



your community,
your care
developing community hubs

Engagement programme April – May 2016

Local report for

CHALFONT

26th April 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 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 Chalfont event.
- A brief summary of key points highlighted at Chalfont
- Some feedback on the evaluations and equality monitoring gathered at this event.

Attendance

- **46** people booked to attend the event
- **33** attended
- **9** people did not arrive and **4** cancelled
- **4** of those booked represented key partners GPs, CCG or County Council, Oxford Health NHS FT.
- **11** 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:

- **29 of the 33 people** who attended, completed their evaluation form and returned it. Largely the feedback was positive with:
- **28 of the 29 responses** said yes they did value the opportunity to discuss and explore the idea of developing community hubs
- **27 of the 29 responses** said yes they found the staff receptive to their views with **11** of those **27** choosing “very much so”
- **27 of the 29 responses** said they found the purpose of the meeting clearly explained at the beginning of the meeting of which **9** said it was very clearly explained and **2** chose “in part”.
- **28 of the 29 responses** said the presentations were clear and easy to understand of which **10** said they were very clear and **1** selected in part

Equality Monitoring

28 of the 33 people who attended completed and returned their equality monitoring form.

A sample of some of the results show:

- 6 males and 22 females present at the event
- Representation of age groups spanned from 16 – 80 years plus but there was no representation of 25 -34 year olds, the larger number being in the 65-80+ age group.
- 9 people attended who have a sensory or physical impairment
- 23 of those who responded, classified themselves as white British and one classified themselves as white Irish, two did not wish to declare
- The majority of attendees classified themselves as heterosexual
- The majority of people chose Christianity as their religion or selected atheist. Four classified themselves as other and one 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.

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 concept of more services available locally, patients being involved in their own care and improved continuity of care helps professionals know what patients can do, capable of. Liked the concept of more provision in the community.
- Having one point of access for information / signposting – “make it easier for us to get the information we need”
- One stop shop concept
- The idea of more accessible communications better and more accurate information
- More integration and less duplication
- Liked the use of technology for improving care at home by professionals (the iPads) for nurses at home) and for possible better self management, however, people did raise concerns about some people not IT literate or able to access and so must remember that if developing for patient use.

Less liked –

- Transport wasn't mentioned and is a considerable issue for people in more rural areas such as Chalfont people without a car who struggle to get to Wycombe or Stoke Mandeville hospital for appointments. Any hub or new service provision locally needs to be on public transport accessible routes.
- The lack of information available to patients about the services the Trust and local agencies offer locally
- Lack of ownership of problems within and between organisations, lack of co – ordination of systems, need better patient administration
- BRAVO not clear not well explained would have liked more information on this, how to access etc.

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 Chalfont 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 Chalfont are:-

- Optimise utilisation of local hospital, underutilised – “Create a health corner for Chalfont” – integrate the concept of hub, Gp surgery and base for local community staff as one, reduce their travel costs and time
- Public transport poor for people in Chalfont so services need to be developed where good public transport routes and access. Very difficult to reach hospitals.
- A single point of access to information on health, social and voluntary services available to local residents. Improve signposting / information about what services available where and how to access them health and social care.
- Consensus of opinion seemed to be positive for professionals using technology such as iPads to record photos of ulcers progressing etc and recording real time information.
- Lab in the bag example along with supporting a range of diagnostics and local community services being available closer to home were supported and the full range of services suggested can be seen in the detail that follows.
- Good quality well co – ordinated care

- There is a desire for “proper” integration hub, GP, social services and health
- Make any environment appropriate for different groups of people different needs e.g those with a learning disability, dementia friendly etc Dementia cafes were also suggested.
- Need drop in facility for care
- Specialists to day centres could be helpful in utilising existing buildings.
- Co-location of professionals supported and multifunction of any space supported.
- Involve voluntary services, support groups and organisations like citizens advice bureau Carers Bucks to support provision at the hub to support information, education and help for people at the hubs.
- Could work with private partners if interested.
- Prevention, education and wellbeing support via professionals / voluntary gps etc.
- Social isolation needs to be addressed within the plans for a community hub.

