



**your community,  
your care**  
developing community hubs

**Engagement programme April – May 2016**

**Local report for**

**BUCKINGHAM**

**12<sup>TH</sup> May 2016**

**Feedback from patients, 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 7<sup>th</sup> April 2016 at Thame and concluding on the 12<sup>th</sup> 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 Buckingham event.
- A brief summary of key points highlighted at Buckingham
- Some feedback on the evaluations and equality monitoring gathered at this event.

## Attendance

- **53** people booked to attend the event
- **35** attended
- **11** people did not arrive and **7** cancelled
- **7** of those booked represented key partners GPs, CCG or County Council.
- **6** 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:

- **25 of the 35 people** who attended, completed their evaluation form and returned it. Largely the feedback was positive with:
- **23 of the 25 responses** said yes they did value the opportunity to discuss and explore the idea of developing community hubs. 2 people did not answer this question.
- **25 of the 25 responses** said yes they found the staff receptive to their views of which 9 selected very receptive.
- **23 of the 25 responses** said yes they found the purpose of the meeting clearly explained at the beginning of the meeting of which 10 said they found it very clear, one said in part and one person was unsure
- **25 of the 25 responses** said yes the presentations were clear and easy to understand of which 5 selected very clear.

### Equality Monitoring

**25 of the 35 people** who attended completed and returned their equality monitoring form.

A sample of some of the results show:

- 11 males and 14 females represent an almost even gender split.
- From the 25 responses received there was representation of age groups which spanned from 25 – 80 years plus with the larger number being in the 65-79 age group.
- 10 of the 25 people who attended have a physical or sensory impairment
- 20 of those who responded classified themselves as white British and 2 classified themselves from other groups, one did not wish to declare.
- The majority of attendees classified themselves as heterosexual.
- The majority of people chose Christianity as their religion with one person selecting muslim and three people selecting atheist, two did not wish to declare.

### 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. **Please note:** Due to numbers, *Group C and E were merged for the group exercises.*

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 -

- It made sense, a joined up approach is good and the idea of not having to go to an acute hospital site for non-acute conditions and having services provided locally was generally well supported. Some said they felt a multi-speciality community model could actually bring services closer to home, reduce costs and provide joint care.
- The idea of using better and improved technology to help improve care example in presentation good. (iPads)
- The concept of a hub focusing on all ages.
- Exciting way forward

## Less liked -

- Concerns were raised asking do we have the infrastructure to join health and social care to become more integrated? Need better integration of health and social care
- Need mention of transport issues hospital transport criteria very tight and concerns about getting from Buckingham to appointments in Wycombe or surrounding hospitals via public transport, very lengthy journeys especially for older more frail people or young mums with children. "Not just about local but getting to the nearest" .
- What about border / cross boundary issues?
- Queries were raised about resources to achieve this concept and how is it going to happen?
- Some felt that Buckingham community hospital seems to be underutilised and the services that are at the hospital are not very well communicated to the community.
- A single point of contact is needed.
- Didn't hear enough about carers and the good work achieved they are good enablers
- Not enough general healthy lifestyles and preventative medicine information for Buckingham and surrounding villages – promote sources like GP surgeries?
- Bravo a good model but some participants felt it is sometimes challenged to meet demands.

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 Buckingham 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 pages provides the feedback in detail for these sections. Some initial key themes from the feedback for Buckingham are:-

- Feedback shows that participants in Buckinghamshire would strongly welcome care being provided closer to home. It would help prevent the need to undertake what for some can be, lengthy and sometimes challenging journeys for non acute care. Many have to travel long distances for services they feel could be provided locally at their community hospital. E.g therapies, outpatient clinics, rehabilitation opportunities, rapid simple diagnostics e.g bloods and eye clinics are highlighted fairly consistently and many more suggestions for a variety of services are listed in the report.
- Another key theme from the feedback in Buckingham is a need to enable people to have local access to a form of what might be described as advanced first aid,

professional guidance and advice. This is mentioned frequently throughout the feedback and importantly, many suggested it might help reduce unnecessary attendance at A&E. People clearly want re assurance in a face to face situation when fairly minor events occur and they are unsure. Different groups suggested more training for nurses or healthcare professionals in a form aligned to meet this need so able to provide this and one suggestion was to develop a post they have given the title to called a Community advanced care nurse ( as a specialist nurse post).

