



your community,
your care
developing community hubs

Engagement programme April – May 2016

Local report for

AYLESBURY

27th April 2016

Feedback from patient, carers and other stakeholders.



Introduction

In light of national initiatives to move care closer to home, Buckinghamshire Healthcare NHS Trust has undertaken a programme of local engagement across the county. Six engagement sessions took place starting on the 7th April 2016 at Thame and concluding on the 12th May in Buckingham. Other locations included, Marlow, Chalfont, Aylesbury and Wycombe.

Aims of the engagement programme include:

- An opportunity to explore with local communities how we might develop community care hubs and what that might look like locally.
- To better understand what patients and carers identify as the services that could be provided closer to home and the benefits to local people and the quality of their care.
- To identify those services that people feel they don't need to travel to an acute site for.
- To understand how we might be able to meet and support different people's needs in different areas via a community hub
- To establish a list of participant priorities from each session
- To provide an opportunity to gather feedback from individuals on their vision of what a hub might look like as well as the collective view from group work.
- To deliver meaningful engagement sessions for patients, carers, partners and stakeholders to attend.

Each of the six sessions followed the same programme which opened with a presentation to provide some background information and set the context for the group work. This followed an opportunity for attendees to ask brief questions or seek points of clarification.

The presentations were delivered by our Chief Executive, Neil Dardis and our Chief Nurse, Carolyn Morrice, with the exception of Thame when our Director of Strategy and Business Development presented on behalf of the CEO.

Each audience was informed that there is no definition of a community hub and that is why engagement with local communities is so important in the early stages. Feedback will help to help inform the potential development of future health services locally.

Executive Summary

Aims of this report include:

- A record of the feedback and group work as recorded at our Aylesbury event.
- A brief summary of key points highlighted at Aylesbury
- Some feedback on the evaluations and equality monitoring gathered at this event.

Attendance

- **35** people booked to attend the event
- **14** attended
- **14** people did not arrive and **7** cancelled
- **3** of those booked represented key partners GPs, CCG or County Council, Oxford Health NHS FT.
- **1** of those booked represented stakeholder organisations such as voluntary charitable and key patient/carer support organisations.
- *These figures do not include staff who were supporting the event e.g. facilitators and scribes.*

The above demonstrates a good mix of patient, carer, stakeholder and partner representation and enabled a positive opportunity for hearing a range of different perspectives, views and ideas throughout the discussions.

Evaluation

A sample of some of the key highlights from those who responded:

- **10 of the 14 people**, who attended, completed their evaluation form and returned it. Largely the feedback was positive with
- **10 of the 10 responses** said yes they did value the opportunity to discuss and explore the idea of developing community hubs. A unanimous response.
- **10 of the 10 responses** said yes they found the staff receptive to their views of which 5 selected the option “very much so”
- **8 of the 10 responses** said they found the purpose of the meeting clearly explained at the beginning of the meeting of which 1 selected very clear. Two responded “in part”
- **10 of the 10 responses** said that the presentations were clear of which two people selected the option “very clear”

Equality Monitoring

10 of the 14 people who attended completed and returned their equality monitoring form.

A sample of some of the results show:

- 7 males and 3 females
- Representation of ages spanned from 25 – 80 years plus however, there was no representation from the 45 – 54 age group with the larger number being in the 65-79 age group
- 5 people represented those with a sensory impairment and 1 person represented those with learning difficulties
- 9 of those who responded, classified themselves as white British and 1 classified themselves as Indian
- The majority of attendees classified themselves as heterosexual with three selecting other groups
- The majority of people chose Christianity with 2 selecting atheist and one selecting Hindu and one selected “other”

What you told us – key point summary

The feedback you provided us with is detailed in the following pages. This section attempts to capture a brief overview of key points from the group work.

In asking groups members about what they liked about what they had heard in the presentation and what they liked less, the key messages were:

Liked -

- The openness / asking for community input
- Focus on keeping patients out of hospitals and enabling self care and maintaining independence
- The concept of bringing care closer to home / needs to be done properly
- As ageing population and having trouble in getting access to the care they need at home

Less liked -

- Too little information on the drivers / presentation needed to be stronger on why looking at this concept / want to know what is going to be done.
- What do we mean by community? What do we mean by hub?
- Real or virtual?

- Communication and access is key
- Health and social care need to integrate and communicate properly.

The group work then moved to focus on seeking views from group participants about services that people felt might be better provided in the community e.g. those which they felt were unnecessary to attend a hospital setting for, e.g. some outpatient appointments or to collect equipment, low risk interventions etc.

