

The Future of Healthcare in Rushcliffe

Welcome from Belinda Collett



Partners Health
STRONGER TOGETHER

Let's  Live Well ²
 in Rushcliffe

Please let our media team know if you don't want to be photographed



Partners Health
STRONGER TOGETHER

Aims

For local people registered with Rushcliffe GP practices to understand more and get involved in local health & wellbeing services improvement with:

- Local GPs and other health and care experts from the wider NHS family
- Local voluntary sector groups
- Rushcliffe Borough Council
- Fellow Rushcliffe residents and patients

Longer term goal

- Enhance health, wellbeing and resilience for individuals and local healthcare services
- Develop a shared vision for the future health of Rushcliffe with patients and residents as equal partners to the service provided by the NHS and beyond
- Understand how we do this in a sustainable way aligned to modern methods

Agenda

2.05 Overview of health & care changes in Rushcliffe – the three shifts [\(make notes for Q&A\)](#)

3.00 Panel Q&A session: Speakers plus Derek Hayden, Communities lead, Rushcliffe Borough Council, and Louise Casey-Simpson, CEO of Your CVS (Community Voluntary Services)

3.30 Refreshments and Market Place discussions - talk to a selection of local health and care providers to find out what services they offer and take away useful information

4.15 Facilitated table discussions – discuss/provide written feedback to key questions at your allocated table around the three shift themes

5.10 Feedback from the tables

5.30 What's next after this event – how to stay involved & live well in Rushcliffe

Close - evaluation and depart

Update on Local and National Health Initiatives

Dr Gurvinder Sahota
GP, Village Health Group
Clinical Director, Rushcliffe PCN
Director PartnersHealth



National Context and Direction of Travel

History

- 2019: Launch of PCNs (5-year programme)
- Rushcliffe PCN aligned with borough boundaries
- Covers >140,000 patients



National Context and Direction of Travel

Why Rushcliffe PCN Works

- Scale
- Strong inter-practice and sector relationships
- Excellent management infrastructure
- Highly effective and high-performing network



National Context and Direction of Travel

Core Objective of PCNs

- Increase primary care capacity through non-medical workforce
- Additional Roles Reimbursement Scheme (ARRS)
- Now ~100 professionals

E.g. social prescribing/clinical pharmacy/first contact physio/care coordinators/care homes team/mental health practitioners plus physician associates and paramedics.

~150,000 appointments delivered in the past year



National Context and Direction of Travel

PCN work -interrupted by the Covid pandemic

- re-directed to deliver covid vaccination

Post-Covid & Access Challenge

- National concern: GP access, especially face-to-face
- 2023: 'Capacity and Access in General Practice'
- Rushcliffe's response:
 - Modern telephony
 - Improved data systems
 - Digital "Front Door": 4 practices



Capacity and access- Rushcliffe

- Rushcliffe are national leaders in this area.
- New Digital Telephony systems and digital front door access has **reduced missed calls from 20% to around 5%.**
- This is around 7000 less missed calls a month.
- Improved messaging systems, **Did Not Attend (DNA) rates are down from 4% to 2.5%.** This is around 145 appointments a month saved.



Future...

- PCN contract extended (by one year to April 2026)
- Government: 10-year NHS plan- still awaited
- Pharmacy first or pharmacy referral schemes

NHS Reorganisation

- NHS England to be abolished
- Future model: PCNs/Integrated Teams >100k
- Rushcliffe already aligned with this vision



Primary care

General practice may not always be the place patients are signposted first

E.g. Pharmacy first schemes (Emma Anderson will tell us more on this...)

There is a primary care team, this is now much more than just the GP or nurse

- friendly plea- give them a chance

Self-care and supporting one another



Final Thoughts

- Celebration of progress
- Strong foundations and proactive evolution
- Continued commitment to care quality
- Rushcliffe well positioned
- Much achieved – more to come



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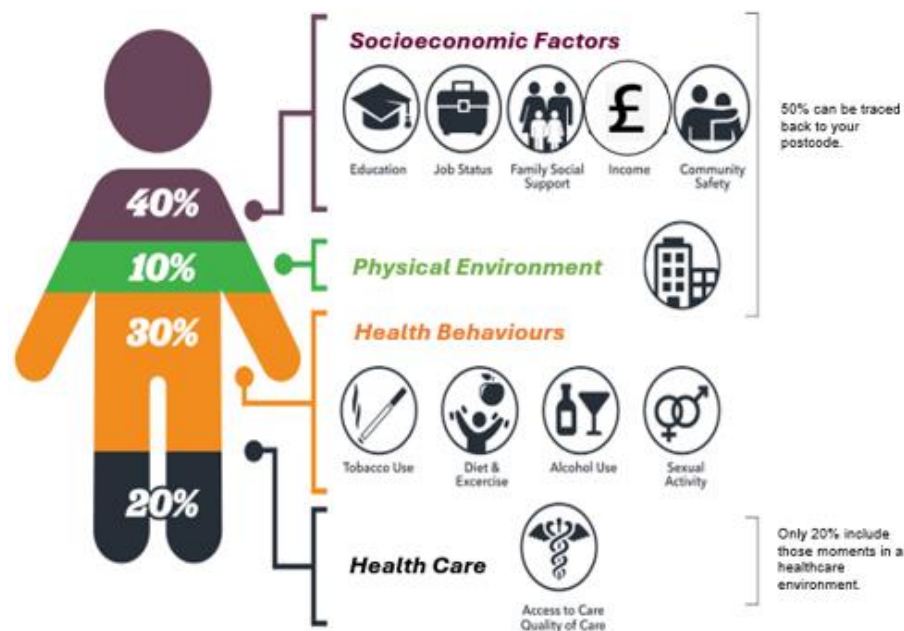
- Helen Smith, Programme Director, South Notts Place-Based Partnership
- Morgan Sharpe, Head of Social Prescribing
- Dr Meg Pryor, GP and Lifestyle Medicine Specialist

What keeps us healthy?

How much do health and care services contribute to keeping us healthy and happy ?
20%



Our health is more than health services



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

"To create a society where everybody thrives, we need all of the right **building blocks** in place: stable jobs, good pay, quality housing and education.

But right now, in too many of our communities, **blocks are missing**. It's time to fix the gaps."