- Feedback reflects a clear desire to get more use out of their local community hospital. There is a perception that it is not being used to maximum capacity or not as much as it could be. Suggestions included feedback indicating that the community hospital could possibly be an area for developing care closer to home / a hub.
- A single point of access for navigation and information, signposting – “Services currently offered can be complex and confusing to the local community. Many do not know where to go for each service”
- Some difficulties are being experienced in Buckingham as a result of cross border county provision leading to poor communications and this can impact on timeliness of access to some care provision, systems do not link up.
- Better integration of health and social care is needed
- Voluntary and charitable and support groups should be involved
- The concept of the hub could help with social isolation.
- Prevention, wellbeing and education including exercise classes. Stroke and cardiac patients both highlighted as groups of patients that would benefit from this local provision and comments suggest a demand for this type of rehabilitation support post an event. Again this would empower patients to stay healthy more locally preventing some further deterioration.
- The concept of the hub appears to include co location for professionals and services to include health, social care professionals and in addition either signposting to voluntary, charitable and support groups or having them as part of the hub. A multifunctional space that provides for all ages and improves access to services for dementia, mental health children.
- Avoid making it any more complex – simplify things and avoid duplication.

**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
<b>A</b>	<ul style="list-style-type: none"> <li>• Not recorded</li> </ul>	<ul style="list-style-type: none"> <li>• Issue of bureaucracy. Referral process from GP's to specialists</li> <li>• Over complication of process. You have to explore the options yourself. Not enough direct contact</li> <li>• Boarder issues</li> <li>• Concerns about being sent to Wycombe and changes north too. Visiting issues</li> <li>• Public transport issues</li> <li>• Concerns re: A&amp;E may be moving from A&amp;E</li> <li>• Criteria for transport very tight</li> <li>• Don't seem to get the choice for MK etc.</li> <li>• Should have mentioned Prevention Matters</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>• Made sense/clear</li> <li>• Joined up approach</li> <li>• Idea of not having to go to acute hospital</li> <li>• Hub focussing on elderly, young and middle aged</li> </ul>	<ul style="list-style-type: none"> <li>• Big way to go on joined up services (too many separate organisations)</li> <li>• Bit too short/brief</li> <li>• Didn't hear about the good work done by carers ( they are good enablers – acknowledge)</li> <li>• Not enough on preventative medicine and healthy lifestyle (what are these)</li> </ul>
<b>D</b>	<ul style="list-style-type: none"> <li>• All sounds wonderful: positive. Is it going to happen? Have you got resources?</li> <li>• BHT and community – interaction as in the 5 year forward view (FYFV)– multi speciality community model – services closer to home, less cost, joint care</li> <li>• Need to have different mind-set – rigid – acute care, primary care, community care.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity here but need to work together in partnership</li> <li>• Seem to be going back to something that used to work. Therapists particularly</li> <li>• Link of social care with health care</li> <li>• BRAVO is a good development but there are capacity issues</li> <li>• Model useful for a fairly diffused community like</li> </ul>

	<ul style="list-style-type: none"> <li>• Exciting way forward</li> <li>• ACHT – problems; don't share the same IT systems, not practice based, team based. Primary care is doing near patient testing. Need to coordinate this</li> <li>• GP communication with BHT great</li> </ul>	<p>Buckingham. Older people ill. Don't use A&amp;E</p> <ul style="list-style-type: none"> <li>• Buckingham is thought of last. Pilot it here not in the South of the county</li> <li>• Milton Keynes hospital can't communicate with GP's. Pathology link does not exist for example.</li> <li>• Silo healthcare – Milton Keynes is used by Buckingham patients</li> <li>• It's about the single point of contact and that should be provider to the patients</li> </ul>
<b>E</b>	<ul style="list-style-type: none"> <li>• Clear/concise/slick to the point</li> <li>• Trying to clear the most expensive part of our NHS</li> <li>• Can this be achieved in our current budgets?</li> <li>• Like the idea of using better IT systems</li> <li>• Enabling people to stay at home</li> </ul>	<ul style="list-style-type: none"> <li>• None provided</li> </ul>

