Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

your community, your care
developing community hubs

Engagement programme April – May 2016

Local report for

THAME

7th 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 Thame event.
- A brief summary of key points highlighted at Thame
- Some feedback on the evaluations and equality monitoring gathered at this event.

Attendance

- **57** people booked to attend the event
- **43** attended
- **12** people did not arrive and **2** cancelled
- **10** 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:

- **23** of the 43 people who attended, completed their evaluation form and returned it. Largely the feedback was positive with
- **23** everyone unanimously saying yes they did value the opportunity to discuss and explore the idea of developing community hubs.
- **21** of 43 said yes or very much they found the staff receptive to their views with two choosing "sometimes".
- **16** people said they found the purpose of the meeting clearly explained at the beginning of the meeting and also that the presentations were clear

16 was a slightly lower score, so we reflected on this and the comments helpfully provided. We used the learning to make a few very slight changes to the presentation to make phrasing slightly clearer and the opening presentation has since given a little more focus to explaining the purpose. Evaluations have improved on these two areas since, so this has been helpful.

Equality Monitoring
25 of the 43 people who attended completed and returned their equality monitoring form. A sample of some of the results show:

- 12 males and 13 females represent an almost even gender split.
- Representation of age from 35 – 80 years plus groups with the larger number being in the 55-64 age group.
- There was representation from those with a sensory or physical impairment and long term conditions
- There was representation from those who have a mental health condition
- 20 of those who responded, classified themselves as white British and 4 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 or selected atheist. Some 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 -

- That people want much better integration of healthcare services but more importantly between health and social care, so any changes need to take this into account this.
- People liked the concept of care closer to home and the focus for caring for the older person at home or near to home wherever appropriate rather than in a big acute site was further supported.
- People also liked the concept of reducing silo working wherever possible and introducing a "hub" approach which could help improve communications about the patient between health and social care professionals / and or others and therefore improve care and consistency of delivery.

Less liked

- People felt the presentation could have reflected some of the learning from previous changes in the local area.
- No initial focus for concerns (specific to Thame) about the cross boundary issues between Buckinghamshire and Oxon and the need for more co – ordination and communication which is impacting on patients and those who refer.
- Wanted step up provision being improved to help admission avoidance and step down for discharge linked in.

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 Thame 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 Thame are:-

- A single point of access for navigation and information, signposting

- Some difficulties are being experienced in Thame as a result of cross border county provision leading to poor communications and this can impact on timeliness of access to some care provision

- Better integration of health and social care is needed

- Keeping care more local was supported and co-location of services and professionals was generally seen as desirable to aid better communications and continuity of care and people could access a range of services at one visit

- Rapid access to services and rapid assessment

- If a Hub were to be developed – keep it local, don't just think about health and social care but it could be a central point for the community to use space interchangeably and work in partnership with other providers including voluntary and support organisations to provide support, advice and on a social level to help with health and wellbeing

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	• Informative information • Impressed by presentation – progress level encouraged • Is BHT able to pull providers together? How do you get them all talking together? Integrating services – how?	• No mention of mental health – BHT do not deliver mental health but knowledge needs to be passed onto public
B	• Care closer to home • Managing needs of elderly at home not just hospital • Effective system • Working together • Future of community hospitals • Social and health working closely with voluntary sector • Positive results from staff survey. Room for improvement though • Good staff. Good care • Integrated working • Focus on transport - Good to hear recognition of that as an issue • Good to see improvements • Great to hear focus on communication • Unique position as Acute	• GP challenges working across boarder. Needs to be an integral part of discussion EG referral process for difference services • GP relationship with hospital/Trust • No step up facility available for GP – have to admit patient. How can we deliver services to prevent admission? • Ability to deliver “vision” will rely on co-operation with partners • Element of having heard all this before • Disconnect between Bucks and Oxon
C	• Bringing care closer to home • Mobile lab, lab in a bag sounds great • Enjoy the thought of BHT working together with Oxon • Like to fact that BHT are here • BRAVO service excellent – single point of access	• Hospital services, social care sometimes difficult to coordinate between BHT and Oxon • Less money to go around. Tighter budgets • Social services cutting services for elderly patients • Isolation for elderly care or social isolation • DW did not show the negatives that have happened in the past locally