South Nottinghamshire

Place-Based Partnership

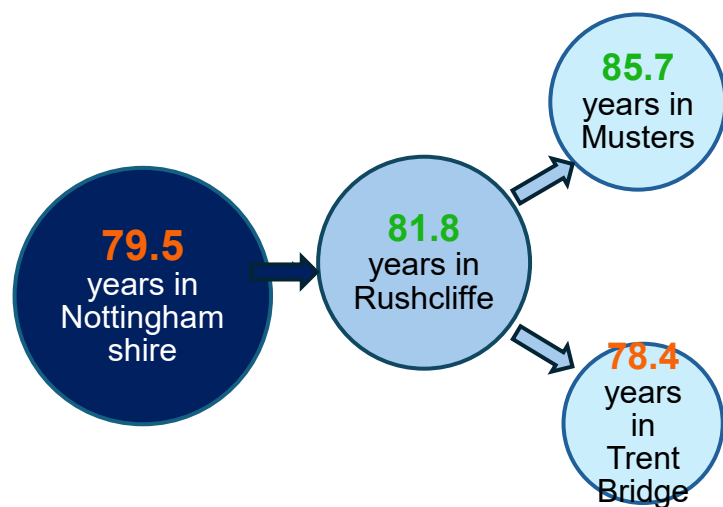


Figure 10: Life expectancy at birth (males), 2016 – 2020

Key

- Better than England
- Worse than England
- Similar to England
- Cannot be compared

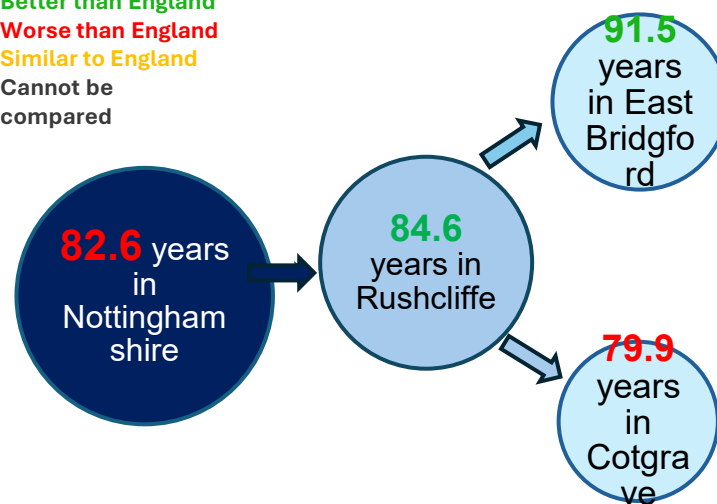


Figure 11: Life expectancy at birth (females), 2016 – 2020



South
Nottinghamshire
Place-Based Partnership

Examples of how the missing Building Blocks of Health affect health outcomes

- **Warm Homes:** At below 18°C, negative health effects may occur, such as increases in blood pressure and the risk of blood clots which can lead to strokes and heart attacks.
- **Mould:** Death of Awaab Ishak aged 2 due to respiratory condition caused by black mould in his home.
- **Social isolation:** equivalent impact on health as smoking 15 cigarettes / day





Using The Building Blocks of Health in South Notts

- Managing individuals with a health condition
- Prevent deterioration in health and wellbeing when one or more building blocks are missing or weaker
- Supporting communities



Scaling What Works: Investing in Communities

SOCIAL PRESCRIBING





Social prescribing is already prevention
in action –
we must scale it, not sideline it.



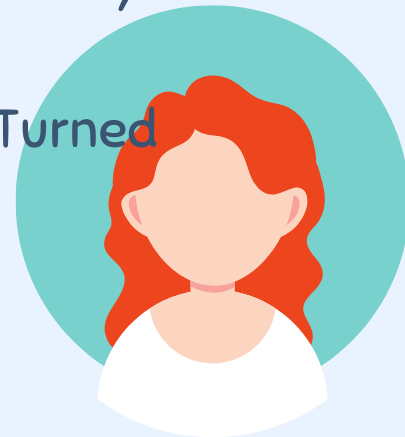
Case study

A Life Changed Through Connection

A young woman overwhelmed with low mood, chronic fatigue –
Leave university was wheelchair bound– now also socially isolated –
SP Care plan

•Farm Eco – Open water – allotment, Dr Meg Pryor Healthy Lifestyle
Workshop

Focus on –connection with others, Green SP and creativity Turned –
things around, now runs her own business
This is what can work.



Farm Eco

Green Social Prescribing & Craft Session



Our Systems are Overstretched

Reactive, crisis-driven care system.

Because everything is stretched – system

Capacity only deal with crisis.

- We must shift focus upstream to prevent poor health outcomes in the first place.

That is our responsibility



Primary Care



Housing



Mental Health
Services



Social services

TIME TO GO UPSTREAM

Why we need to treat the cause,
not just the crisis.



WHO'S UPSTREAM PUSHING THEM IN?

That's the difference between
treating emergencies and preventing them.

CONNECT. PREVENT. THRIVE.

You see someone drowning in a river and jump in to save them.

Then another person comes floating down, and you save them too. Soon, more and more people are coming down the river. You're pulling them out as fast as you can. Eventually, someone suggests going upstream to find out why people are falling in in the first place."

Community Hub Summary



Outcomes



- 138 participant feedback responses across 6 wellbeing sessions
 - Average session rating: 9.3–9.5/10
 - Reported benefits: reduced anxiety, improved mood, greater self-confidence
 - Some reported fewer GP visits and better self-management
- Activities included health and well being activities such as breathwork & yoga, creative sessions, health education, cooking, friendship group sessions and more....



Prevention in Action

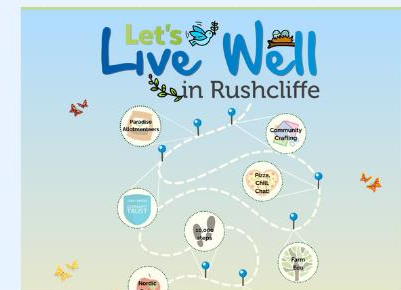
Let's live well in Rushcliffe campaigns...

Lets live well with Dementia in Rushcliffe

Let's live well during menopause in Rushcliffe

Galvanise community around initiatives

These simple, community-based sessions/
interventions yield real health improvements.



We Need to
Invest in What
Works

Community Cure

- Social prescribing must be embedded in PCNs and ICBs
- Not just pilot projects — core to prevention strategy
 - Fund relationships, not just treatments
 - Health begins in communities, not clinics
- Social prescribing is prevention.
- Let's scale what works and build healthier communities together.