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

### **Group A**

- Not just local services – about access to nearest
- Better publicise what is available at Buckingham hospital
- Minor injuries/accidents would benefit local population
- Space where people locally access services, advice and support.
- Outpatients
- Facilitate GP's to refer locally
- Support pre and post treatment to prevent isolation, get info, and meet other people. Community accessing support
- May be we have a specialist hubs now. Is this about bringing the two together
- Prevention Matters – virtual hub that already exists (but will end at some point because it's a project)
- Too complex – bits of NHS. Too siloed and it's all very confusing
- Community hub could just add another level of confusion
- Need to streamline things – not make it more complicated
- "if you have a problem, go there"
- But also needs to be available/accessible so people know what to look for and be proactive so they know they have a problem
- Where do you go to "alert" someone if you notice a neighbour/friend isn't OK?
- Population growing so will be a capacity issue and how do we "Welcome/induct" new residents
- Community pharmacies – under threat nationally including rural ones
- Issue with the 1 mile rule
- People think the hospital was shut when it was just the minor injuries unit
- Specialists in Milton Keynes do not know X-rays available at Buckingham Hospital. Need someone to help facilitate like the discharge person
- Lots of people could use community hubs, walk in, a real asset to communities. Reduce flow to A&E etc. Could do training in diagnostics to help the system
- Could prescribe antibiotics too. Being looked at but are costs associated
- Do we mean health hub or wider? Could be prevention, social isolation, information
- Developing services in the community
- Have stuff ready
- Was the "Buckingham Project" more about well-being?
- How can we make better use of Buckingham hospital? Work with stakeholders to use the site fully for a range of stuff including prevention etc. But is the hospital in the right place because puts some people off and need to offer information/signposting etc.
- Library branding itself as a community hub so maybe use that more and children's centre
- Capture people where they are i.e. Community hubs that already exist and use the hospital more in Buckingham.
- Need to be opening things up not shutting them down or making it more complicated
- Doesn't need to be a physical hub – community networks – use them
- Hub not ethereal – is a somewhere but could link lots of places
- Libraries are a good resource
- Information – GP's knowing what Buckingham hospital can provide and make 111 more aware
- Concern that hospital under threat so need to get more information about what is available there



- Communication needs to be tailored to take account of the north Bucks nuances
- Transport still an issue. SCAS defensive about what they offer and it's not clear so people can't challenge. Project in Buckingham re: community transport – needs NHS involvement

## **Group B**

- Going to A&E
- Use of pharmacy services
- First aid and triage
- Out of hours/weekend support and advice
- Can we be asked if we can go to community hospital first? Train staff – why always Stoke Mandeville hospital and Wycombe hospital
- Information is key
- What services do the community of Buckingham use at SMH and WH? Use data as a guide and mapping. Also speak to voluntary groups
- Minor injuries and triage would be great at Buckingham hospital
- Minimalise acute hospital services at local level
- Train staff to look at postcode of patient before making an appointment. Provide outpatients service locally. Information/advice to patients and carers
- Ask patients how they are getting home
- More joint working with charities and voluntary groups
- Weekend and out of hours (OOH) information on what is available 24/7
- Pharmacy
- X-Ray
- Outpatient department (OPD)
- Mental Health services
- Signposting
- Diagnostics
- Triage
- Occupational Therapy
- Physiotherapy
- Age UK
- Alzheimer's Society
- Mental health charities
- Offending services
- Big society activities
- Town council involvement
- Respite
- Information hub
- Personal service
- Links to other organisations
- Packs of information to give up
- Interchangeable space
- Local emphasis
- Initial assessment before leaving area to go to acute
- Children's and young people's services
- Tissue viability
- Navigation

