition
- 11% (24 respondents) agreed with this statement 'to some extent'
- 1 respondent did not think that they were given enough time
- 3% (6 respondents) did not need to discuss anything
- 10 respondents did not answer this question

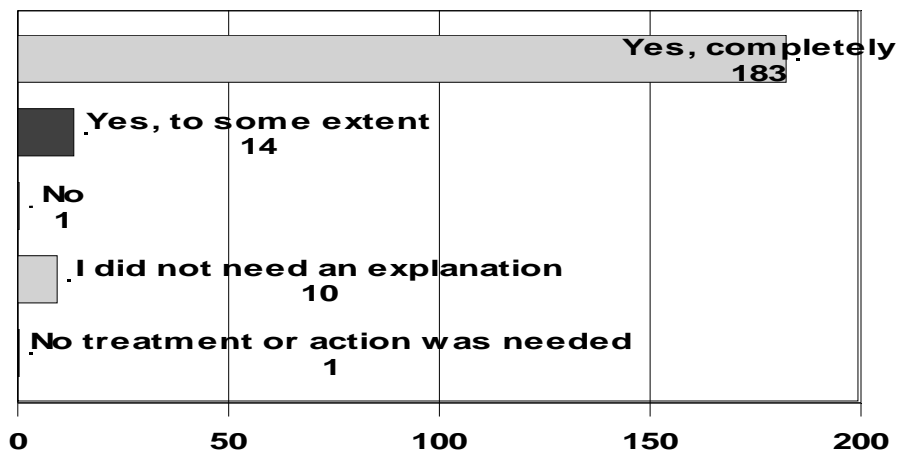
**7. Were you involved as much as you wanted to be in decisions about your treatment?**

- 86% (185 respondents) said that they were definitely involved with decisions about their treatment
- 13% (27 respondents) felt involved to some extent
- 1% (2 respondents) did not feel involved in the decision making process
- 11 patients did not answer this question

**8. Do members of the Team explain reasons for any treatment or action in a way that you could understand?**

- 88% (183 respondents) say that reasons for treatment or action were explained completely
- 7% (14 respondents) said there was an explanation to some extent
- 1 respondent said that no explanation was given
- 5% (11 respondents) said that no explanation was needed or treatment given. 16 respondents did not answer this question.

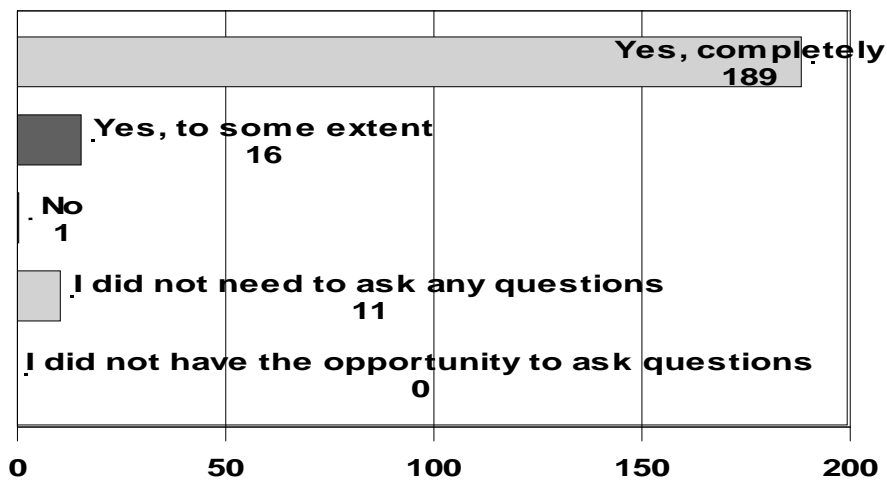
**Do members of the Team explain reasons for any treatment**



**9. If you had any questions to ask, did you get answers that you could understand?**

- 87% (189 respondents) received answers to questions that they could understand completely
- 7% (16) could understand answers given to some extent
- 1 respondent did not understand answers given to questions they asked
- 5% (11 respondents) did not need to ask any questions, 8 respondents did not answer this question

