Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

your community, your care
developing community hubs

Engagement programme April – May 2016

Local report for

MARLOW

14th 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 Marlow event.
- A brief summary of key points highlighted at Marlow
- Some feedback on the evaluations and equality monitoring gathered at this event.

Attendance

- **48** people booked to attend the event
- **32** attended
- **11** people did not arrive and **5** cancelled
- **5** of those booked represented key partners GPs, CCG or County Council, Oxford Health NHS FT.
- **8** 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:

- **18 of the 32 people**, who attended, completed their evaluation form and returned it. Largely the feedback was positive with:
- **16 of the 18 responses** saying yes they did value the opportunity to discuss and explore the idea of developing community hubs.
- **18** of **18 responses** answered yes they found the staff receptive to their views of which 4 selected - very much so
- **16 of the 18 responses** people said yes they found the purpose of the meeting clearly explained at the beginning of the meeting of which 2 said it was very clear,
- **17 of the 18 responses** showed people felt the presentations were clear and easy to understand of which 2 chose very clear. 1 said in part.

Equality Monitoring
20 of the 32 people who attended completed and returned their equality monitoring form.
A sample of some of the results show that from the **20** completed forms received:

- 3 males and 17 females were represented at the event showing some under representation of males, however, this reflects the public attendees only, it does not include males representing other organisations or key partner organisations so more males were present.
- Representation of age from 55 – 80 years plus groups with the larger number being in the 65-79 age groups.
- 8 people selected options for either a sensory, physical impairment or long term condition including mental health.
- 17 of those who responded classified themselves as white British and 2 classified themselves from other groups.
- The majority of attendees classified themselves as heterosexual; three did not wish to declare.
- The majority of people chose Christianity as their religion or selected 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.

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 care closer to home was generally well supported. People felt it made sense with the potential to make better use of resources and aiding better continuity of care and communication between professionals and organisations, which was highlighted as desirable. People also thought the hub concept might help to reduce complexity and strongly welcomed this as navigating services to access can be difficult and confusing.
- Better use of modern technology to help with the above was welcomed and the examples re use of IPADS was seen as a positive step forward which would help with the above.

- The development of an approach similar to “lab in a bag” was supported as an example of a good approach. (This was an example provided in the presentation implemented elsewhere)
- People liked the idea of reducing duplication and multidisciplinary ways of working which better support the professionals, keep the patient at the centre of their care and could help empower patients to improve self management
- Attendees said they liked the opportunity to be involved with these conversations and that BHT is listening to the communities it serves.

Less liked

- Want to see more focus on reducing the “mystery” i.e complexity and confusion around accessing services / improved signposting. People see this as not only helpful but could reduce wasted time and resource for patients and staff.
- Want more focus on developing a single point of access near to home
- Whilst there was support for the idea of a community hub and the concept, there were concerns about how this might work going forward. Concerns included, geographical location, access and resources available to fund.
- Some would liked to have had more information about what should happen when people go home to be cared for by social care and health services respectively as people fed back concerns about a lack of joined up care.

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 Marlow 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 provide the feedback in detail for these sections. Some initial key themes from the feedback for Marlow are:-

- A single point of access for navigation and information, signposting was seen as important. This was to help make navigation to appropriate help and advice much easier and faster for patients and carers to health and social care services. Improved use of technology was seen as potentially helpful in achieving this.

- Common themes for a vision for Marlow was a multifunctional, multidisciplinary space providing a one stop shop for access by local people to advice, information and signposting and services which are safe to provide outside of the hospital

setting. These services included outpatient clinics, community therapies, pharmacy, dental, podiatry, services for children and young mums, mental health, dementia e.g dementia cafes and carers. Rapid access to assessment and simple diagnostics were also cited.

- There was a strong emphasis on using a hub space interchangeably to provide services such as the above but to incorporate education on prevention and wellbeing including suggestions such as falls prevention and diet and nutrition, diabetes as well as exercise classes, to help keep people mobile and build strength and fitness.

- The inclusion of voluntary and support groups was welcomed and seen as necessary and some people saw them being part of the hub some saw them as groups the hub would signpost to.

- The needs of young mums, new mums and children and young people as well as those with mental health conditions and those suffering from social isolation were also highlighted and many fed back that they felt the space should be a community space and used to it's maximum capacity to include evenings too with social activities and support groups etc being run out of the space. The hub concept was seen as a space that needed to address the needs across multiple age groups and community groups and seen as a social space as well as for health and social care

- Co – location was well supported bringing services and professionals together to aid better communications and continuity of care and people could access a range of services and information at one visit. A joined up approach.