- Big society – Winslow idea – 4 years ago
  - Community support/prevent social isolation
  - Set up originally a monthly friendship lunch now 3 a month with positive benefits to reducing isolation and increasing social activity.
  - Advertising in GPs
  - All ages
  - Walking trips/singing
  - Promoting community members people are concerned about. Neighbour health
- Transport links very important
- Hubs at community centres at hospitals or other underutilised public facilities
- Eyes
- Wound healing
- MAG groups – multi agency groups – BCC
- ACHT/prevention care

## **Group C merged with Group E**

### **Group D**

- Ophthalmology – routine inspections (e.g. For diabetes) 80% can be done locally
- Some outpatient appointments
- Some diagnostic tests
- Outpatients for getting results
- Minor injuries – not to overload hospital – some procedures done by GPs. Some prioritised – others not due to funding
- Diagnostics – bloods tests for surgery. X-Ray at Buckingham hospital
- Big capacity issues in primary care. Most expansion resources have been put into acute sector. More should be invested
- Increasing diagnostics in the community e.g. 24hr monitoring for cardiology
- Transport links not great e.g. transport between villages. Patients cannot always get a place. Another driver
- Would like specialist centre to be closer
- Long term conditions/Aging population. Patients with complex conditions – managing communications with ACHT would help. Reactive at the moment – should be proactive
- Social isolation? Local feel is needed within community
- Already have community hubs within primary care. GPs have more reach then and can identify patients with social isolations and complex needs
- Invest more in GPs. GPs need to have electronic link between Buckingham and Milton Keynes services not just BHT and Oxford
- Should serve the patient not the organisation
- All routine services – eyes, ears, diabetes checks
- Like to see consultants coming out
- Community hub could point you in the right direction. Signposting everything
- Buckingham hospital as a local centre. Not all GP centres necessary
- GPs joining up so hospitals should join in
- By 2030 Milton Keynes will be the 8<sup>th</sup> biggest place in the country. Buckingham services should be bolstered down to pre-empt this
- Confused - elderly person – can't be left at home alone if family carer has a problem – where is best. Rapid response team? Social care input?
- Knowing how to tap into this
- Befriending service. Some GPs looking at this with over 75s

- Age of people living in villages is on the increase. People volunteering but get fatigued. Can't always rely on a volunteer pool. Young people moving out of villages. Some volunteers reluctant to help because of all the regulations and policies. For example - can't pick up child if they fall down
- Children's centres – difficult to get value out of it so not necessarily valued by groups
- Needed for young families who need support. Not just GP providing all of this
- Active Bucks – exercise classes
- Cardiac rehab – pulmonary rehab
- Stroke – exercise classes, huge demand
- BHT should be acute care. Should concentrate on that and community services should be done elsewhere. 2007 BHT took on community care
- This goes back to - it doesn't matter who is running what for the patient. What is "right to be here?" – in the hospital and in the community hub. If not hospital, then community. Right place, right time for the right people
- This is our opportunity to decide and change what is right for patients
- Transport an issue
- A community hub – a coordinated facility does not have to be a person. Start at the bottom with young people and what do they want as they are the future
- Is there a debate about what Buckingham hospital should be doing? They are taking services in aren't they?
- Technology – but as patients get older it gets more difficult
- If people get used to it. Won't be a 100% solution, maybe 70% but have to accommodate the other 30%
- A website that has links to all other sites. Would direct you where you need to go
- Pharmacy – community pharmacists – can expand their roles e.g. COPD management
- Treatment in the community e.g. chemotherapy

## Group E

- Specialist nurses – Community advanced care nurse
- Better local care. Cottage hospital in old building. Nice to see modern facilities providing better care
- Space available to build
- Transport system dreadful – not able to get to different appointments in different places
- GP practices, integrated care, combining services
- Outpatients appointments – local at nearest hospital
- Hospital under resourced – need more local focus
- Pre op appointments could be done at hub
- Diagnostics – Local – Physiotherapy, bloods, renal etc.
- Quick access to cut out referrals
- Local clinics need to be advertised
- Many levels – BHT not communicating well – Community-Acute-GP
- Communication key – what is available locally?
- Dementia clinics and paediatric all local but people not aware
- District nurses – need more – great to have them so more need to be available
- Podiatry
- Education – learn how to care for yourself or change dressings etc.
- Patient education
- Diabetes education – well run locally, well managed. Run in the day time which not great for those working but other than that, great tool
- Local services, easily accessible, 7 day service/out of hours
- Carer support – ensuring carers know what is available and to whom