		• Stoke/Wycombe transport links appalling between the both • Communication between Oxon and Bucks for Thame is not great • Staff roles look very low for this to happen
D	• Community Hub joining services, multi skill set • Integration of services around “border” town • Good ideas – care closer to home • BRAVO good concept but challenged by lack of integration of services cross county ie not full collaboration between Ox and Bucks social services • Avoiding “sneaking you off” elsewhere	• Concerns about application • Concerns over funding • Impact on staff managing resources and funding • Ideas of services being split because of being on border • Not enough reflection re Oxfordshire
E	• Integration of services • Nurse led services/AHP’s/Social care • Frail elderly/generalists. Silo working • Care closer to patients (not just in their homes) • Co-ordination of resources/services	

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

- Key principle – Integration, local access, face to face
- Social services
- Mental health services
- Community hub
- GP practice focussed teams
- Skill mixed teams – training & development
- Staff with the right skills
- Wellness centre promoting exercise and weight loss
- Concern that this event was led by BHT?
- Healthy food café
- Day hospital
- Day centre
- Transport
- Rapid access to
    - Step up beds/facility
    - Quick access to tests
    - Avoid hospital
    - Instant access to results (x-rays, basic bloods etc)
    - Transitional beds
    - Model testing in Wendover, shift funds into this
    - Good access to gerontology at a local level
    - Carer support officer
    - Ensure if patient come from care home, they can get back to their care home when leaving
- Social services integration – bed blocking, lack of care package to come home
- Time limited in current facilities
- Thame growing – houses being built, families, young people, children
- Information facility – gym, demystify "healthcare", library, art gallery, CAB, Café – attract volunteers and self-help groups

Group B

- More autonomy over access to community hospital
- Facility aimed at admission avoidance
    - IV antibiotics
    - Monitoring
    - Short stay
    - Enablement at home
    - MUDAS?
- Transport for day patients
- Access to treatment at home – antibiotics
- Minor injury facility close by
- Access to physio
- Beds for rehabilitation – bridge between hospital and home
- Safe care at home to keep well
- Community hospital provides opportunity to assess and develop care package. If not, will end up back in hospital
- Respite care
- Assess in home to ensure have capacity

- Intermediate care
- Working around patient for their specific needs
- Seamless care – pathways out of health
- Step down beds but also on-going assessment, care – need both
- Seamless transition from hospital to care package – timeliness of react team
- Assessment at home essential (health and social care) to ensure capacity to cope at home
- Safe discharge
- Community matrons key resource to signpost and pull resources in
- Lack of knowledge cross boarder
    - Working together to commission
    - GPs sharing knowledge – what works
    - Information sharing forums
- Working with voluntary services
- "hub" is focus health/social and third sector – drip in centre – physical space and multi-functional
- "Virtual" network – professional forums
- Access to information and services available – where are they? What are you entitled to? Confusing. Navigator
- One number to call – central point of information – services available
- Understanding and sensitive to how elderly people prefer to receive and process information
- Expert assessment at home
- Elderly people prefer to be treated in their own home as long as safe
- Day centre model is efficient but demand outstrips capacity
- Hub would provide facilities multi-functional to meet needs of community. Day centre in day, community hospital at night
- Day centre – social, meal, GP visit. Could they be expanded to outpatients, different therapies
- Support to carers and people mental health needs
- Respite provided by charity sector?

Group C

- Option to have radiology services at Thame. Some kind of access to imaging/ultrasound
- Outpatients appointments locally – could be done through Skype but would need specialist nurses to assist
- Some outpatients appointments are a waste of time to go to so if local, would be better
- Please use new technology and bring the NHS up to 2016 and beyond!
- Day centre
    - Social support,
    - OT's
    - Physio
    - Carers support
    - CAB
    - Access to information about services, wellbeing, health in general etc
    - Large facility so exercise classes and social functions can take place
- Rapid assessment – to avoid people going to acute hospitals (MUDAS)
- Nurse ran step up beds
- Access within an hour of needing it like Meadowcroft
- Spread of patients in area – how will we manage?