- "Help us to help you" attempts to summarise the range of comments that were received around the need for rapid access to professional opinion be it a trained nurse or a professional with extensive first aid experience for minor injuries or ailments which people are often concerned about but just need reassurance for.
  E.g A hub could help with reducing inappropriate attendances at A&E. The example provided was a child who has fallen over in the playground and bumped their head but not badly, has worried parents who will often just need reassurance and want to know more information about symptons to look out for in case of deterioration. Such cases might otherwise turn up at A&E because they can't gain fast enough access to their local GP. The suggestion was that providing a reasonable level of first aid expertise in a central point eg a trained nurse in a community hub that the public would be able to do more to help themselves and will be less likely to go to A&E inappropriately. The message was that people often just need reassurance to allay anxieties.

- Improved use of technology to provide remote access to care, professionals etc improve efficiency and reduce wasted travel time and cost.

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	• Better use of money to keep people at home • To be told – patients want to be told, better communication, needs and leave better than you arrived • Wants continuity of care and someone with the time	• 5 years ago – Integrated team but not available now. Cover not there • Is everything OK or are we in trouble in Bucks like we hear in the media? Do we really know best? • Care in the community and elsewhere seem top heavy – need more resources on the ground • Feels like there is a huge gap at the moment • One lady can't get in and see her GP • Have to explain same thing to different people and there's notes of things getting lost • All roads lead to A&E and they panic so need to offer alternatives. Also people use services and don't need them – public education required
B	• Liked concept but concerned the areas which will be served by community hubs • Logical common sense complicated by how this will be done and made effective • Great mantra but how will we assure safety and continuity 24/7 and 365 days • Joined up services • Technology and communication links to central hub • Joined up approach • Carers hub effective in acute trust but challenging to access • Lab in a bag	• Re-inventing the wheel • Taking people from communities to hubs • No wardens in sheltered accommodation • Problems with access/timeliness of care • Financial/budget integration not in place – impacting resources • What happens when patients go home – liaising with social care etc. • Transport • Lack of joined up care – health and social • Allocation of time for carers is bad now – how will hub impact change? • Where is the money?

C	• Pleased that we are looking at ideas from across the UK. Stops the postcode lottery • Like the idea of “Lab in a bag” • Shorter time in hospital, needs more services at home (do not rely on relatives to care) • Good to see change/energy to improve our services. Teamwork • Nice to have this type of discussion • Local care at home a good idea/let’s make it happen • Services and support and access in the most appropriate location. Accessing services is a mystery • Listening to your community • Link with charities and other social groups compassionate neighbours	• How can care in the home work with the amount of time District Nurses have for patients? • Money should follow the patient not NHS management systems/people • We don’t want to reinvent what we have done well in the past • Develop a single point of access near your home. Signposting
D	• Use of iPad in the community • The Trust want people to be involved • Avoiding duplication	• ? Finances to develop hubs properly • Is there a paper back up when using iPad’ s if IPad is lost (data security)
E	• Technology could offer heaps of access to GPs and reduce bureaucracy • Free up staff and access to information • Real time information. All professionals access to same information about a patient. Sharing of expertise e.g. dementia • Support from professionals • Should reduce duplication • Health truly accessible e.g. learning difficulties	• Coordination health and social care integral • Don’t think services are joined up • One point of contact needed currently no continuity • Inconsistency of care across the country • Access to GP difficult • Wall between patients and professionals • Access to some services still difficult due to finance’s • Confusing assessment process • Waste of resources – patient and professional time