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"> • Patients involved in their own care is excellent e.g. district nurses supporting patients • Nurse who gets to know you and what you are capable of • Consistency is crucial • More services available at our community hospital would be great • Brilliant that blood tests available so quickly and x-ray. If it's urgent, they're great • League of friends can pay for stuff • Accessible communications • Need things really locally if you have a learning disability 	<ul style="list-style-type: none"> • Transport an issue for older people getting to Wycombe and Stoke Mandeville for example – for regular eye injections • Current blood service at our community hospital, very restrictive on timings • Receptionists at our local community hospital cannot book appointments for blood tests and x-rays etc. • Could do even more in terms of hours, access and more diagnostics • X-rays go through Wycombe hospital for review • Worried that hospital land is getting brought up for housing • Health centre attached to Calcott GP surgery seems empty. Why is it not being used properly? Could build a hub there • Too slow to do something e.g. water sinks in podiatry rooms • Health Visitors in wrong space in the hospital. Could be used for Dementia patients
B	<ul style="list-style-type: none"> • Support – if local services offered and specialist services • Specialised diagnostics • Lab in a bag – wonderful idea • Speed up test results 	<ul style="list-style-type: none"> • How local is local? • Hospital services seem to be moving further away – huge transport issues • Specialist services need to be in acute hospital • Very tough on patients in this area to get to Wycombe and Stoke hospitals • Equipment not able to move but doctors can • Technology – not great for older generation
C	<ul style="list-style-type: none"> • Making it easier to get the information we need. One call or point of access • Better and accurate information 	<ul style="list-style-type: none"> • Would have like more on what needed to improve on e.g. safety

	<ul style="list-style-type: none"> • One stop shop • Liked BRAVO (needed an explanation) • Better patient administration • Interested in age demographic • More integration less duplication • Support for community provision 	
D	<ul style="list-style-type: none"> • Some very helpful individuals • Not having to go to hospital • Would like a simple triage for people to spot problems 	<ul style="list-style-type: none"> • BRAVO – GP’s should know and lead • Lack of information and knowledge of services • Giving people the run around • No ownership of information such a telephone directory • Lack of ownership of problems • Lack of co-ordination in systems • Pathway not clear • Lack of command and control
E	<ul style="list-style-type: none"> • Most things were very good • Use of technology – Ipad – Ulcer picture – are patients being told about this? – Good use of £1M • Good idea to cut down on going to hospital • Brilliant that checks are being done • Some people are frightened of technology and need to be aware of this • So much hacking of accounts these days – good old address and telephone number • Wrap around care – liked • One stop shop for remedies 	<ul style="list-style-type: none"> • How are these accessed (Bravo) now idea how to access it? • Community hub – how can networkers access that? • Public transport dreadful so difficult to access a hub for those who can’t drive • Hospital care service? • A slide on BRAVO

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

Group A

- Got building in Chalfont – could use it more
- Technology critical – love the photos of ulcers etc.
- Reducing the driving of staff
- Access to own records – bit cumbersome because so password protected
- Use smaller building for people who would benefit from a smaller environment e.g. learning disability patients
- Transport a real issue – north and south very difficult
- Pre op – shouldn't let it go to the main hospitals unless you really have to. Could use a travelling van or nurse and unit in your home
- Consistency of staff in community and hospital
- Community around here supports each other e.g. starting clubs etc.
- Continuity of carers really important
- Links to support to reduce isolation
- Diabetic – go to Wycombe regularly to be told the same thing, would be better if nurses could come out to the hub providing drop in appointments rather than having to wait at the hospital. Don't really need to see a doctor
- Minor surgery – maybe more
- Possibly minor injuries (allergies/sprains etc.)
- Longer access hours evening and weekends
- Use GP rooms
- Families dissipated so more isolation so get people together
- Churches – room for better cooperation across the community especially mental health
- Access to services that people don't want to go to the doctors for – e.g. prostate checks
- Caravan in the market place – put it where people go
- Need to think of the geography. At the moment all the services are in one place and could do drop in
- Princes Risborough has a community bus. Set route of no major roads. Hail and board and takes you to the shops. Could do the same for the hub
- Drop in community area for health help irrespective of age
- Chess club/bridge club
- We have a hospital so why not use it more with more clinics. It just needs a nurse
- Need specialists to go to day centres etc.

