

Patient Stories Transcript Form



Betsi Cadwaladr University Health Board Patient's Stories Transcript Form

Who took the patient's story:	East Patient and Service User Experience team
Contact details:	East Patient and Service User Experience team Ysbyty Wrecsam Maelor
Reason for taking the story and areas covered: Background to Community Hub	<p>Raise awareness of new ways of working in East Primary Care.</p> <p>"The Hub was developed by the Community Care Collaborative (CCC) and delivered in partnership with the Salvation Army and BCUHB and other local agencies".</p> <p>The first chapter in the story is the CCC Hub with the developments of 3 Primary Care holistic multi-disciplinary model practises in the East area.</p> <p>Entering the Hub it feels like a regular social gathering; relaxed chattering, laughing, huddled conversations. It doesn't feel like a clinical setting. The purpose; "helping people achieve stability in their lives". So many attending face social exclusion; here at the Hub it's about supporting people to support themselves and reduce harm. The CCC Hub provides "a one-stop shop for every service that people may need". It's a drop-in session which happens every Friday bringing together 29 agencies.</p> <p>HUB MDT</p>

The Community Care Hub, led by Dr Karen Sankey and Dewi Richards was established in the Salvation Army, Wreccsam in January 2017.

Dr Sankey has been a GP for 25 years, but she feels modern general practice is "not fit for purpose", particularly for vulnerable groups, who tend to "just fall through the cracks".



"We have no rules, it's open door, open access, no appointments, anybody can come in and access help."

On average it supports 60 people each week who are homeless, sleeping rough or have mental health or substance misuse problems. In the last financial year, 850 people accessed its services

Our 'Everyone in the Room' model brings together all the agencies that people need in the same room, at the same time every week. This system means people do not have to worry about missing appointments or needing paperwork they don't have access to.

Speaking to staff you get a real sense of engagement and feel-good factor. "Making substances as safe as possible, needle syringe provision, joint working, wound care, blood borne virus testing, reducing drug related deaths, Hepatitis C treatment, reducing barriers to hospital led services. Reducing the stigma of Hepatitis C; "there is more stigma from the drug using community than from elsewhere, so being Hepatitis C free is enabling...it's about wraparound care and interactive support".

"I know people want the treatment but the hospitals have too many barriers, when you see people who have been Hepatitis C positive and failed the hospital route and here they have been treated effectively. Feels like I'm making a real difference. They need weekly treatment dispensing because they have nowhere

to store a month's worth –they have no fixed address so it makes sense to bring the care to them".
"The van is outside serving the community as the Hub session is happening".

Speaking to one particular client now aged 32 years and has been in the system since he was 16 years old. He feels the benefit of attending the weekly Hub. "It supports me to keep off the stuff...keeps me occupied. Keeps me off the streets, I'm homeless but you know what we look after each other, like a family. I sleep on the street in a doorway. The woman who opens the shop makes me a coffee. Coming here helps me not to feel ashamed of the way I'm living now. I'm supported to be open with my 'using'...I'm a binger not an addict, so when I stop binging I can work, and I'm a really good worker you know. Coming here keeps the spark going". He looks smart and takes a pride in his appearance; "I woke in a doorway last week and my shoes were wrecked, heels had come off. Two workmen came and asked me my shoe size and then bought me a pair of trainers and also gave me money to get some food. I felt like crying....they were so kind".

The theme coming through from the staff attending the Hub session; "Friday morning is the best day of the week". Outside there's a van serving the community changing wound dressings and attending to clinical needs.

One member of staff shared their personal experience; "I've been here....slept rough when I was 13 years old and there was no help like this for me".

Another person explained, "we come here to support the community as a whole".

A client explained how he had experienced homelessness for 2 months;" worst time ever...not nice. This place is a saviour...it gives me a purpose...aim". He asks for toast and coffee from the Salvation Army volunteers and they chat about things in general.

The psychologist shares; "We can't solve people's problems...only they can do that...we offer a moment of stability. They have to be their own agent. People only change when they want to change...change will happen when they are ready. The purpose here is to offer an environment a moment of stability...gives a moment of being just a person not a service provider.