New Social Prescribing Community App

Community Cure

RUSHCLIFFE SOCIAL PRESCRIBING

COMMUNITY HUB

Let's  Live Well 
in Rushcliffe

Rushcliffe
Social
Prescribing
Service 

PartnersHealth

NEW APP

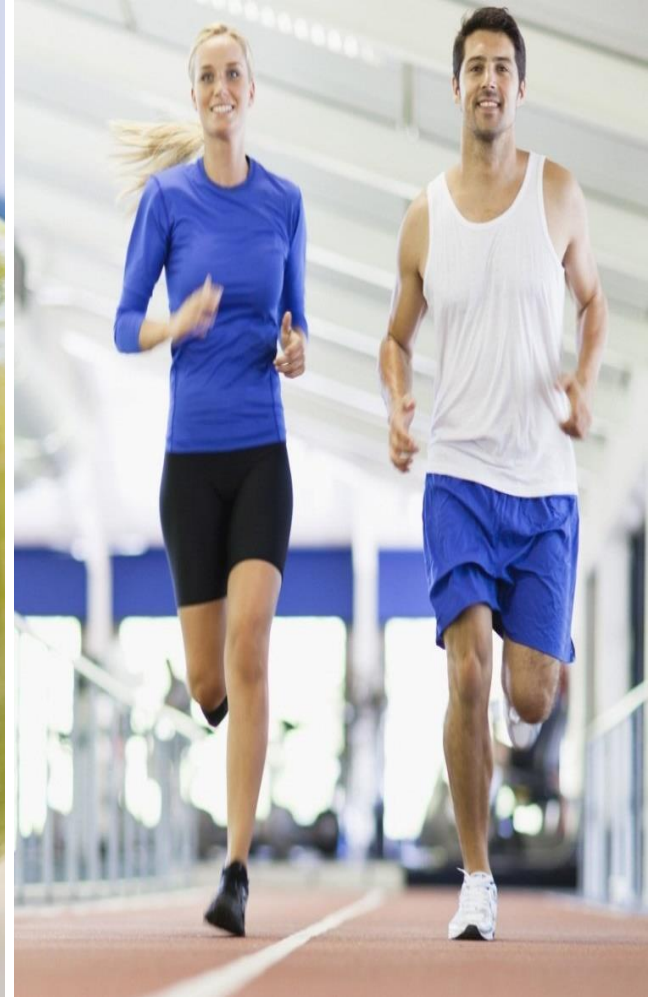


For more information
Visit the Social Prescribing Facebook page
www.facebook.com/RushcliffeSP
nnicb-nn.rushcliffesocialprescribing@nhs.net

  Funded by
UK Government

 PartnersHealth

 RUSHCLIFFE
SOCIAL PRESCRIBING



Scaling what works

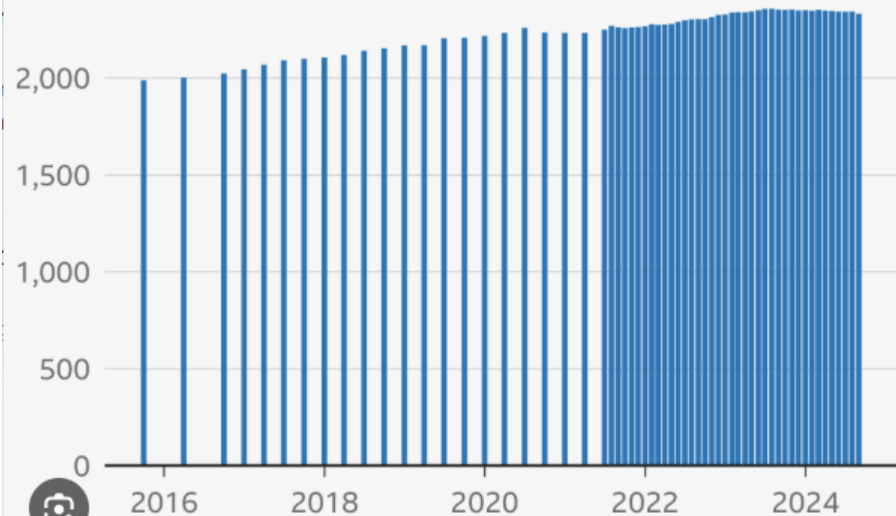
INVESTING IN COMMUNITIES

Community based care

- A GP's perspective
- The need for lifestyle intervention as medicine
- Redirecting emphasis to prevention rather than “cure”

Modern GP caseload

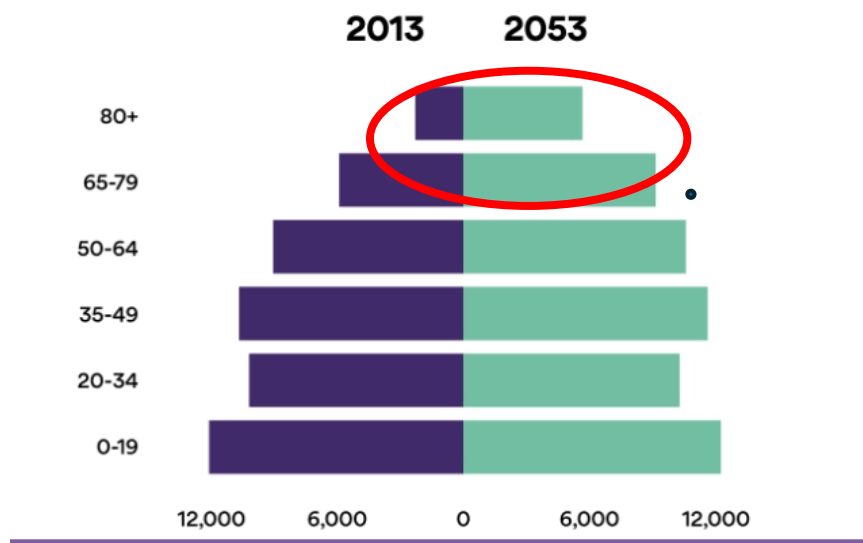
The number of patients per GP still high
Number of patients for every permanent GP in England



Source: BBC analysis of NHS England figures

BBC

Number of older people will grow over the next 40 years
Numbers in thousands

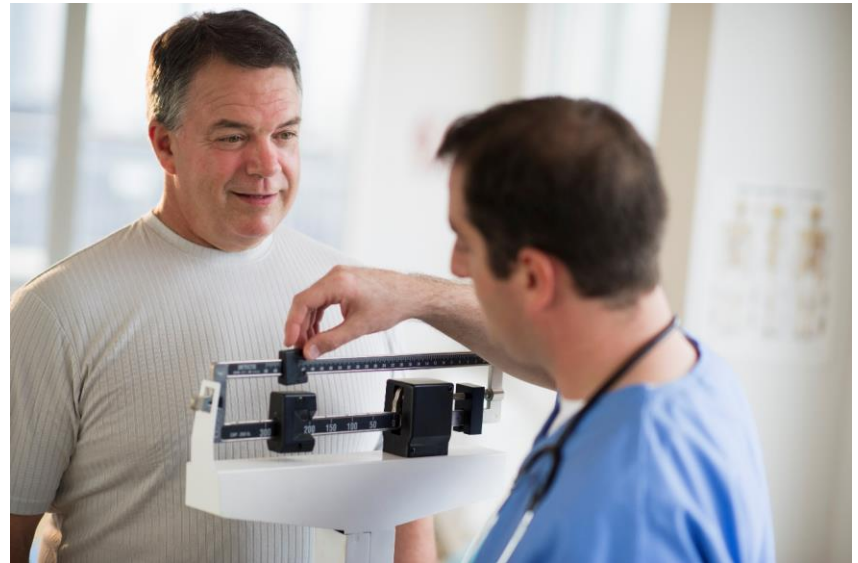


Source: [ONS: 2020-based interim national population projections](#) • [Download the data](#)