Group B

- After op, could follow up appointments be in the hub or closer to home
- No follow up following an op. Could physiotherapy be done in patients homes to check home environment too?
- Issues prior to op when needed help for a step up, couldn't get an assessment. Needed a home assessment to be done. Could hub provide this?
- Pre op done at Stoke. Very thorough, Nice to be done at Stoke
- Echo testing, scanning, blood tests, lower level diagnostic tests could all be done in hub
- More services locally within the local hospital
- More nurses. Local league of friends offered to pay the 1st year salary for a nurse if more clinics were available at the local hospital. BHT turned down offer
- Audiology, rehabilitation classes/services

- Podiatry services, toe nail cutting
- GP's in hub
- Chesham Health Zone – other people providing different services – make skills more multi-functional
- Integrated teams
- Chemist/pharmacy
- Consistency of care
- Social isolation – day centres
- Mental health services
- Holistic therapies
- Volunteer services – red cross, CAB
- Transport, long journey times, no one to help, difficult to get to acute hospitals for early appointments
- Signposting
- Healthy lifestyles
- Consistency in care given
- Mobile services – like blood and breast screening vans
- Technology – Skype – local screens at hub – navigators – people there to help you with technology
- Personalised care – right person, right skills
- Children's services – Like a sure start centre
- Return to district nurse idea. Community nursing
- District nurses to go and check on the older generation at home when they are ill but not ill enough to go into hospital. Preventative
- Crèche – so parents can use facilities without children present

Group C

- Central point for information/advice bureau
- Support for carers
- Able to identify vulnerable people at home
- Local chiropody
- Local eye treatment
- Lack of use of Chalfont
- CAB – Denham and Iver have in GP surgeries
- Walk in clinics/ minor injuries/Children's clinics
- Health/social/educational – all ages
- Needs to be accessible (transport in rural areas not good)
- Better sign posting/single point of access
- Redressing of post-operative wounds
- Mobile unit for health checks
- Needs to be aware of privacy and dignity
- Services need to work jointly including refreshments and activities
- Sign post to local community schemes
- New transport contract – central number
- More out-patients in Chalfont (only 40% occupancy)
- Use of Skype?
- Capturing vulnerable at home
- Voluntary sector involvement in hubs
- “national dignity in care awards” – resource
- Time credits – incentive for volunteers
- Young people to develop skills

- Dementia friendly café and support
- Music therapy
- Carers choir
- Working with private partners
- Need continuity of care (e.g. Dom care)

Group D

- Good coordinated care
- Single point of contact
- Good data – to the right people
- Sharing knowledge skills and data
- Elderly friendly – not all on web
- Support for carers
- To properly focus on community hubs and people being treated at home. Proper integration
- Understanding skills in communities and devices and utilise these skills
- Use tablets and Skype
- Drawing on everybody – help each other
- Tele hubs
- Simplify everything but use technology
- Share and utilise skills of whole community
- Take responsibility
- Don't be scared to share information (x-rays etc.)
- Coordinate communications across Trusts and partners
- Make it clear that some services are provided through other Trusts
- Enabling people to own their own care
- Everybody to have their own file
- Local provision (e.g. Hospital)
- Super hub
- Several hubs for Bucks – could be in GP surgeries
- Triage to treat injuries properly
- Hub could be triage
- Not 111
- Level of walk in – triage – referral to appointments and next stage
- Clear pathway local – specialist
- Hubs role – not necessarily a physical building could be at home
- F10 for monitoring diabetes
- Each hub not too big
- Need integration at top level to make hubs effective locally (command and control)
- How does mental health fit?
- Needs to include prevention matters focus
- Flexibility between health and social care