- Exercise opportunities – kick start to weight loss. Like current 12 week scheme
- Cooking classes – full health and wellbeing centre
- Get older generation involved – age exchange
- Triaging or sign posting services 24 hr. Local single point of access with 24hr access to patient notes
- Accessing information for younger patients – health visitor services, drop in clinic
- Build on outpatient services and appointments locally
- Build the links to primary and secondary care – what are we currently doing wrong? How can we help fix the issues?
- Put social services into GP practices – once a week maybe
- Day hospital
    - Diagnostics
    - Scans
    - Nurse lead
    - Outpatients
    - Technology that gives access to patient records primary and secondary

Group D

- Community Dental care (in the home)
- Eye testing
- Collaboration with external partners
- Diagnostics, xrays, ultrasound
- Mobile services using buses
- Drop in cnetre
- Day services close to home
- Health & Welbieng accessible, affordable across area
- Community hospital
- Crossing generations
- Mental and physical therapies
- Multi professional access
- Prevention and signposting
- Step at beginning of journey and step down post acute episode
- Modelled in Henley, Chipping Norton, Bicester

Group E

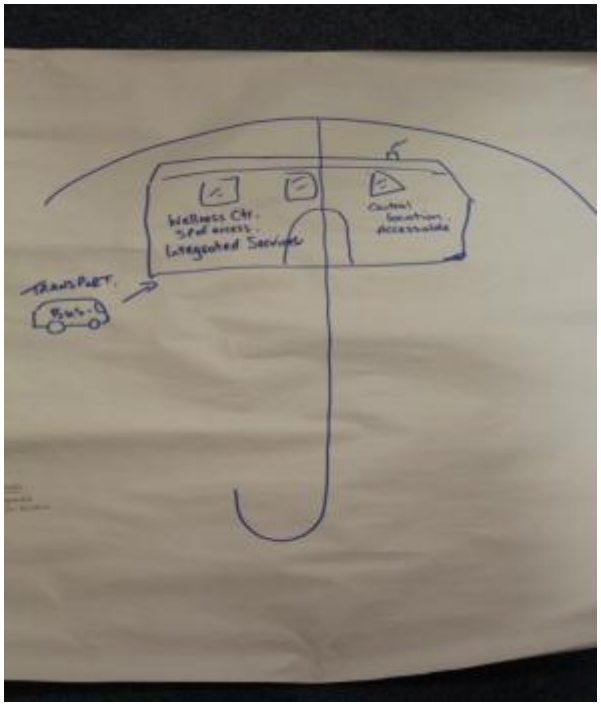
- Good communications
- Remove gaps between services
- Bucks and Oxford to work together!
- Nurses used differently in GP services
- Development of BRAVO/Single point of access
- Parkinson's nurse specialist very helpful comes to house
    - Speech and Language
    - Dietician
    - OT
- Telephone triage – experienced staff
- Outpatient appointment/specialist appointment happen in local community and investigations available
- Prevent crisis/ownership and delivery
- Teams around the tea pot!
- Record sharing
- Shift balance of power from GP to nurse
- Sign posting patients clearly
- Be courageous! BRAVE

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. Vertical and horizontal integration of services including wellness hub 2. Local access managing health and wellbeing Good navigation is key in the integration and accessibility for those unwell or recovering step up, rapid, access 3. Local ownership give it back to the local community once up and running so it stays local and deals with local needs	1. Beds for rehabilitation bridge between hospital and home (Step up/ Step down bed provision) 2. Safe discharge Assessment at home essential (health and social care) for capacity to cope at home 3. "Hub" is focus health/social care and third sector. Drop in centre. Multi-functional, physical space	1. Integrated care a. Voluntary services b. Social services c. Cross county borders 2. Rapid assessment/ rapid intervention a. Access to step up beds b. Nurse lead 3. Drawing patients out of acute services to offer local walk in clinics Consider how these are going to be implemented? Who makes the decisions? And how we hand back to the community giving full authority to the local organisations? Local ownership	1. Community health care a. Professional teams b. Communication across services c. Health promotion 2. Admission avoidance a. Local bed facility – To Thame community hospital b. Rapid assessment c. Skilled staff appropriate to need 3. Cross border care and access for Thame patients needs to be consistent.	Not recorded