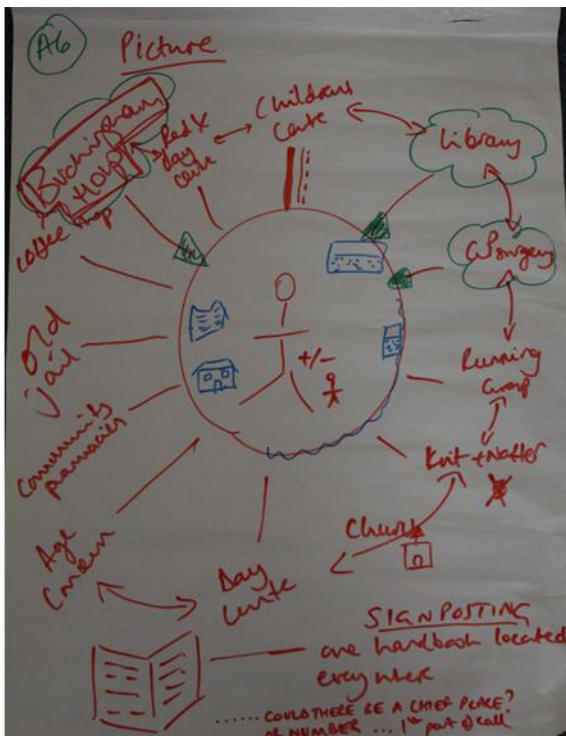
- Helping newly diagnosed patients
- Bring in expert, specialist care support
- Support services as patient treatment needs change
- Primary care – good communication locally with GPs and district nurses
- Costs to Stoke and Wycombe hospitals are huge – bring services back to local hospital
- Seems to be a them and us when it comes to primary and secondary care
- On call radiographer
- Local hospital too small for local community. More beds needed. Buckingham now has over 12,000 residents
- Beds need to be more transitional
- Better to be treated locally at lower costs
- Mixture of step up from community and step down beds
- Joined up services – Care UK/Commissioners commissioned 3<sup>rd</sup> party supplier
- Excellent hospital – good treatment locally
- Technology and system access – all parties need access to all systems
- Minor injuries was in Buckingham but not marketed therefore community not aware and then not used so taken away
- Multi skilled nurses needed
- Should minor injuries be in GP practice? GP happy to offer but not commissioned and not space available in practice
- Information – not aware of services available at Buckingham
- Certain resources underutilised – maybe down to staffing issues
- Need to work on commissioners to offer more services locally
- Equipment under utilised
- Combine services so they become viable financially
- Minor injuries and out of hours GP together
- Pull services (Pharmacy/minor injuries etc.) together so jointly responsible
- Dementia group already in existence/ Need carers group
- Social care – costing money so vulnerable left in isolation
- People do not know what they are expected or can get via benefits
- Well street day centre – very expensive – Bucks CC
- Day centre – serving lunches, dinners, has services to use. Drop in
- Voluntary services together – brining it all together (health, social, information)
- Signposting to services available
- Mental health services
- CAHMS Services – healthy minds, paed and adolescent. Transport not great to local venues and facilities
- Post natal depression – groups too far away
- Need easily accessible services with no boundaries
- Buckingham too far north but between two/three counties

