

335 **So do you think that access would be easier then for people in**
336 **community settings?**

337 Yeah, I mean of course it would be. Of course it would be. But, but
338 this goes back to the point I was making before that, what, what,
339 ideally what you try and do with access is to improve the access, so
340 if you just transfer a clinic from a, from a hospital setting into a
341 community based setting you'll improve the access for some people
342 and reduce it for other people. You know ideally what you're trying
343 to do is to complement and supplement it, so you know, you can
344 have some services that are in, in a hospital basis, but you also
345 replicate some of those opportunities and access in a community-
346 based setting. But to do that will potentially cost, cost resources, so
347 you know, is it cost effective to do it? I think that, that it is just, I
348 keep coming back to it, but that's the one big issue I think that
349 we've not really thought through around the care closer to home.
350 It's got to be part of the much bigger picture around the sort of self-
351 care and self-management, because if it's not it will be more
352 expensive.

**Equity in service
provision**

**Ideology of
CCTH**