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

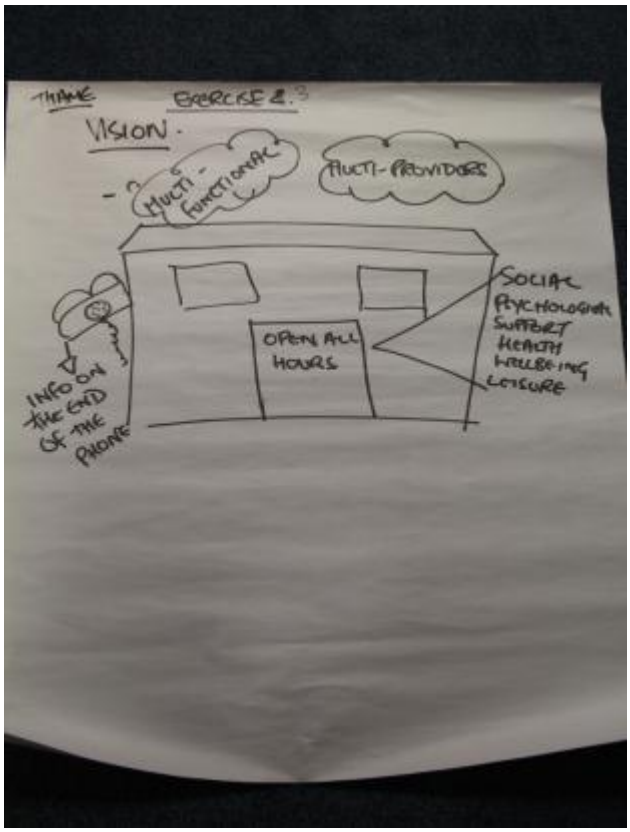
- What is your vision of a community hub for e.g. THAME?
- What does it do?
- What does it need to provide?
- What is it not?

Group A



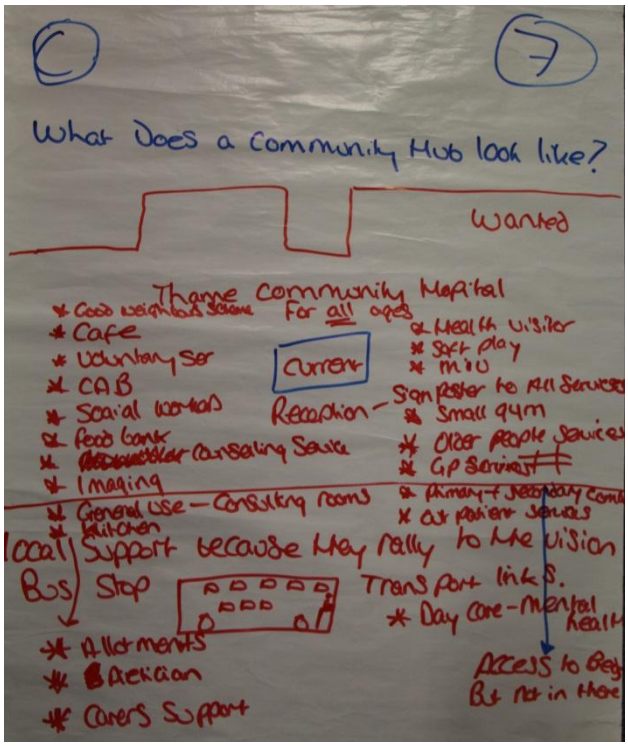
- Wellness Centre
- Rapid access
- Integrated services
- Central, accessible location
- Must have transport going to it

Group B



- Hub facility open all hours
- Multi provider
- Multi-functional
- Information on the end of a phone
- Social, psychological support, health, wellbeing, leisure

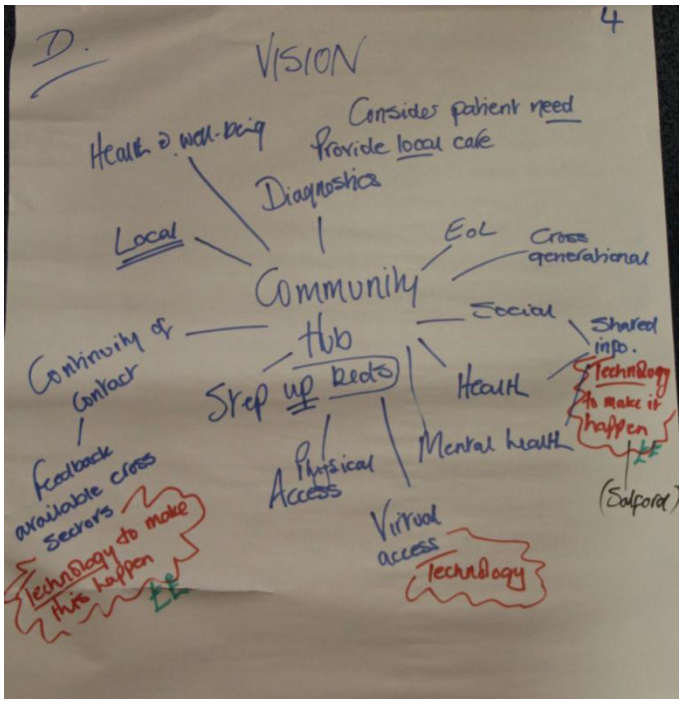
Group C



- Take the current site you have at Thame Community Hospital and add to it, Make it bigger and more versatile. Include the following:
- Good neighbours scheme
- Café
- Great for all ages
- Voluntary services
- CAB
- Social workers
- Food bank
- Counselling services
- Imaging
- Health Visitors
- Soft play area
- MIU
- Reception – who signposts to all services available
- Small gym
- Older people services
- Primary and secondary on same site
- Outpatient services
- Bus stop right outside
- Allotments in grounds
- Dietician
- Carers support
- Day care – mental health
- Access to step up beds if needed