Group E

- Had an operation last year and had to go to Cressex. Can't drive but would be more convenient to do to Chalfont. Still fit myself but would have been more challenging for someone else. Took a whole half a day
- Blood tests
- Appointment at Chalfont 2-3 weeks. AH is walk in
- Physiotherapy – feels like you are on a conveyer belt.
- Respite care
- Rehab

- When wards closed at Chalfont it felt like the heart had been ripped out of the village. Devastating
- Personalised rather than a single point of contact
- 24 hour pharmacy
- Getting test results. No one knows who has them or who can read them. 2-3 weeks was too long to wait to hear. Had to do a lot of chasing up which I can do but many people can't
- Aging population – dementia/memory loss. GP takes weeks. Someone to talk to (advise) in community hub. Drop in. Signposting
- Health service – tell you what's wrong. Other agencies within the community on hand and support patient. Advise what there is to offer and help them
- As a family member/friend by being able to go someone like this to drop in or have a break e.g. dementia cafe
- Community car schemes. Patients and elderly do not know about these services
- Personal touch has gone
- Communication to support groups – like a “google”
- Age concern from Aylesbury - twice annually list of services
- Receptionists at GP surgeries are too busy to help sometimes
- For people who do not use website – Community Impact Bucks website
- Minor injury on finger. Sent to Wexham day surgery. Was not on list. Had to go to St Albans which cost £90 in taxi. Was hand clinic but no surgery there
- Diabetes – diet and lifestyle/health advice instead of going to diabetic nurse. Diabetes UK does but prefer it to be more local
- Small casualty department. Minor injuries e.g. if you have children
- Walk in clinic
- Bus companies – can they make routes more helpful for elderly?
- Newsletters already contain information you need
- Central point e.g. library
- Out of hours. Need to have a central number to call at weekends and evenings. Especially when all alone
- Technology, phone line and physical space – all three
- Long term conditions – Follow ups, checks (e.g. BP, weight etc.) – local hub for checks rather than waiting for GP or nurse. Chemists do this locally but information has to go back into GP
- Social isolation leads to poor health
- Preventative care
- Community misses Age UK centre
- Quite a lot going on in Chalfont but people are shy
- There are some chaperoning services – health service provision
- Someone to visit elderly for a couple of hours
- Health & Social care information but also community matters/services information
- For websites – should not be self-updating (warning from council)
- Community hubs can update websites
- Doctor visits every 2-3 months for 10 minutes to “check in”. Good for people who can't /don't go out. Short visit for people who are isolated
- Pastoral care – churches offer activities, Cafes and trips etc.
- Intermediate centre between hospital and home (e.g. community beds)

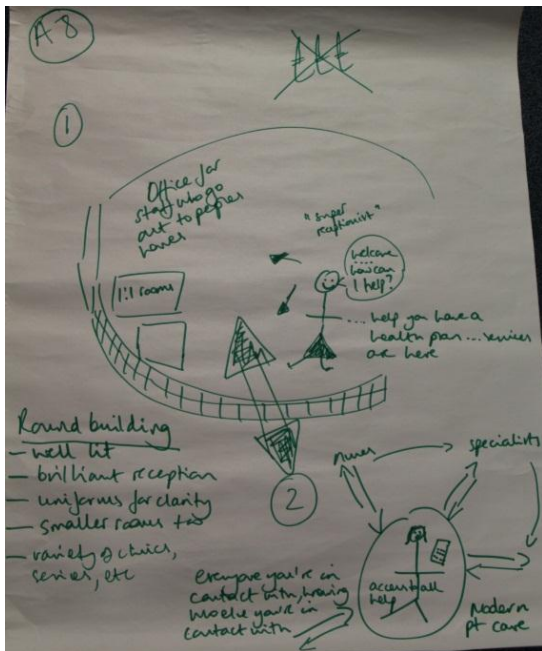
Exercise 3 – From the lists that the groups created in exercise 2, groups were asked to vote for their top 3 priorities. The responses are listed below per group.