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

Group A

- Tests nearer to home so long as it doesn't cause delays for on-going treatment
- Need clinical professionals
- Don't like the paramedics (but others do)
- Telephone consultations for regular outpatient visits
- Skype
- Use technology info healthcare
- Problem – emotion of personal care
- Patients not allocated by a particular GP which means the GP can't make judgements about the patients' needs
- Need a key relationship – could be a nurse rather than having to be a GP. They'd see the changes, empathetic, on top of it
- Keeping people healthy – health education, day centres – to combat loneliness – lunch and coffee. Beaconsfield – good health centre
- Marlow – need more places for the old people to attend. Social functions e.g. age concern – brilliant but only 14 people per session
- All too impersonal at GP surgeries
- Notices about "don't waste out time" makes you feel like you're bothering them
- Reducing hospitals has caused back up of patients but more individual care given by a varied team looking after the whole patient
- Drinking, eating, Physiotherapy etc.
- Get the map before you get a motorway i.e. to educate people away from A&E
- Too much bureaucracy that reduces time and patients
- Experience at Wycombe excellent (admin could have been better)
- People in beds who don't need them
- Potential hub in Marlow community hospital. Extend it beyond current (Smoking cess, Podiatry, Physiotherapy
- Use it more efficiently and offer more to people
- Could help tell people where to go
- Need to have a minor injuries type thing at the Marlow Community Hospital
- More voluntary sector staff e.g. CAB
- Assuming GP's need pressure off
- Offer patients alternatives e.g. Chiropody. Feels like you have to fight for these services and if you don't know what is available or not accessible locally
- Coordinate all services
- Need to think about the services some people are prepared to pay for too but still have them in the hub. Might use them more
- Comes back to continuity
- I can find a reflexologist privately but want to know they are accredited
- Kids and family services
- Maternity services e.g. move from Wycombe and kids unit not 24 hours. Closing too many things down
- Harness that patients are expert in their conditions
- Where is the money going that we have been told is going to the NHS?
- Baby clinics where young people/new parents can get advice and support or reassurance

- Integrated care team – often with multitude of experience and specialisms, clinicians, lay people. Advice on mobility, posture, guides, regularly support
- What's important is the skill and expertise of the people
- Experienced staff in community lettings, allows and encourages patients with similar conditions
- Fall services don't need to be in the hospital. Could be closer to homes

Group B

- Links to service provision
- Hands on, people centred
- Physical, social, education needs catered for
- Helping ages from 0 – 100+
- Knowledge fountain
- Transport information
- Signposting
- Defined leadership at centre of hub "champion"
- Library
- Access to early diagnosis
- Prevention
- Lab in a bag, extent of tests
- Urine testing and follow through within hospital – imperative 7 day service, 365 days a year
- Information
- Technology linked to acute hospital
- Technology - access to virtual information sources (internet café)
- Responsive to local needs
- Be proactive
- Joined up services
- Links to and with isolated individuals and groups
- Physical space
- Volunteer support

Group C

- Diagnostic's /X-ray
- Blood Tests
- Follow up outpatients. Can GP do it?
- Consultation by Skype/phone
- Education programme for chronic conditions – patients take responsibility/backed up with nurse helpline
- Monitoring by Skype/phone. Specialist help when you need it
- One stop shop within community
- Hearing aid repairs
- Stitch removal
- Syringing ears
- Minor surgery/operations
- Education for chronic conditions
- Balance classes – falls prevention – prevention not post event
- Exercise classes
- Centralise voluntary groups – not necessarily in building, use of technology/web, navigator to give advice on how to find help/support groups
- Podiatry services

- Centre of excellence
- Carers Bucks at the hub
- One place for all advice and information – like a library, single directory
- Advice on loneliness, dealing with retirement
- Teaching older people computer skills
- Social interaction centre
- CAB services at the hub

Group D

- Person centred
- Need radiographers
- Ultrasound clinic
- Streamline. Better community links. GP should be able to order x-rays locally
- Use resources/access already in place (dental surgery)
- Bereavement support
- Day facilities (all in one place)
- Avoid duplication
- Appropriate location
- Everyday model (not a medical model)
- Link with local environment
- Concerns – Adequate staff, who will run it? Role of volunteers?
- Physiotherapist
- Podiatrist
- Concern – Transport
- Yoga, aromatherapy, massage…… access to
- Communication – keep community/villages informed of what's going on at the hub
- Red Cross
- Equipment van reaching out
- Promotional stands
- Carers Support
- Mobile Hub
- Citizen advice
- Dietician
- Admission avoidance
- Reaching out from the hub
- Step up facility
- Access to equipment
- Community pharmacy – medication review (prescribing)
- Support for dementia
- Better signposting
- Access to social worker
- Open well into the evening
- Drop in services
- Will it be a new building, location?
- No GP presence required

Group E

- Know what services are available
- Respite care/ transitional care
- Filling gaps in local services and solving transport issues
- Coordinated approach

- Outpatient facilities in community – e.g. blood services, clinics, imaging, diagnostics, x-ray – make sure all used and known
- Access to information – navigate maze
- Staff and virtual
- Voluntary sector involvement
- Charity free space to offer services
- Patient transport – voluntary sector involvement
- Information key
- Access to information
- Patient held record
- Social care involvement
- Triage – what do I need to know? Who will give me that?
- Self-manage and self-navigate e.g. memory clinic
- Support for carers
- Urgent care and surgery cannot be provided locally