**If you had any questions to ask, did you get answers that you understood**

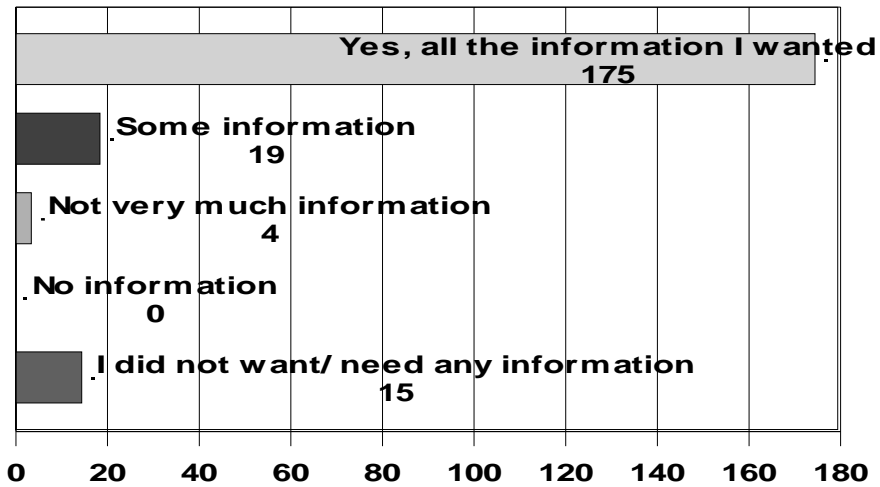


**10. Did you have access to suitable information on your care and treatment received, if appropriate?**

- 82% (175 respondents) felt that they had access to all of the information they wanted relating to their care
- 9% (19 respondents) had access to some information
- 2% (4 respondents) felt that they did not have access to much information
- 7% (15 respondents) did not want/ need any information
- 12 respondents did not answer this question



**Did you have access to suitable information on your condition or treatment**



**11. If applicable, were you supported in making choices and shared decisions about your own health care?**

- 71% (150 respondents) felt totally supported in the decision making process
- 6% (13 respondents) felt that they had some support
- 1% (3 respondents) felt that they had no support
- 21% (44 respondents) did not feel that this applied to their care
- 15 respondents did not answer this question

**12. Do you have someone who helps to look after you at home in an unpaid capacity (such as a spouse or partner)? If so, do they feel they have been involved by the Team in your care?**

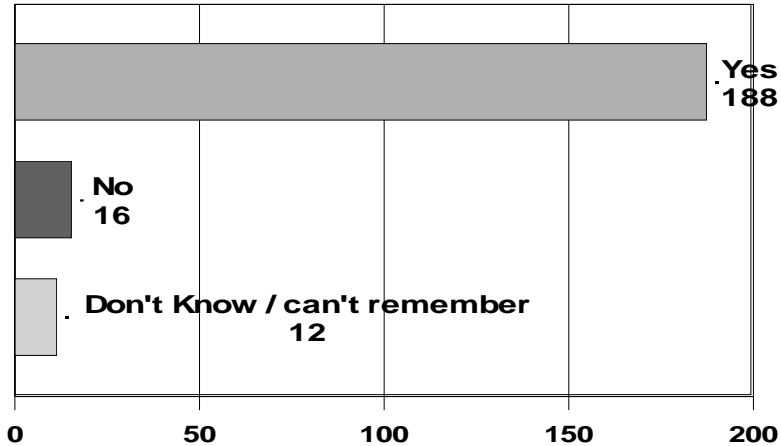
Yes, totally involved	56%
Involved to some extent	12%
Not really involved	4%
Not involved at all	2%
Not applicable	26%

**13. Did staff tell you who to contact if you were worried about your condition or treatment?**

- 87%(188 respondents)said that they were informed of who to contact if concerned about their condition
- 7% (16 respondents) said that they were not given this information

- 6% (12 respondents) did not remember, 9 people did not answer this question

Did staff tell you who to contact if you were worried about your condition or treatment



### C. Approach & Appearance

14. **When members of the Neighbourhood Team visit you, or you go to see them, do they introduce themselves and explain when will happen during the visit?**

- 85% (180 respondents) said that the staff introduced themselves and explained the nature of the visit
- 9 % (20 respondents) agreed with this to some extent
- 1% (2 respondents) said that there was no introduction or explanation given
- 4% (9 respondents) needed neither introduction or explanation
- 14 respondents did not answer this question