Participants were also asked to think about Aylesbury and the local population and tell us which services they felt were important to have provided closer to home and what added benefits would that bring? What would really make the difference to people's health and social care needs locally?

Importantly, discussions also included who and how did participants see that care being provided in the future, mindful of the context of people living longer and a growing older population. Increased demands and rises in numbers of people with long term conditions are set against a challenging financial climate for the NHS and Social Care services.

Having established this information participants were asked to then prioritise their lists to give at least the top three and finally describe what their joint vision of a community hub was and what service provision might look like? This was recorded visually and photographs of these have been recorded as part of the report.

Finally, individuals were given the opportunity to capture their own individual vision of the hub and were encouraged to do so if the collective group vision did not reflect their own thoughts.

The following page provides the feedback in detail for these sections. Some initial key themes from the feedback for Aylesbury are:-

- There was discussion around the hub concept and whether it could be virtual, a physical space or a mobile described as something like a breast screening vehicle to reach more rural areas. There was support for all three but most appeared to support a physical space and the idea of a mobile service with telephone and face to face access to health and social care professionals. Some felt any hub should be linked up with the GPs. Some felt it was important to avoid duplication.
- Improve communication across health and social care, better integration which includes information and systems also with GPs.
- Signposting / information – single point of access / central point, like Citizens Advice Bureau model.
- Improved local provision for dementia services, diagnostics and a dementia café along with other general mental health service provision was identified as needing to be included in a hub
- Walk in / drop in function and a range of community services as listed in the report which include children, therapies, eye clinics and other outpatient services simple diagnostics, such as blood tests with rapid results and general community nursing services. The report contains further details on the sort of services people identified.
- Services for vulnerable persons, locally provided and easy for them to access was identified as important.

- One stop shop model (co location of services and professionals, multifunction health and social care) with voluntary and charitable services support groups etc
- Education, prevention, health and wellbeing with a range of classes and activities provided from a physical hub were well supported along with activities to help address social isolation.
- Improved technology to ensure people and professionals have access to the right information which is properly secure wherever they go.
- Patients want to have confidence in professionals and those giving advice for services such as 111 which received mixed feedback during this session some had positive experiences and some had experienced delays with 111 and emergency services and described a lack of trust in the staff responding due to a perceived lack of knowledge. Some also warned against duplication with this service.
- Continuity and consistency of care

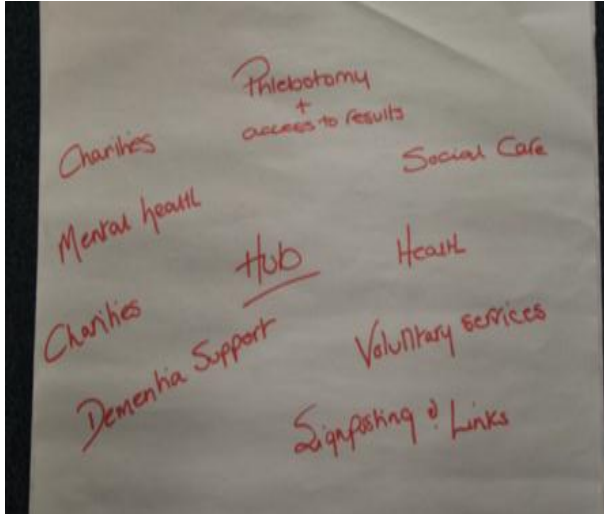
Exercise one – Following the presentation given at the beginning of each session, attendees were split into groups and asked the following questions:

1. From the presentation what do you like about what you have heard?
2. From the presentation what do you less like?

Group	Content liked	Content less liked
A	<ul style="list-style-type: none"> • Openness • Asking for our input • Focus on keeping patients out of hospitals • Example of independence – enabling self-care 	<ul style="list-style-type: none"> • Too little information on drivers • “no ideas” • Want to know what is going to be done
B	<ul style="list-style-type: none"> • Motivation superb – have you researched what services are needed in the community so its evidence based? • Like principal but need to do it properly 	<ul style="list-style-type: none"> • Social and health care need to integrate and communicate properly • Aging population having trouble getting access to the care they need at home • Communication and access key • Presentation needed to be stronger to explain why we are looking at this concept • “Hub” what does this mean? Why are we using the word “hub”? Seems to be used for everything these days
C	<ul style="list-style-type: none"> • Like point of bringing care closer to home • What do we mean by community? Especially in smaller villages – is it the village or a group of them? • Real or virtual hub? New buildings or GP surgeries • Love the acronyms 	<ul style="list-style-type: none"> • Not much information – helpful suggestions which was good • More detail on what’s happening and why?