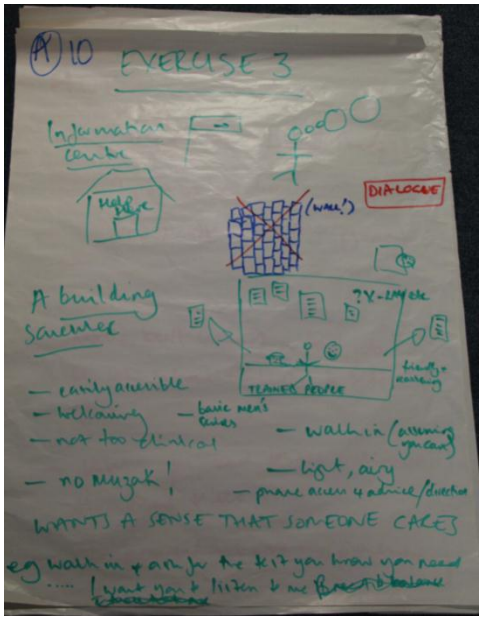
Exercise 3 – From the lists that the groups created in exercise 2, groups were asked to vote for their top 3 priorities. The responses are listed below per group.					
Group	**A**	**B**	**C**	**D**	**E**
Priorities	1. Social isolation reducing 2. Continuity of care – anything that can add support to this good 3. Diagnostics where appropriate and safe, by qualified staff 4. Technology 5. Integrated team – multi faceted 6. Key relationship and enable time to listen. Support the patient as expert about themselves	1. Leadership – joined up care 2. 7 day access to support within emergency out of hours 3. Diagnostics 4. Proper home care 5. Pilot Scheme needed.	1. Health & social care advice centre (CAB) including navigation services including voluntary services 2. Training and education (pre event). Nutrition, falls, diabetes, alcohol, obesity, talking therapies, dementia, young and old. Prevention 3. One stop shop containing – minor surgery, hearing aid repairs, stitch removal, syringing ears. Access and advice to treat and monitor including drop in/rapid access. Multi-disciplinary working	1. Transport 2. Communication hubs to other hubs. Point of contact to get transport. Coordination of services, no duplication of services 3. Continuity and person centred	1. Everything apart from urgent care/surgery could and should be delivered in the community and know how and where to access services (including GPs) e.g. bloods, clinics. Imaging, virtual appointments, social care, voluntary services. 2. Readily available access to information. Face to face to know how to process information. What do I need to know? Self-navigation is the goal 3. “Stepping stone” services to transition to independence e.g. beds, home care, respite 4. All wrapped up

			4. Community/ Central area of education prevention. Voluntary sector. Combination of services in a suite of easily accessible space/services		around patient and carers, coordination, self-navigation and patient held record

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

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

Group A

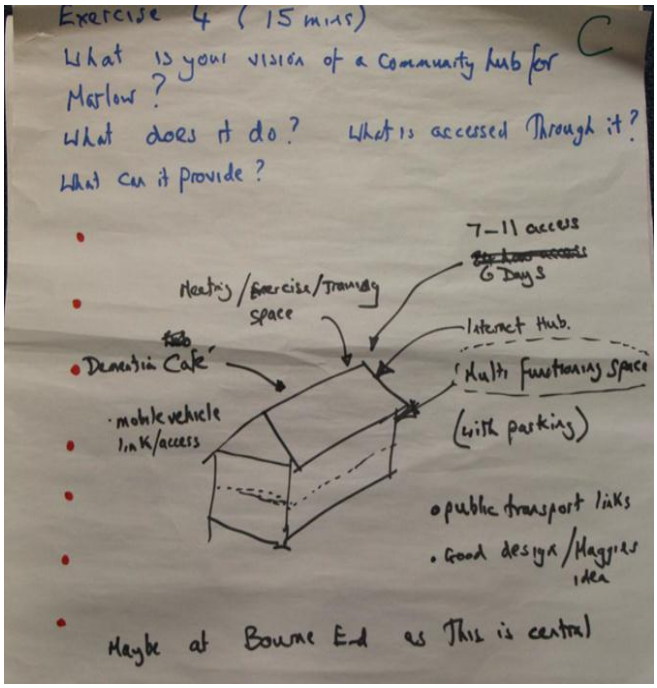


- Information centre
- Signposting
- Light and airy
- A building somewhere
- Not too clinical
- Needs to have a sense that someone cares
- Multi-Functional
- Basic men's services
- Walk in centre/ drop in centre
- Phone access for advice
- Complimentary services not a replacement so keep what we have
- Easily accessible
- Friendly
- Make better use of what we have to better effect
- Welcoming