The Rise of Lifestyle related chronic health conditions

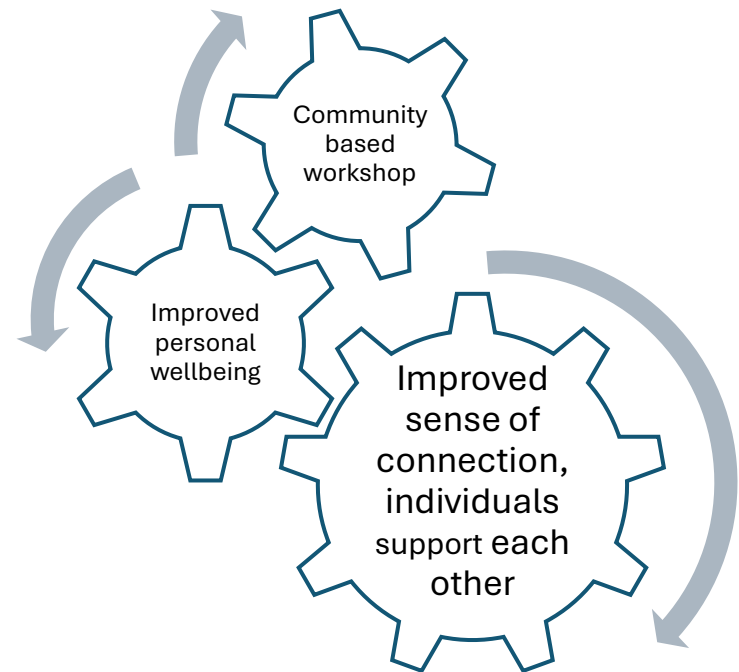
1.High Blood pressure 2.Chronic disease monitoring 3.Arthritis 4. Diabetes 5. Mental Ill Health

- Mental Wellbeing
- Healthy Relationships
- Minimising Harmful Substances
- Healthy Eating
- Sleep
- Physical Activity



Community based lifestyle medicine workshops

- Shift from a reactive healthcare service to a PREVENTATIVE one.
- Emphasis on supporting good health PRE-diagnosis.
- High impact intervention
- Move away from individual care to local networks of support.
- Low cost intervention which is scalable.





Remove the handle...

Dr Meg Pryor – GP and Lifestyle Medicine Specialist

Rushcliffe Futures event 19th June 2025

Community Health Services

‘Shifting services to the community’

Katie Grant and Denise McCoid



Community Nursing

- Referral from hospital
- 18 years and over, housebound (temporarily or permanently)
- Nursing need
- 7-day service, 265 days per year
- 8am – 8pm provision
- Out of hours service
- MDT working
- Catheter, continence and leg ulcer clinics locally
- Self-referral SPA- 03000830100



Making a
Difference

Trust Honesty Respect Compassion Teamwork

What do we do?

Comprehensive personalised holistic care and support at home

- Educate and promote self-care
- Think family- support
- Wound care
- Pressure ulcer management
- Leg ulcer management
- Catheter care
- Continence promotion and management
- Palliative and end of life care
- Medication support, administration



Urgent care Response: Definition of a '2 hour response' and criteria:

A two-hour response is typically required when a person is at risk of admission (or re-admission) to hospital due to a 'crisis' and they are likely to attend hospital within the next 2 to 24 hours, without intervention to prevent further deterioration and to keep them safe at home.

An Urgent Community NHS two-hour response is accessed and provided if the following characteristics are present:

Adults (over the age of 18).

The person is experiencing a crisis which can be defined as a sudden deterioration in their health and wellbeing.

The crisis may have been caused by a stressor event which has led to an exacerbation of an existing condition or the onset of a new condition or significant deterioration in clinical state or baseline functioning.

This health or social care need requires urgent treatment or support within two hours and can be safely delivered in the home setting.



Urgent Community Response

Inclusion and Exclusion

Inclusion

- ✓ Over 18 years of age.
- ✓ Is living in their own home or a residential/care setting.
- ✓ Is in a crisis and needs intervention, within 2 hours to stay safely at home/usual place of residence.
- ✓ Is living with dementia – best practice is to share responsibility for care with older persons mental health teams.

Exclusion

- ✗ Is acutely unwell or injured, requiring emergency care intervention and admission to an acute hospital bed.
- ✗ Is experiencing a mental health crisis and requires referral/assess by a specialist mental health team*.
- ✗ Needs acute/complex diagnostic and clinical intervention for patients safely in hospital.



Making a
Difference

Trust Honesty Respect Compassion Teamwork

Virtual wards

- In a crisis and needs intervention to stay safely at home/usual place of residence
- Patients with medical issues that would normally require inpatient hospital care, but that could safely be managed in the community with virtual ward resources.
- Referral from hospital (NUH, SFH, DBH) or Community Step-Up via GP, UCR or specialist service.
- Pathways - Frailty, Respiratory, Palliative, Acute
- 18 years and over
- Own home or care home
- 7-day service, 265 days per year, 8am – 8pm provision. Approx. 14day LOS
- MDT working, Matrons, RGN, NA, Physio, OT, AP
- NEWS score of 3 and below (unless agreed by MDT)



Making a
Difference

Trust Honesty Respect Compassion Teamwork

Discharge to Assess

- Access to recovery / reablement or rehabilitation on Day 1 following discharge from hospital – PATHWAY 1 community dwelling
- Free at the point of delivery – to enable an assessment period and recovery time to determine long term future needs. No one is discharged without the opportunity to thrive.
- Safety net support in situ for discharge following MDT discussion in the Transfer of Care Hub – then modified following progression – delivered by Community Therapy in conjunction with Social care and 3rd sector services
- Safe and Well check on day of discharge – reablement plan from Day 1
- Services operate Mon– Sun 8am to 8pm – 365 days a year
- All ages and diagnosis suitable for pathway – but need to be MFFD



Discharge to Assess

- If individuals are not ready to go home for 3R's – then PATHWAY 2 or PATHWAY 3 provision can be organised in the Transfer of Care HUB.
- Assessment period is approximately 2 weeks – then decisions are made regarding further rehab required or provision of longer term permanent support.
- Further rehabilitation is provided by our Community Therapy teams.
- Offer the opportunity to try 'HOME FIRST' with community staff having access to Sep up beds or respite rehabilitation to prevent readmission to acute sector – if medically fit.
- Avoids individual's having to make decisions about long term care immediately post crisis.
- Inter- agency working begins in the Transfer of Care Hub. Avoids duplication.
- Community expertise is utilised to access wide range of resources for long term management in the community



Shifting services left (hospital to community)

Neighbourhood working – we're already doing all of this:

- Huddles
 - Care home networking
 - RDAN (Rushcliffe Dementia Action Network)
 - GP clinical director meetings
 - Understanding population health and building a workforce to support the needs of our local population
-
- Moving Forward-local neighbourhood meeting set up.