	<p>There are 18,000 patients registered between 3 newly developed Primary Care practices in the East. The clients attending the Hub are registered here.</p> <p><i>'We can do this on a bigger scale for the whole community'</i> are Dewi Richards's words, building on the success of the Community Care Collaborative (CCC) Hub in Wreccsam. The aim is to replicate the CCC Friday model across the East practices. The ethos of the CCC is a holistic care model with a multi-disciplinary team (MDT) 'wrap-around' approach. This model includes 3 GP's. National recommendation supports between 9-10 GP's (1 per 2,000 patients). GP recruitment is a National issue. Not everyone needs to see a GP. Innovation leads the way; with 60 staff in 3 practices, including social workers, mental health trained practitioners, district nurses, pharmacists. This is a nurse led MDT model. The mental health staff support has cost less than one GP. Patients who have complex needs, are homeless, frail are provided with individualised care planning and the MDT actively engage and manage patients out in the community. The question is 'where would the patient be otherwise'? The answer is the Maelor hospital Emergency departments, GP's. Out of Hours services, or simply not accessing services.</p> <p>The next steps is to gather information around ED, Welsh Ambulance services, measuring and monitoring the impact on patients' lives and wellbeing.</p> <p>The services are working closely with the Patient and Service User Experience team to gather patient and service user feedback. The 'You Said We Did' model will be applied to areas of improvements and the positive feedback data will be sourced and shared.</p> <p>Many of the issues faced by the patient group relate to social care, this is the first service to have direct social worker associated support.</p>
<p>Brief summary of patients story:</p>	<p>One client shares his story, he's been homeless for many years. He states :</p> <p><i>I've been like this, homeless, all over the place really, not worked for years. I'm 40 odd years old, so possibly like this 20 years I guess. Services, they come and go, it's not always there. My health is rubbish really. I came to Wrexham, I think about 4 years ago. I was a heavy heroin user then. I drink too, I need it most of the time, the street is tough. I did get some help then, I saw a GP for a while, and drug agencies. I am on a methadone paper now. I can't go to my old GP though, I did kick off one day, and I never went back. I was just angry, they didn't seem to give a toss.</i></p>



Anyway, this place opened, I don't know now when, but I have been here since then, Its ideal for people like me. I know most of them here. We see new ones, they have no idea what's coming especially in the winter.

Anyway, what do I like?? Well I get me script, see the doc, and health people. Sometimes the feet people are here. I got some shoes and a coat one week too. I can get a cup of tea, toast. Today they are giving out fruit, yoghurts and some sweets.

I can get my benefits sorted too, they can be a problem so its handy they are here.

I come here because it's everything in one place, I'm not judged can get help if I need it. No one forces anything on me, it's up to me. I trust them.

**You can see all
services at once. No
waiting!**

**I'm NOT
judged here**

Another client in her mid-40 describes her lifestyle as chaotic, on methadone script, and states “other dependencies”. She share’s that she has been in prison.



A cuppa tea
and toast,
and see the
doctor.