<b>Group</b>	<b>A</b>	<b>B</b>	<b>D</b>	<b>E</b>
<b>Priorities</b>	<ol style="list-style-type: none"> <li>1. Wider than health – partnership</li> <li>2. Work with what is already here – not to overcomplicate</li> <li>3. Signposting – especially given rural area</li> <li>4. Use data we have and see where people are going for what so we can put services close and may be partner differently with Milton Keynes boarders!</li> <li>5. Growth – older people, new families, certain conditions (CAMHS)</li> </ol>	<ol style="list-style-type: none"> <li>1. Navigation/signposting of information. Need to know what we do next. Prevention not cure. Not always a patient (yet). The hub will be the place to go before you need MAGs/inpatient care</li> <li>2. Triage to key people local near home. Triage at home? Prevent GP appointments/A&amp;E</li> <li>3. Good transport links. Good parking. Central. Access to clubs. Leisure centres on or near one of the new housing estates</li> <li>4. Internet access/signposting (tele med) before seeing healthcare experts. Prevention</li> </ol>	<p>Priority - Should serve the patient not the organisation</p> <ol style="list-style-type: none"> <li>1. Signposting/Education/Information 24hrs</li> <li>2. Partnership – secondary care/primary care/CCGs/Milton Keynes hospital/ Social care/ MSP – Multi speciality community provider – collaboration, cooperation and communication</li> <li>3. Rehab</li> <li>4. Diagnostics</li> <li>5. Access to community teams including community mental health teams</li> <li>6. What Buckingham hospital is? It provides? Review Buckingham hospital</li> </ol>	<ol style="list-style-type: none"> <li>1. Communication – Hospital/GP/Patients, access to records, referrals, patient discharge, GP</li> <li>2. Services maintained/wider access</li> <li>3. Awareness of services available – GP and patient</li> <li>4. Integrated care – GP, hospital and third parties – responsive care</li> <li>5. Local involvement – helpline?, young mums, isolation, sign poster, social care</li> </ol>

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

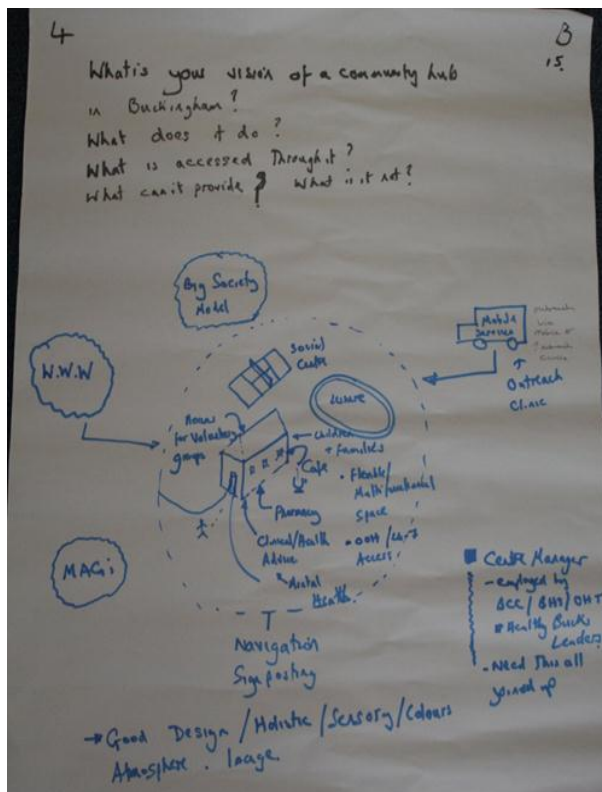
- What is your vision of a community hub for e.g. Buckingham?
- What does it do?
- What does it need to provide?
- What is it not?

**Group A**



- Buckingham hospital
- X-Ray day centre
- Children's centre
- Library
- GP surgery
- Running Group
- Knit and natter
- Church
- Day centre
- Age concern
- Community pharmacies
- Old jail
- Coffee shop
- Signposting – one handbook located everywhere. Could be a chief place? Or number. 1<sup>st</sup> port of call

## Group B



- Big society model
- Mobile services – outreach clinic
- Social clubs
- Leisure
- Children and families
- Flexible/ multi-functional space
- OOH/24/7 access
- Café
- Pharmacy
- Clinical/Health advice
- Mental
- Areas for Voluntary groups
- MAGs
- WWW.
- Navigation/signposting
- Good design/holistic/sensory/colours/atmosphere/image
- Centre Manager employed by BCC, BHT, OHT. Healthy bucks leaders – need this all joined up