Making a
Difference

Trust Honesty Respect Compassion Teamwork

Pharmacy Services

Evans Pharmacy East Leake

Emma Anderson, Independent
Prescriber, Senior Pharmacist

Evans pharmacy background

Evans pharmacy has 12 branches in the East Midlands, which include 4 IP pathfinder sites, two of which are in Nottinghamshire.

Prescribing is part of our heritage and culture, and we have prescribed in on the day illness and urgent care for over a decade, we can now do this on the NHS at our East Leake branch on Mondays, Thursdays and Friday mornings.

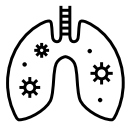
We also provide affordable travel and weight management prescribing services.



Conditions treated

On our NHS on the day illness prescribing service:

- Cough
- Ear conditions not covered by NHS Pharmacy First
- Skin rash
- NHS Pharmacy First clinical pathway conditions that fall outside of the PGDs.
- Lyme disease.
- Tetanus vaccine following injury
- This is available Monday, Thursday, Friday morning – either GP referrals or phone the pharmacy.



Pharmacy
First – nearly
all
pharmacies

We can help you with **seven common conditions** without needing a GP appointment

- **Sinusitis**
(adults and children aged 12 years and over)
- **Sore throat**
(adults and children aged 5 years and over)
- **Earache**
(children and young adults aged 1 year to 17 years)
- **Infected insect bite**
(adults and children aged 1 year and over)
- **Impetigo**
(adults and children aged 1 year and over)
- **Shingles**
(adults aged 18 years and over)
- **Urinary tract infection**
(women, aged 16 to 64 years)



Pharmacy
Contraception
service – most
pharmacies

Need a supply
of oral
contraception?

NHS

You can now arrange to get your
first, or next supply directly from some
of our local pharmacies in confidence.

Ask a member of our pharmacy team
for more information.

Providing NHS services

NHS Blood Pressure Check Service



40 years or over?

Do you know your blood pressure?

40 years or over?

Pharmacy Blood pressure checks – most pharmacies

- We offer all day monitoring too from most pharmacies.
- This is the gold standard way to ensure you have well controlled blood pressure
- Note if you already have diagnosed high blood pressure you will need a GP referral to access this service.

NHS COMMUNITY PHARMACY OVERVIEW – Nottingham and Nottinghamshire ICB

April 2024 – December 2024

NHS Community Pharmacy is one pillar of Primary Care, alongside GP Practices, Optometry and Dentistry. Together they support more patients every working day than any other single part of the health system.

PREVENTION



Cardiovascular Disease

NHS Community Pharmacy Teams in Nottinghamshire have opportunistically measured the Blood Pressure of

43,631 patients

They have confirmed high blood pressure using ambulatory monitoring in **992** of these patients so their high blood pressure can be managed.

Assuming these patients comply with management for the next 5 years **8 deaths**, **15 strokes** and **10 myocardial infarctions** have been prevented!



INDEPENDENT PRESCRIBING PATHFINDER PROGRAMME

Strategic aim: Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care:

- Models using prescribing instead of PGDs in existing Advanced Services (Acute Illness, Contraception)
- Models to support patients with Long Term Conditions (CVD, respiratory)
- Novel Models (opioid deprescribing, anticoagulation, menopause, prescription management)

No of IP Sites Live: 2/4

No. of consultations: >512

UEC SUPPORT



Discharge Medicines Service

NHS Community Pharmacy teams in Nottinghamshire have completed **5084** Discharge Medicines Service referrals from hospital trusts. Thereby **avoiding 508 hospital readmissions** resulting in better patient care, increased patient safety and saving financial costs of

£1,144,408

Sickness to Prevention

Analogue to Digital

to Communi



ACCESS



Pharmacy First

63,636

NHS Community Pharmacy Teams in Nottinghamshire have completed 63,636 Pharmacy First consultations that would otherwise have happened in GP practices, urgent care settings or at NHS111.

10,606 Hours Saved

NHS Community Pharmacies have improved access for patients and saved 10,606 hours of GPs and other healthcare professional time.

That equates to 11 additional full-time clinicians!

Oral Contraception Service

7,342 consultations completed for Initiation and ongoing supply of oral contraception. NHS Community Pharmacies are helping to improve access to contraception and help prevent unplanned pregnancies.



7,342



There are 216 NHS Community Pharmacies in Nottinghamshire situated in the heart of communities

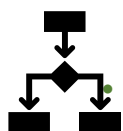
Independent Pathfinder Programme Overview – Nottingham and Nottinghamshire ICB

July 2024 – March 2025



This pathfinder is intended to explore a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

Consultation outcomes



52% of consultations resulted in an electronic prescription

- **7%** of patients only referred to another healthcare provider including GPs and dentists

Model



The model is “on the day illness” including chest infections, ear conditions and new onset skin conditions. This depends upon the prescriber's self-declared competency, allowing the individual prescriber to develop their skills.

Where the sites are:

Evans East Leake
Evans Kirk Gate
Brinsley Pharmacy
Applegate Pharmacy – Ilkeston Road

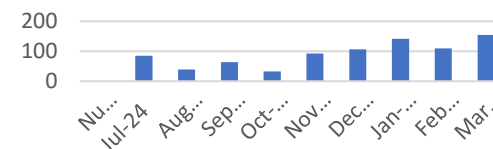


ACCESS

826 consultations

Community Pharmacy Teams across the 4 sites have completed 826 consultations between July 2024 and March 2025

Number of Consultations by Month



43% were walks ins and 57% were referred from another health service provider e.g. GP practice.

Thank you for listening

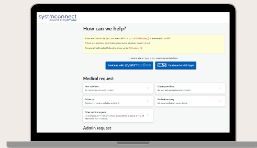
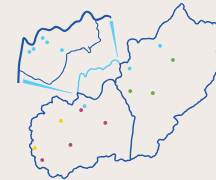