Group	A	B	C	D	E
Priorities	<ol style="list-style-type: none"> 1. Optimise use of existing hospital, GP surgeries and health centre – create a health corner of the village 2. Not just health other groups too. Give advice 3. Access – drop in. Self-referring. Sensible booking. Signposting 4. Clinics – pain, diabetes etc. 5. Also a transport issue more generally 	<ol style="list-style-type: none"> 1. Comprehensive diagnostic services run by the right people locally with the right skills 2. District nurses as part of an integrated services/team 3. Services prioritising social isolation 4. Signposting <p>Underpinning principles – Transport – essential planning needed - Confidence in competence</p>	<ol style="list-style-type: none"> 1. Information point for all ages. Signposting health, social and well being 2. Clinical services – outpatients, minor injuries, ear syringing, Age UK – toe nail cutting, diagnostics 3. Social and educational activities (prevention) Cafe 	<ol style="list-style-type: none"> 1. Communication – patient, carer support, hub, within hub, between hub, with structure, IT 2. Set up hubs – will and must evolve – Community resources, designed to local needs – flexible, care for elderly, local, integrated including mental health, walk in, something to fill the gaps 3. Clear pathways – community – Acute – clarity 4. Command and control 	<ol style="list-style-type: none"> 1. Single point of information – community transport/Mapping including social 2. Minor injuries/24 hour pharmacy including testing 3. Community transport – gaps are the issue 4. Health and well-being – MOT checks – drop in or added to existing appointments 5. Advice on LTC

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

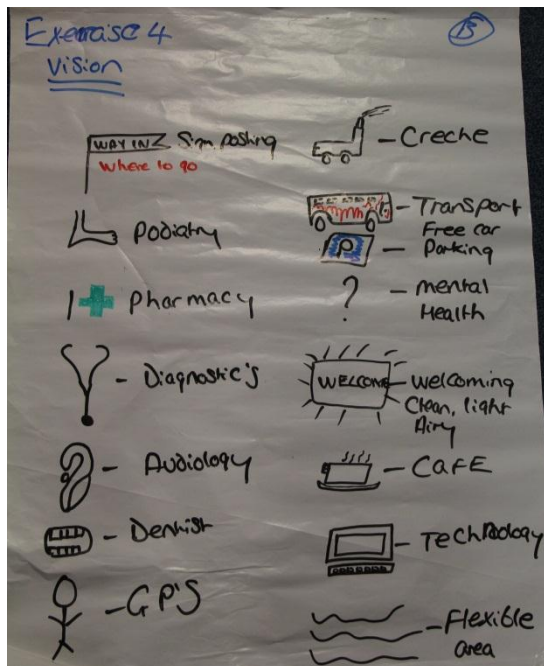
- What is your vision of a community hub for e.g. CHALFONT?
- What does it do?
- What does it need to provide?
- What is it not?

Group A



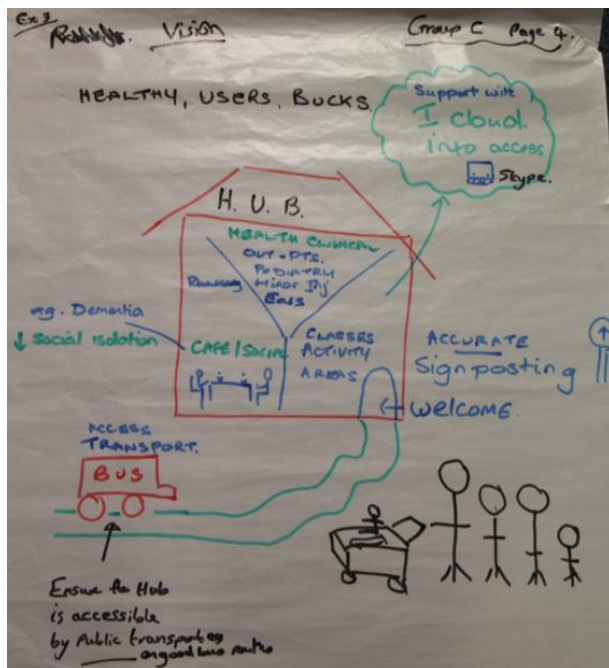
- Office for staff who go out to people’s homes
- “Super” receptionist
- 1:1 rooms
- Help to have health plan services in here
- Round building
- Well lit
- Brilliant reception
- Uniforms for clarity
- Smaller rooms too
- Variety of clinics, services etc.
- Everyone you're in contact with knowing everyone you're in contact with
- Access to all help
- Modern patient care
- Specialists