Use local people to help run the centre/hub. If local people are engaged, it will be more of a success

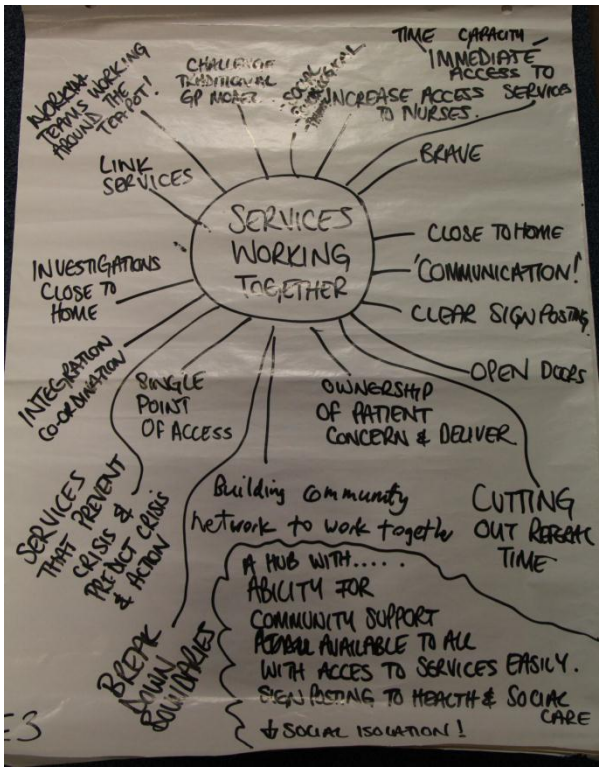
Group D



Community Hub

- Virtual access –better use of technology
- Develop technology to help provide care remotely telemedicine etc like Salford example
- Good Physical access
- Must be on good established public transport links
- Step up beds but these don't need to be in a hospital setting – they could be in a good quality nursing setting with good quality nursing i.e skilled and competent to do the tasks needed to support step up
- Wherever housed they just need to stay local that's really important to patients and loved ones especially when very ill or at end stages of life.
- Mental health input would be important
- Health and Social care technology need to communicate share information for care.
- Health and wellbeing
- Cross generational
- End of life support / advice
- Diagnostics quick access.
- The hub would need to be local
- Continuity of care good contact communication (across sectors)

Group E -



A hub with …….
Ability for community support available to all with access to services easily. Signposting to health and social care and social isolation prevention

- Services working together
- Break down boundaries
- Single point of access
- Open doors
- Communication
- Ownership of patient concern and deliver
- Close to home
- Cutting out referral time
- Building a community network together
- Link services
- Services that prevent crisis and predict crisis and action
- Teams working around the teapot
- Clear signposting
- Challenge traditional GP model
- Time, capacity and immediate access to services
- Close to home
- Investigation services close to home
- BRAVE
- Increase access to nurses
- Integration co-ordination
- Social, Psychological, Physical

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.

Integrated social and health care. Doctors, nurses, social worker, health visitor, voluntary services based together to allow for a single point of access to services. Warm and welcoming for young and old - supporting healthy living - Cafe, kitchen, gym , education classes. Incorporating appropriate services close to home - imaging, minor injury, physio, rapid assessment of acutely ill, outpatient clinics

What does it do? - Help, gives advice and listens? What does it provide? - a list of other numbers we can call. A central venue and/or phone number we can call to explain the problem (s) and discuss what help is available and answerphone for after hours.

A physical building where medical, nursing, diagnostic and social services work together to provide as many services as possible for the local community (all ages). Outreach teams for those who cannot reach the centre. Good communication with acute services

Social Care, Minor injuries, Day respite care, Physio, Child care and help for mothers, Independent coffee shop, Parking, Access to local transport service, (Mobile?), Mental health care, Dietary advice for all (Slimming World), Exercise classes, local space for charities to involve local people, Drop in centre for medical advice, Pharmacy

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