SHIFTING ACCESS TO SERVICES DIGITALLY



AGENDA

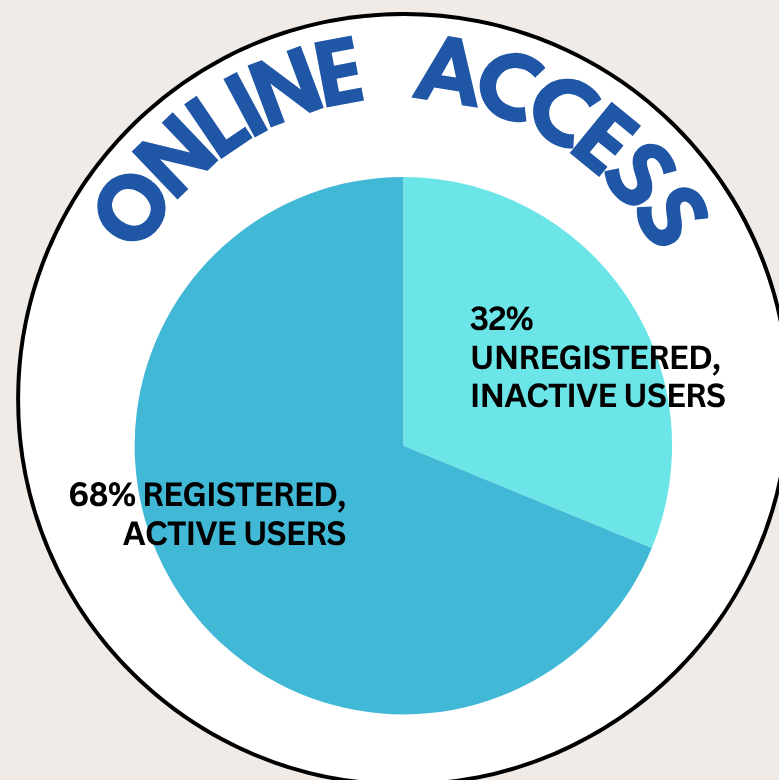
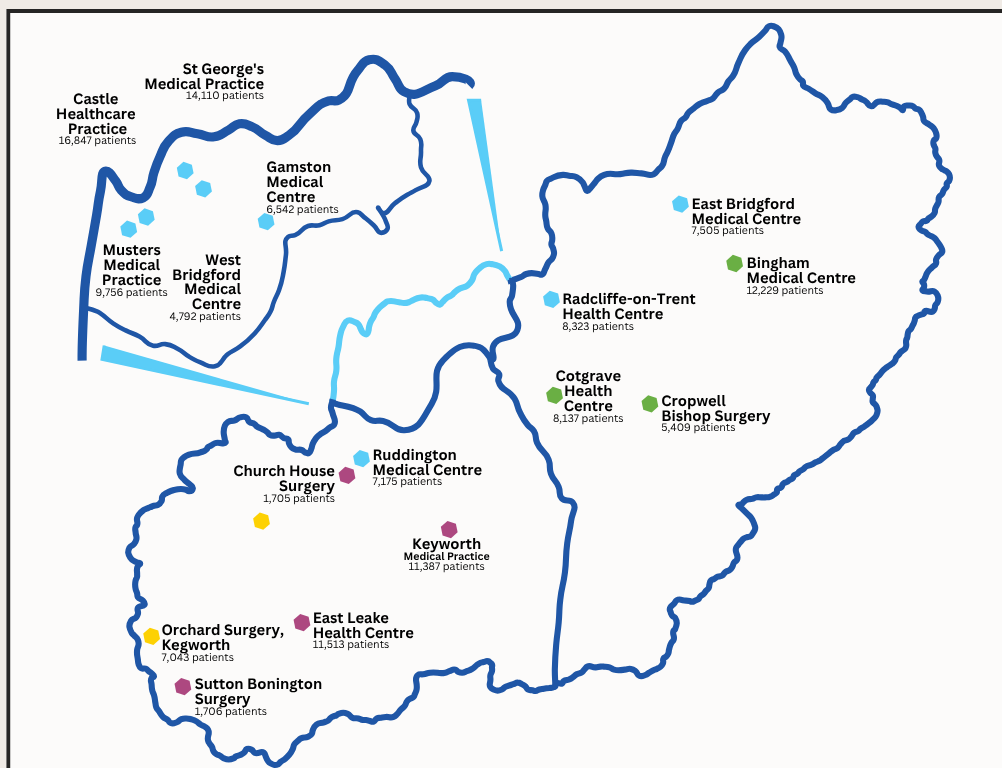
- CURRENT LANDSCAPE OF RUSHCLIFFE PCN
- ONLINE SERVICES IN PRACTICE
- HOW WE SUPPORT PATIENTS IN RUSHCLIFFE
- NHS APP OVERVIEW
- FUTURE PLANS



RUSHCLIFFE PCN



POPULATION: APPROX 140,000 PATIENTS ACROSS 11 PRACTICES



ONLINE ACCESS IN PRACTICES

**3 different online systems
used amongst Rushcliffe
Practices**

**Used for non-urgent queries -
Medical or Admin**

**Can be accessed through the
NHS App or through the GP
Practice Website**

SYSTEM CONNECT

- VILLAGE HEALTH GROUP
- ORCHARD SURGERY
- RUDDINGTON MEDICAL CENTRE
- ST GEORGES MEDICAL PRACTICE



ACCRUX

- CASTLE HEALTHCARE
- EAST BRIDGFORD MEDICAL CENTRE
- RADCLIFFE ON TRENT HEALTH CENTRE
- GAMSTON MEDICAL CENTRE
- WEST BRIDGFORD MEDICAL CENTRE

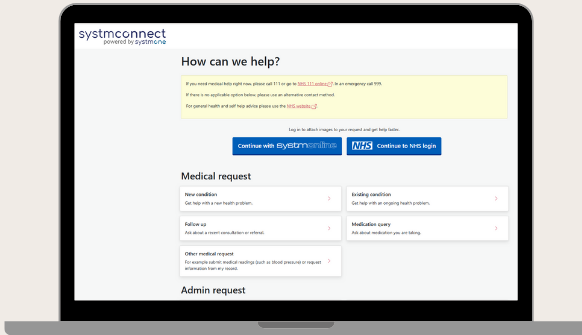


RAPID HEALTH

- MUSTERS MEDICAL PRACTICE
- BELVOIR HEALTH GROUP



ONLINE ACCESS IN PRACTICES



On average, there are approx
1000 - 1200 online queries
submitted each month across
Rushcliffe PCN

BENEFITS INCLUDE:

- ✓ **GETTING HELP WITH A NEW OR ONGOING HEALTH PROBLEM (AN APPOINTMENT OR PRESCRIPTION)**
- ✓ **ASKING FOR A FIT / SICK NOTE**
- ✓ **REQUESTING DOCTORS LETTERS**
- ✓ **REDUCING TELEPHONE CALLS**

