

Hospital to Community

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The focus on hospitals as the centre of our health system creates significant barriers to access and navigation that create and sustain health inequalities. Patients struggle to find their way through complex healthcare systems, often lacking support from care coordinators or services themselves. Low income and rural communities face particular challenges with transport costs and accessibility, while working people find rigid hospital appointments difficult to attend. Cultural and language barriers can be amplified in institutional settings, making it even harder to navigate services and patients can often feel lost in the hospital system.

Community care offers the opportunity to build a true partnership with patients by meeting people where they are, both physically and culturally. It enables services to be designed together with local communities and builds trust through consistent community presence. By reducing the practical barriers like transport and timing, we can make healthcare even more accessible. Evidence shows better outcomes when communities help to shape local services such as offering tests, scans, treatments and therapies at local GP clinics, pharmacies, health centres and in patients' homes. Community diagnostic hubs can also bring care closer to home, making it easier for patients to access the services that they need.

We'd see a transformed healthcare system where services are located in community hubs designed with local input. Health champions from diverse communities would bridge trust gaps and care would be available when and where people need it. We would see reduced health inequalities through better access and engagement. Local communities would be actively involved in monitoring and improving those services with a strong patient voice in service planning and delivery. Appointments would be even more reliable with improved access to diagnostic services at community hubs. There would be a greater emphasis on public health and preventative care as strongly desired by patients.

The critical factor to successfully delivering this shift is embedding genuine patient partnership, alongside a transformed workforce. We must implement the core principle of nothing about us without us ensuring communities have real power in decision making about their local services. At the same time, we need healthcare workers who are equipped and supported to work differently in community settings, building sustained relationships with communities and working in true partnership with patients. This means both investing in community engagement and patient leadership, whilst also developing our workforce to work more independently and collaboratively in these new settings.