15. **Do the Neighbourhood Team members you have seen look smart?**

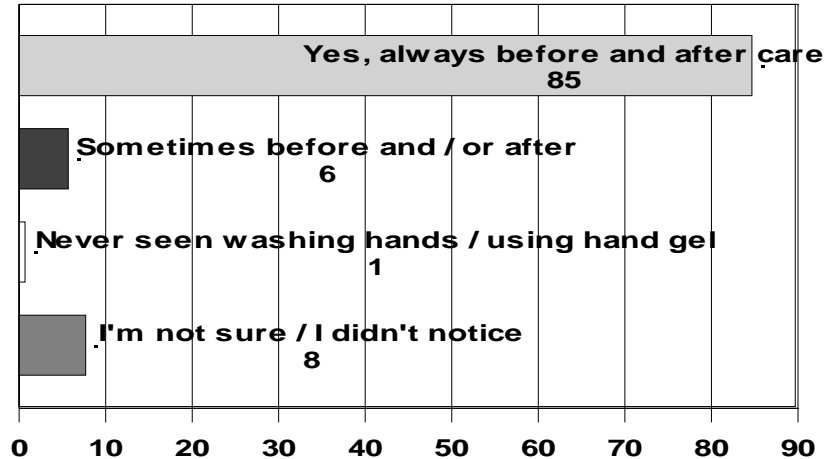
Yes	99%
No	0
Didn't Notice	1%

16. **Were the team members wearing uniform and clearly identifiable?**

Yes – wearing uniforms and clearly identifiable	94%
Yes – wearing uniforms but not identifiable	3%
Not wearing uniforms	1%
I'm not sure/ I didn't notice	2%

17. Did you notice that staff members washed their hands or used hand gel before and after care?

**Did you notice that staff members washed their hands or used hand gel before and after treatment?**



18. Were the staff members you saw polite, and treat you with respect and dignity?

Yes, all of the time	98%
Yes, some of the time	2%
No	0

19. Were you given enough privacy when discussing your condition or treatment?

Yes, all of the time	99%
Yes, some of the time	1%
No	0

**D. Service Changes**

20. Have you received care from community nurses or therapists before summer 2007?

- 47% (100 respondents) had received care from Nurses or Therapists before summer 2007
- 53% (111) respondents had not received care before this time.

**21. The 47% of respondents that had received care before summer 2007 were asked “have you seen any changes, good, or bad since Neighbourhood Teams were introduced”?**

- 71 responses were received from the 100 patients that had received care before summer 2007
- 80% (57 respondents) of these respondents have seen changes for the good or no change.
- 20% (14 respondents) had not seen changes for the better

“Always excellent.”

“More reliable, on time, efficient and friendly.”

“Better holistic care.”

“The new organisation with so many different nurses I think causes some lack of continuity of care – not the fault of the nurses.”

"Having a telephone number that I can call is a great help."

"Visits have been more frequent.... so I've come to know the nurses better."

"Yes, definitely I have seen changes that are 100% better. I have confidence now with my care."

"Better co-ordination between various skills."

"Very happy that I have kept my regular team."

"Much easier to contact by phone. Better liaison between teams and me."

"Good changes, quicker at call out."

"Continuing good service, no obvious changes."

**22. Is there anything else you would like to tell us about your health care experiences, either particularly good or where things may be improved”**

“I write on behalf of my wife to re-iterate that experiences have been good throughout. More publicity about the service would have been re-assuring when my wife came out of hospital in June.”

"Home visits by community nurses have saved many journeys to GWH for intermediate care."

"It is nice to hear that this new development in Wiltshire has been introduced. We all have to get old and at some time in our lives we are going to need help of some sort and this should fit the bill nicely. Good luck to everyone involved."

"I am nearing my 90<sup>th</sup> birthday and am grateful that nurses are able to treat me at home."

"The NT concept is a good one but it inevitably relies heavily for success on the leader. Ours is exceptional".

"We have been very happy with the community nurses that have visited us. They have all been very helpful and caring. We thank them for all the support given."

"The kindness and efficiency of all the nurses who attended me have allowed me to keep my dignity and treated me like a human being irrespective of my age."

"I have been well cared for over the past 7 weeks and appreciate all that everyone has done for me."

"This is my father's first time with the team, sometimes I would like to have the notes left to read about Dad's progress, he is 93 this year, he is poorly, I would like to feel that he would still be here for this, the way the girls are going I am sure that he will be."