HOW WE SUPPORT PATIENTS IN RUSHCLIFFE



19 DIGITAL SUPPORT SESSIONS AT GP PRACTICES
SINCE APRIL 2025

240+ PATIENTS SUPPORTED 1-ON-1 WITH THE
NHS APP OR USING ONLINE SERVICES

57 HOURS SPENT AT GP PRACTICES, HOSTING
DIGITAL SUPPORT SESSIONS

OVERVIEW OF THE NHS APP



Patients registering for the NHS App

How it works

1. Patients download and install the NHS App on the Google Play (Android device) or App Store (Apple device).



2. Patients set up an NHS Login using: email address, mobile phone number

3. Patients prove their identity by either:

Sending a photo of their ID and recording a video of their face while they say 4 random numbers shown to them



or

Entering registration details they get from their GP practice

- Linkage key
- Practice ODS code
- Account ID

123

4. Patients enter their name, DOB and postcode or their NHS number

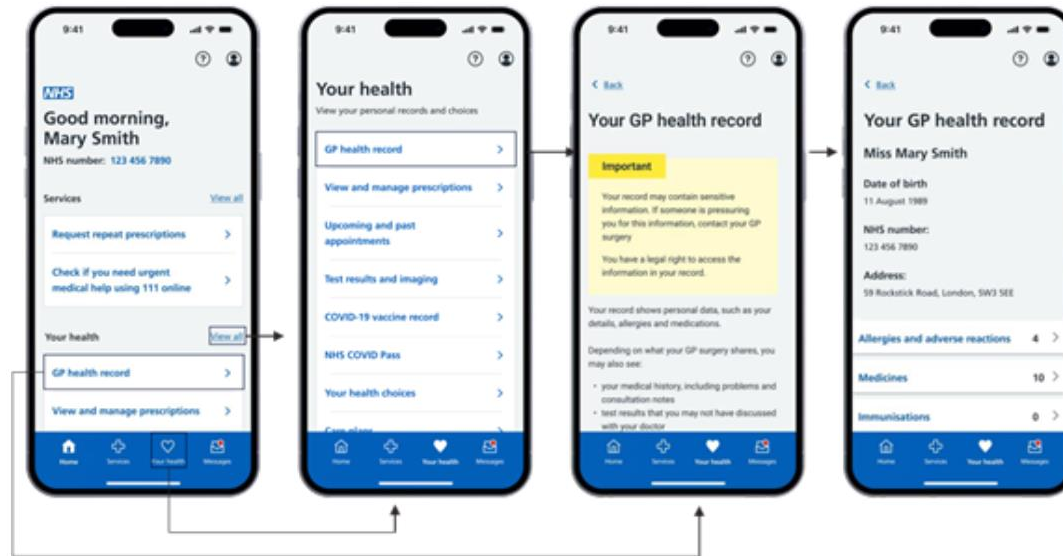
5. Information is then checked and confirmed.

6. Patients can log into NHS App using their email & password

View GP health record

Patients can view information about their medicines, conditions, consultations, test results etc.

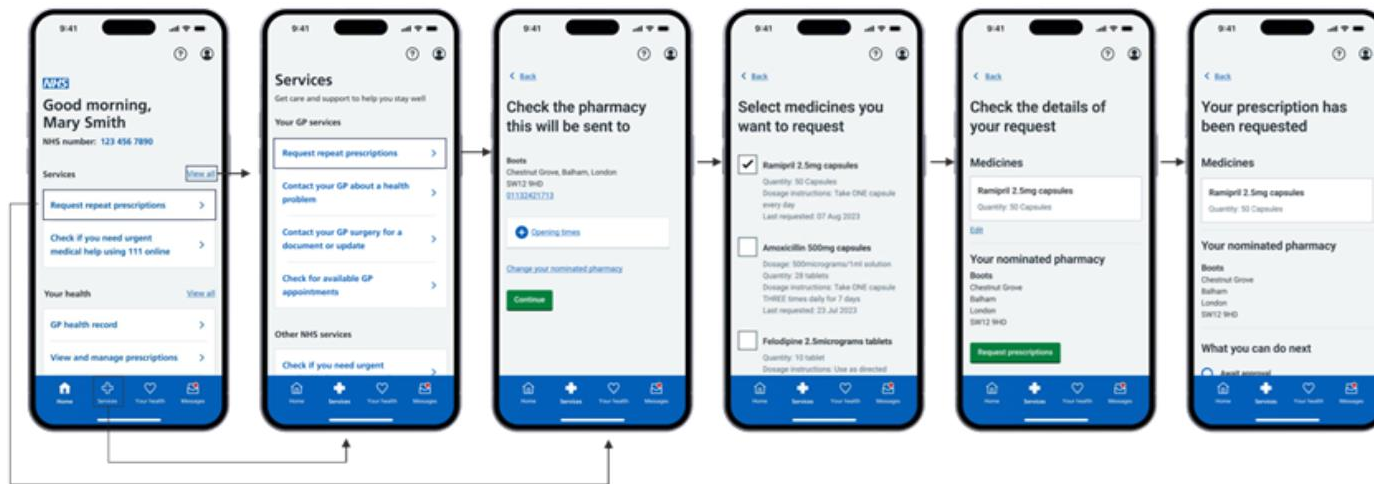
- Most patients will be given access to information added to their record from November 2023 onwards.
- Patients can request access to information before this date by contacting their GP and signing consent.



Patients repeat prescriptions

Patients can request repeat prescriptions if the medication is available to order, and they can view previous orders through the NHS App.

- After selecting medicine(s), the request is sent directly to the GP surgery for sign off and issued to the pharmacy.
- Orders can be made at any time.



Nominate a preferred pharmacy

Patients can choose where to collect their prescription.

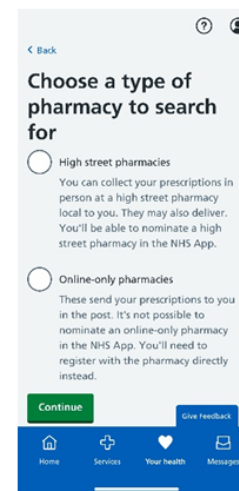
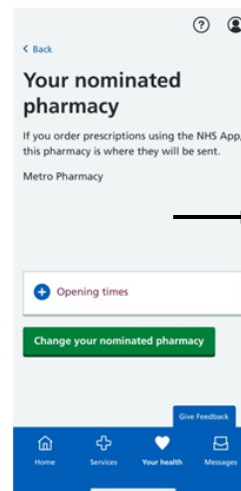
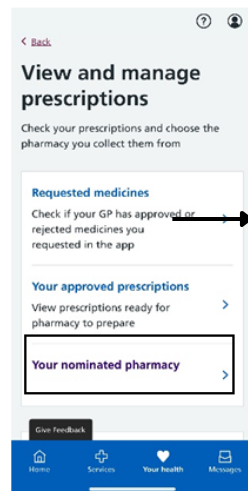
Once a patient nominates a pharmacy:



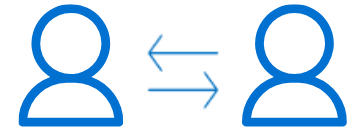
They can change their nominated pharmacy at any time, e.g. going away on holiday



They no longer need to collect paper prescriptions from their GP surgery.



Linked profiles with another person (proxy access)



Patients can request to act as a proxy for children, relatives or someone they care for. This allows them to access health services on behalf of someone else.