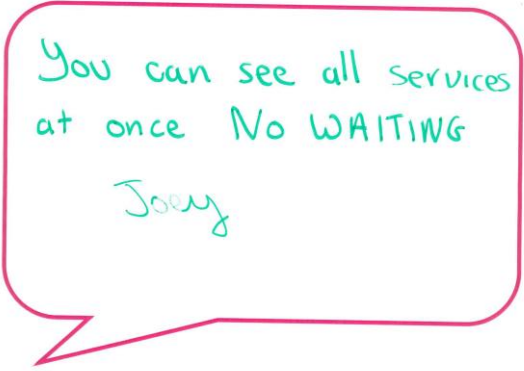
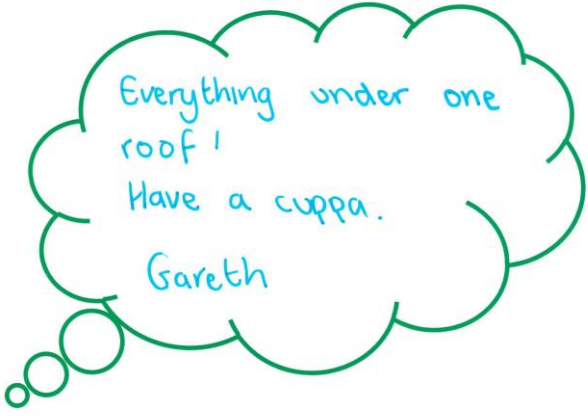
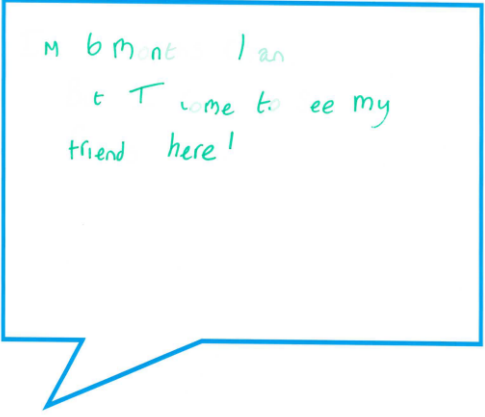
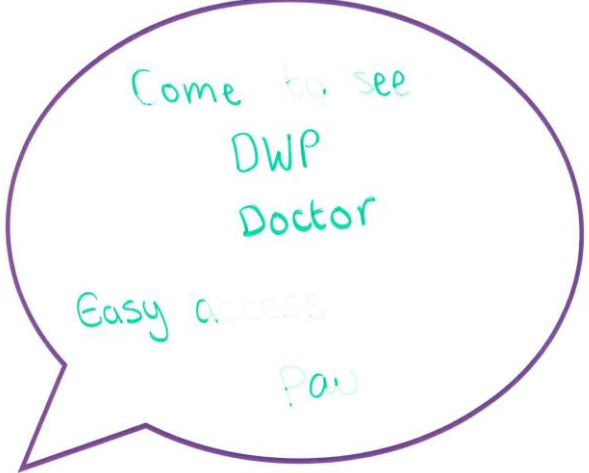
She states:-

“I’m upset today, I get blamed for things. The ladies here, they make me a cup of tea, they hold my hand. I’m upset yeh. But they hold my hand, they listen, that helps a lot, I don’t really like anywhere else really. I have been to the hospital I don’t like it, they treat me like I’m dirt. I have health things going on. I can see the doc here though”.



They Listen, That
helps a lot!

One of the volunteers at the Hub shares that this is a way of “giving something back” for the help he has received.

 <p>You can see all services at once No WAITING Joey</p>	 <p>Everything under one roof! Have a cuppa. Gareth</p>
<p>Joey explained how he finds it difficult to sit in waiting rooms, he gets anxious and can't sit still, he said that makes people look at him. Coming to the hub is good you can see all the services you need with no awkward waiting spaces.</p>	<p>Gareth spoke about the ladies making a nice cup of tea just like his Nanna used to make. He doesn't attend his GP services but finds it more accessible to attend the hub.</p>
 <p>I'm 6 months clean, I am said proudly to come to see my friend here!</p>	 <p>Come to see DWP Doctor Easy access Paul</p>
<p>'I'm 6 months clean, I am' said proudly When asked why do you come to the hub? I was told 'I come to see my friends. You can get help when you need it here.</p>	<p>Paul was having a cup of tea when he shared this information. He attends the hub to see the doctor and DWP, he told me it has easy access.</p>

Key themes emerging:	Service users do have a mistrust of “authority”. The hospital set up as a whole presents multiple barriers, ie appointment letters are sent but patient is homeless. Because of their lifestyle they may not attend appointments, they are then removed from the waiting lists Appointment times can be difficult to adhere too. Patients feel the experience in hospital is negative, they are treated differently.
Lessons learnt:	<div data-bbox="630 481 1316 750" data-label="Text"> <p>“I’m 6 months clean, but I come here to see my friends and the GP as I am not registered any were else”.</p> </div> <p>The overarching aims of this model are to:</p> <p>Reduce barriers to public services for those who are in crisis</p> <p>Ensure people are listened to and respected, whilst having their individual needs understood</p> <p>Bring together local socially-driven organisations, so they can work more efficiently</p> <p>Lower demand on mainstream public services</p>
Proposed action:	
Sensitive issues to be aware of:	CCC Hub customers have chaotic and transient lifestyles. They have a mistrust of strangers and Authority.