Group B

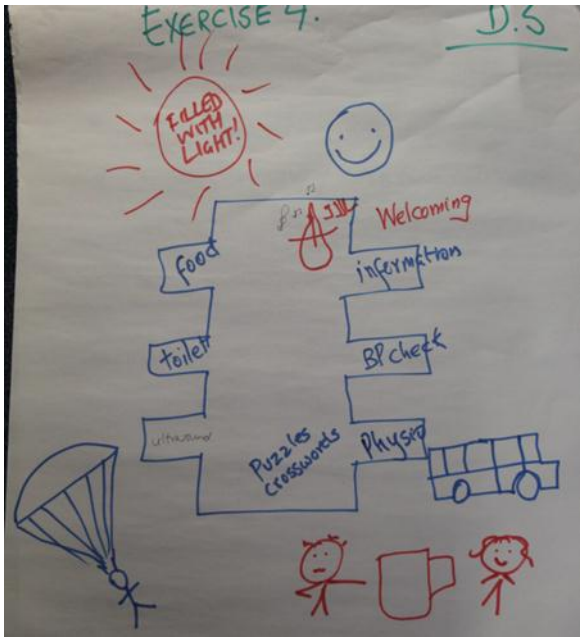
- Signposting – CAB
- Carers
- Funding
- Voluntary
- Prevention
- Physical aids
- 7 day access
- Physical health
- Diagnostics
- Social services
- Social activity
- Physiotherapies
- Mental health
- Pharmacy
- CAMHS
- Disability

Group C



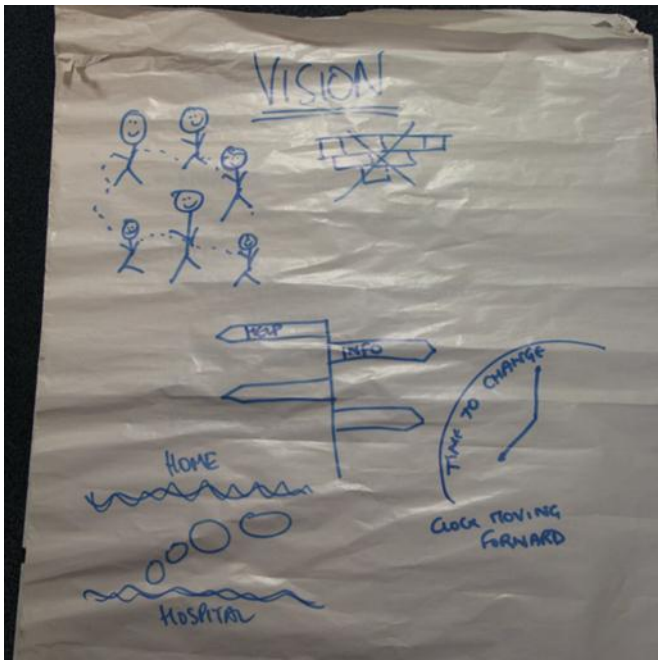
- Meeting/ exercise/ training space
- 7-11 access, 6 days
- Internet hub
- Multi functioning space with parking
- Public transport links
- Good design/ magpies idea
- Dementia café
- Mobile vehicle link/access
- Maybe at Bourne End as this is central

Group D



- Filled with light
- Welcoming
- Food
- Information
- BP Check
- Physiotherapy
- Puzzles/ Crosswords
- Ultrasound
- Toilet

Group E



- No barriers for patients
- Help
- Information
- A place between home and hospital
- Time to change – clock moving forward

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.

It is:-

- Communication centre
- A health and social centre
- Citizens Advice Bureau
- A provider of local health and community care, one stop shop
- Efficient, friendly and loved
- Properly resourced, financed and clean
- Proactive in the community
- Aware of local voluntary support groups to signpost to.

- Multi-disciplinary health and well-being community asset.
- Central community focus
- Symbolises a community being enable together
- Wellness and prevention as well as illness and care
- Focus on services that can be delivered locally and out of hospital
- Voluntary services and support
- Combating isolation
- Information
- Education

A point of communication for all to be able to make contact and to be pointed in the right direction for further advise or treatment

A physical space for community health and wellbeing services to be delivered via medical and social care expertise and enabling self care and support from voluntary and community sectors and organisations.

Somewhere I can go for help and advice that is practical and meets my needs. Somewhere that is pleasant to visit, easy to get to (bus or car) where there are a mixture of professionals and

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