Exercise 2 – Thinking about what would be of benefit to be provided in Thame closer to home more locally and what services do you feel you don't need to attend a hospital setting for.

Group A



- Dementia diagnostics and services
- Consider what is already available
- Awareness of other developments/initiatives
- Service users and carers organisation
- Signposting
- First point of contact
- Hub as central contact
- Networked units focused on need of local population
- 0-100+
- Hub – to include:
 - Maternity care
 - Phlebotomy
 - Social care
 - Dementia support
 - Health
 - Voluntary services links
 - Charities
 - Mental Health
 - Health Visitors
 - Therapies
 - Child services
 - Technology to bring them all together
 - Access to integrated information and systems

Group B

- Quicker the service can be the better
- 111 – 999 to much delay between the two systems, processes and organisations
- Walk in clinic linked to local GP practice/s
- Diagnostics – bloods, scans, quick and simple tests
- Telephone access with expert advice

- Health care professionals – clinics
- Childcare like a childcare centre
- Social events, social awareness, stop social isolation
- Bring communities back together
- Bring the old and young back together. Somewhere to share knowledge
- Volunteer run with specialist care involvement
- Engage with community
- Assist social isolation
- Rehabilitation classes
- Central point with transport access. Transport links a must and must be thought of before building
- Young mothers group
- Wheelchair access – availability to hiring equipment which may be needed by local community
- Timely access to equipment
- ACHT's in the hub – bringing specialists to the community
- Healthy lifestyle classes – cooking classes, keep fit classes, information on keeping healthy generally
- Group support classes
- Information centre
- Signposting
- Experts – what do I do? Where do I go to find it?
- Mobile unit – same day to same village every week. Bringing health to the masses and those who maybe can't leave home
- If I am already under a Doctor, who will have responsibility for my on-going care?
- Records – must be shared. Ensure all organisations know the same information about one patient. GP/Hospital/Hub and social care so all joined up and knows what each have advised etc.
- Complete package agreed with patient and carers on leaving hospital which includes social/health/GP and the local "Hub" support which will be given to patient
- Integrated team/integrated services
- Sharing best practice between them all
- PALS type service
- Use of technology – Skype
- Outpatients appointments in the hub
- Group forums
- CAB – signposting – general advice
- Could patients get access to BRAVO – so no delay in process

Group C

- Non elective admissions all over the place therefore no continuity of care. Would like to have somewhere to go and have treatment without going into the hospital
- Bucks is a big county and understand we have to have specialist in certain places due to cost and the expertise
- Cardiac rehab in Wycombe but classes in Aylesbury. Understand though that is it not financially viable to provide everything everywhere
- ECG in Wycombe from Leighton Buzzard! Why not more locally
- Eye clinics
- Hard if you don't drive around this county
- In and out for eye retinopathy - 10 mins so why not take the camera to different opticians on a rota?
- Home hospital day care in places like Leighton Buzzard
- Work done in Bicester so could the money be made to follow patients

- What is a community?
- In a village, feels like a village but different in central Aylesbury
- Even less visiting GP times so maybe have a nurse practitioner even in a hall so you'd know they are there and could be dropped in on – MP's, Police etc. do it
- But how do you draw the lines..... Maybe you shouldn't i.e. anyone can go anywhere..... need the IT and support so data available
- Regular checks to provide a benchmark
- Drop in but need to be clear what the service could do/refer on etc.
- Nurse on a bike for a community
- In Aylesbury maybe in the town centre but if GP access was better, you wouldn't need something like this
- Maybe get shopping centre to provide some space or attached something to a local library (stop it closing down)
- Different specialist each day
- Quick tests with results although you would need the confidence in the technology to ensure this information shared with the right parties
- Maybe Q&A checks periodically
- Do need a more efficient way of doing blood tests
- Must locate things near transport or find a way of getting people there and parking for those who drive
- Need opening evening and weekend particularly when GP's closed. Lack of trust in 111
- Face time and Skype would help 111
- Different in towns and villages therefore face to face and virtual might work
- Need 24/7 access because of lifestyles for the urgent stuff. Need something else especially for minor things
- Too many people use ambulances when they don't need them
- Use technology out of hours maybe
- Need advice and signposting from someone you trust and have confidence in (Lacking in 111)
- Need the back-up services too e.g. if you have an infection diagnosed, need the antibiotics
- Amazon delivering dispensed prescriptions
- GP services being improved would be better
- Cloning information and signposting gaps but horses and courses in terms of geography
- Maybe use hospital sites have the expertise
- Community hub on the road like breast screening units – aka embarrassing bodies – Drive thru maybe?
- NHS and income generate – offer other services like travel insurance etc.
- Use data better and predict service need

Exercise 3 – From the lists that the groups created in exercise 2, groups were asked to vote for their top 3 priorities. The responses are listed below per group.