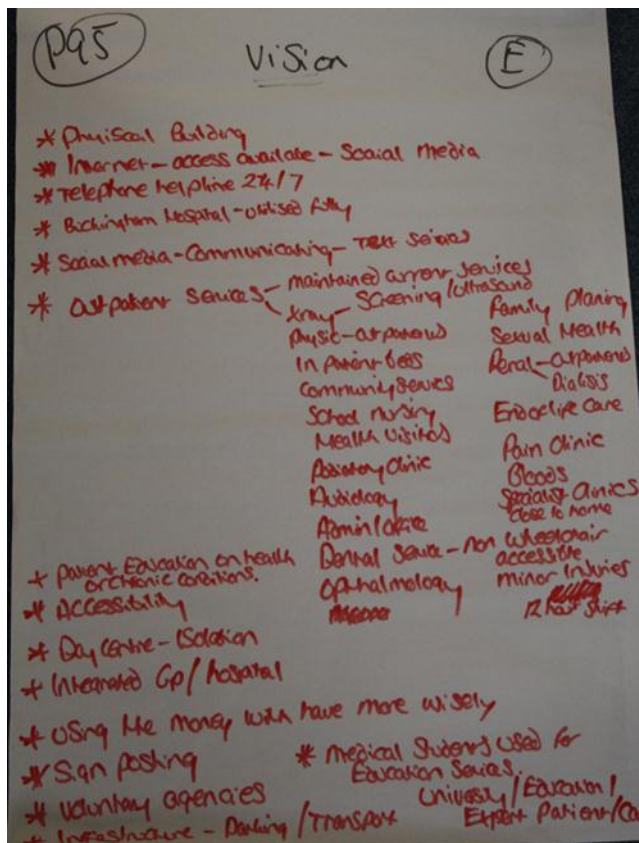
## Group D



- Buckingham hospital?
- Meeters and greeters – happy to talk
- Fully qualified phlebotomist
- Minor injuries service
- Paramedics
- Nurses
- 7 day access to services
- Telephone
- TV
- Sites
- Websites
- Children's Corner
- Accessibility
- Parking (free!)
- GPs
- Consultants
- Not a place, A feeling!



## Group E -



- Physical building
- Internet – access available – social media
- Telephone helpline 24/7
- Buckingham hospital – utilised fully
- Social media – communicating – text service
- Outpatient services
  - Maintain current services
  - X-Ray/ screening/ultrasound
  - Physiotherapy outpatients
  - In patient beds
  - Community services
  - School nursing
  - Health visitors
  - Podiatry
  - Audiology
  - Admin/Office
  - Dental service
  - Ophthalmology
  - Family planning
  - Sexual health
  - Renal – outpatients and dialysis
  - End of life care
  - Pain clinic
  - Bloods

- Specialist clinics
- Wheelchair accessible
- Minor injuries
  
- Patient education on health or chronic conditions
- Accessibility
- Day centre – isolation
- Integrated GP/hospital
- Using the money more wisely
- Sign posting
- Voluntary agencies
- Infrastructure – transport/ Parking etc.
- Medical students used for education services – university students – expert patients/carers

**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.

Provides advice, information and triage on health issues  
Provides advice, information, who to contact and how for social care services, including these provided by voluntary organisations and others  
A machine could be available for teas and coffees etc.  
Not a café but a hub  
Do not duplicate services already being provided in the community by other organisations

I think you need a trained Navigator to direct patients to the appropriate services. May be the telephone line service as this is convenient for patients. It will also increase patient access. This project is already been trialled (piloted ) in Milton Keynes

Equity of service across Bucks. Joined up care across health and social care and public health. Information needs to be available for all communication. Stream lined/ not complicated for patient/client

Not to re-invent the wheel!  
Signposting – making better use of:

- Community hospital
- GP and Pharmacy
- Library
- Well Street Centre

More outpatient clinics in Buckingham – what services in High Wycombe that are well used and could visit Buckingham 1 in 7 or 1 in 28 days?

Reliable source of info and advice – link to prevention matters, Social care, Children’s centre, churches etc

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