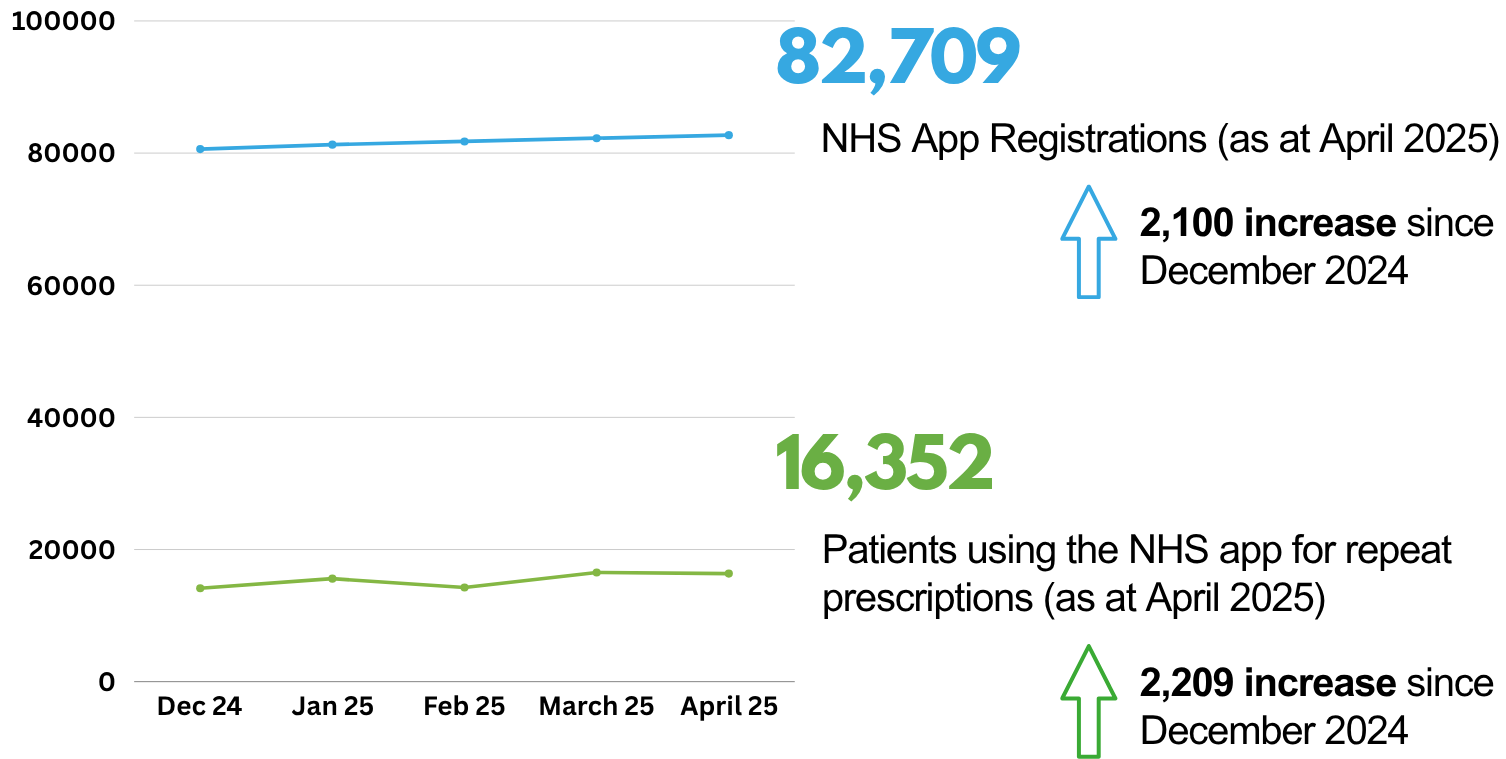
How it works:

- Patients will need to contact their GP Surgery and ask them to register for proxy access.
- They can then scroll down on the homepage of the NHS App to 'Manage health services for others' to switch profiles.

Key points:

- Patients have to be registered at the same GP Surgery
- GP Surgery will determine the level of access e.g. order repeat prescriptions, view some or all of GP health record

NHS App Usage in Rushcliffe PCN



FUTURE PLANS

- **16 DIGITAL SUPPORT SESSIONS BOOKED UNTIL SEPTEMBER 2025**

Continue to offer support to those who are unregistered, inactive users of online services / NHS App.

- **ATTEND MORE COMMUNITY EVENTS**

Lark in the Park Event in West Bridgford - 6th August 2025

- **WORK CLOSELY WITH GP PRACTICES AND PATIENT PARTICIPATION GROUPS**

To promote the use of the NHS App and Online Access to patients so they can increase their confidence in digital health tools and take control of their healthcare

**THANK
YOU**

Panel Q&A session

3pm – 3.30pm YOUR PANEL:

- Derek Hayden - Rushcliffe Borough Council
- Louise Casey-Simpson– CEO Your CVS (Community Voluntary Services)
- Dr Guv Sahota – GP and Clinical Director, Rushcliffe PCN
- Morgan Sharpe – Head of Social Prescribing, Rushcliffe PCN
- Helen Smith – Programme Lead, S Notts Place Based Partnership
- Dr Meg Pryor, Holistic Practitioner
- Denise McCoid & Katie Grant – Planned & proactive care leads, Rushcliffe Community Services
- Georgia Kittow and Matt Mumford, Digital Inclusion Coordinators

3.30-4.15pm Refreshments and marketplace exhibition



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Market Place discussions upstairs

3.30-4.15pm Refreshments and Market Place exhibitor discussions - UPSTAIRS

Talk to a selection of local health and care providers to get your questions answered



4.15pm Back in the main room, please sit at your nominated tables



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Facilitated table discussions – the 3 shifts

Please return to your nominated table

4.15pm – 5.10pm Discuss/provide written feedback to key questions

- Your facilitator will explain everything!!

5.10pm – 5.30pm Feedback from each table with experts' reflections

Leave your flipchart paper and post it notes on your table afterwards, please!



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Let's Live Well
in Rushcliffe

What next?

- Provide us with consent to keep you updated about future events and opportunities to be involved – today is the start of a long-term conversation
- Look out for an email from me asking for your views on the event – please respond!
- Slides and a summary report will be accessible on RushcliffeHealth.org website (*you will be sent a link*)



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Let's Live Well
in Rushcliffe

Staying engaged and involved in the Future of Healthcare in Rushcliffe

- **Join your GP practice's Patient Participation Group to get more involved on a regular basis – complete one of the slips on your table and leave it on the table and we'll be in touch**
- Your feedback will inform the Rushcliffe neighbourhood strategy for 2026 onwards
- *Check out local social media about this event and future opportunities*
- *And look out for more local events.....coming soon on www.rushcliffehealth.org – sign up for regular bulletins*



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THANK YOU!

And to Sofi, Belinda,
our speakers,
facilitators, stall
holders, the RBC
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Richard and Lisa