Group B



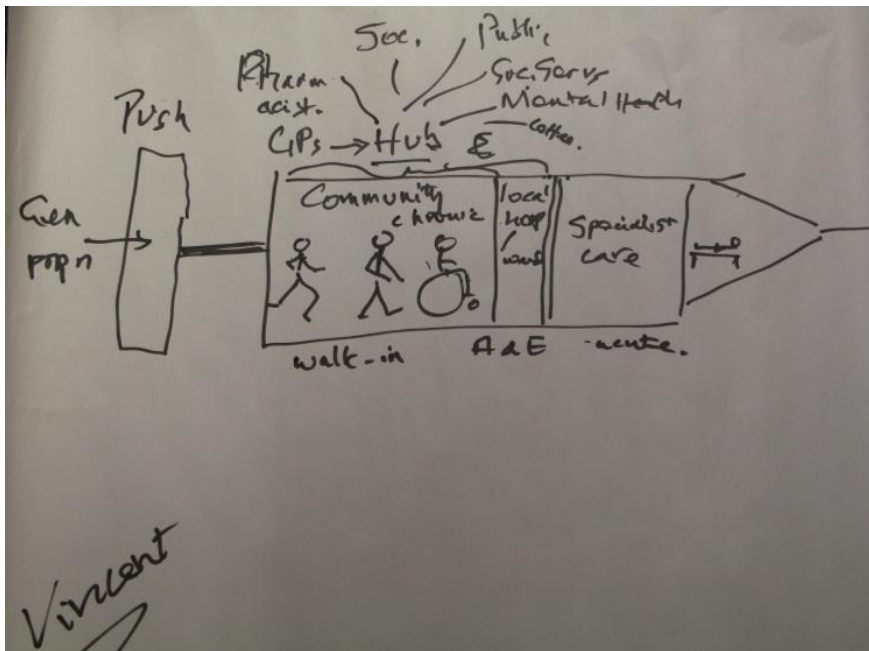
- Signposting
- Crèche
- Podiatry
- Pharmacy
- Transport
- Free car parking
- Diagnostics
- Welcoming, clean, light and airy
- Audiology
- Dentist
- GP's
- Flexible area/s
- Café

Group C



- Hub – Healthy Users Bucks
- Support with I Cloud - Skype
- Health clinics – outpatients, podiatry, minor injuries, Ears
- Pharmacy
- Café/Social area e.g. Dementia, social isolation
- Classes/Activity areas
- Accurate signposting
- Welcome
- Access to transport – ensure the hubs is accessible by public transport or on a good bus route

Group D



- General pop in
- Push
- GP's
- Pharmacy
- Social
- Mental health
- Public
- Social services
- Community
- Local hospital/Wards
- Specialist care
- Walk in
- A&E
- Acute

Group E -



- Existing buildings – village and church halls
- 24hr pharmacy
- Testing
- GP Surgery
- Café
- Exercise
- Information
- Telephone
- Computer
- People
- Leaflets
- Bus/Transport
- Train

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 central source of information on what support is available in the locality. Health, social care, voluntary, social activities. A place for people to meet which is accessible via public transport. Advice centre on health, minor intervention and surveillance. It could be attached to a GP surgery and needs to be in association with local GP surgeries. Social workers and community nurses in attendance with a café and crèche. CAB, carers bucks, Age UK stalls included

A hub in our community would..... provide a possibility of easier access for those of us with transport problems plus inability to access with ease, digital information

Give confidence to patients – being able to access correct phone numbers and services. Please use the hospital again – so much a part of our community!

Enough space for all projects.

An area you can visit to find all types of help, treatment, therapies. Information of all types, medical and social to help improve confidence. Expert care and help

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