Group	A	B	C
Priorities	<ol style="list-style-type: none"> 1. Equity of services with leadership (from community) defined internally and externally 2. Coordination and reduced duplication of effort and outcome 3. Mental health and dementia services 4. Single point for access to information – signposting 5. Services for vulnerable persons <p>(Cost awareness linked to reduction in duplication)</p>	<ol style="list-style-type: none"> 1. Communication – improved across all services – health and social 2. Education/ Signposting/ Information 3. Community forums – bringing all age groups together 4. Mobile units – regular and consistent 5. House bound patients – listen - go to see them in this process 	<ol style="list-style-type: none"> 1. Face time 2. Technology and ensure people have access to the right information wherever you go (properly secure) 3. Diagnostics (simple ones only) 4. Accessibility – transport, parking, different for different communities, mobile 5. Drip in nurse – advice and signposting 6. Don't duplicate to fill a gap. 111 (more confidence), GP's (more accessible)

Exercise 4 – Still within the individual groups, attendees were asked the following questions:

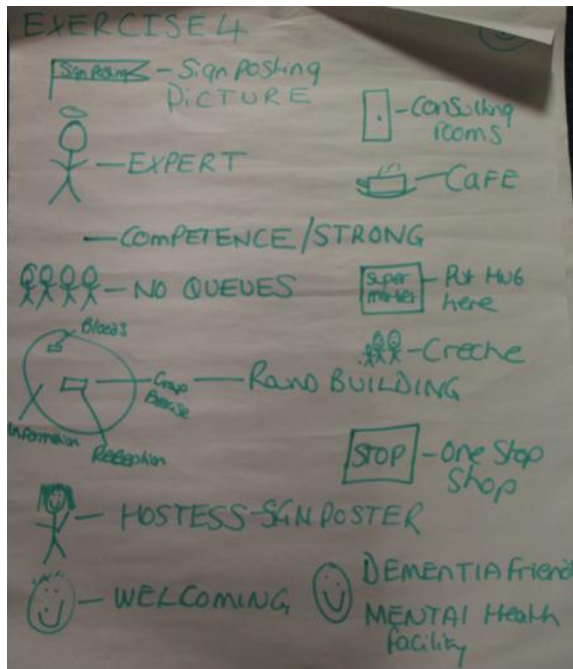
- What is your vision of a community hub for e.g. Aylesbury
- What does it do?
- What does it need to provide?
- What is it not?

Group A



- Physical
- Information
- Signposting
- Virtual
- Welcoming
- Pre Op / Outpatients
- Mobile phone/IT
- Café
- People in abundance
- Mothers and babies
- Transport

Group B



- Signposting
- Experts
- No queues
- Round building with smaller sections for clinics, information, group exercises etc.
- One stop shop
- Crèche
- Consulting rooms
- Café
- Competence/Strong
- Supermarkets – maybe put the “Hub” there?
- Dementia friendly
- Mental health facility

Group C



- Shopping centre
- Drive Thru
- Mobile
- Village hall
- Need to put the bricks together – 111, A&E, Social care, GP, How to
- Nurse

Exercise 5 – Attendees were given personal cards to record their own personal vision if they wanted to. These are just a few examples in people’s own words, many more received.

A virtual hub using existing facilities
e.g. GP surgeries, voluntary sector,
charities, council facilities

Vital to coordinate this work with
local medical committee as GP
provider and local pharmaceutical
committee to avoid duplication
(GPFV)

Patient leadership especially in
coproduction of the community hubs
but also in leadership of the hubs

Advice and guidance on people’s
health issues and who or how to
see about getting it fixed. Taken in
less of a rush than a GP
appointment . If it were to
provide treatment it would need
to be careful not to overlap with
other components of care
provision such as A&E, GP and out
of hours

Confidence in service
24 hours
Face time/Skype 24/7
Quick access to diagnostics –
blood test and results
Safe and secure access to
records across healthcare
Joined up services – dentist,
eye care, minor injuries
Accessible services – transport,
prescriptions
Disability friendly environment
and approach

Local community directory,
perhaps given a local contact
number for a nurse living in
your local area. Not his or her
personal number but a
0845/0800 number and the
nurse on call pick the call up a
kind of modern day district
nurse

***Our sincere thanks to
everyone who has
participated, provided
feedback, suggested an
idea, or shared a view.***