



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

Engagement programme April – May 2016

Local report for

WYCOMBE

19th 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 Wycombe event
- A brief summary of key points highlighted at Wycombe
- Some feedback on the evaluations and equality monitoring gathered at this event

Attendance

- **42** people booked to attend the event
- **26** attended
- **9** people did not arrive and **7** cancelled
- **4** of those booked represented key partners GPs, CCG or County Council, Oxford Health NHS FT.
- **7** 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:

- **13 of the 26 people**, who attended, completed their evaluation form and returned it. Largely the feedback was positive with:
- **12 of the 13 responses** saying yes they did value the opportunity to discuss and explore the idea of developing community hubs and **1** was unsure.
- **13 of 13 responses** said yes they found the staff receptive to their views, 5 of which selected very much so.
- **11 of 13 responses** said they found the purpose of the meeting clearly explained at the beginning of the meeting, **3** of which chose very clear as an option and **2** chose in part.
- **11 of 13 responses** found the presentations to be clear **3** of which found them to be very clear. **1** said partly and **1** person did not find the presentations clear.

Equality Monitoring

16 of the 26 people who attended completed and returned their equality monitoring form.

A sample of some of the results show:

- 6 males and 10 females attended,
- The breadth of age groups represented, were from 25 – 80 years, with the exception of 35 - 44 year olds. The larger number of people being in the 65-79 age group.
- 12 of the 16 people completing the forms had either a sensory or physical impairment or mental health condition.
- 14 of those who responded classified themselves as white british and 1 classified themselves from “other” ethnic group group.
- The majority of attendees classified themselves as heterosexual.
- 10 people chose christianity as their religion and 3 selected atheist. 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 group members about what they liked about what they had heard in the presentation and what they liked less, the key messages were:

Liked -

- Attendees welcomed the positive aspects of the presentation and the progress being made by BHT and felt it was good to hear and celebrate it.
- The aims and ambition of the concept of a community hub were welcomed whilst the audience acknowledged this is challenging to achieve within the current financial climate.
- A single point of access was well supported
- The idea of better integration of services bringing clinics into the community
- The potential improvements for patients coming out of hospital that care closer to home might offer. Receiving much more joined up multiagency care at home is clearly something people would welcome.
- The example of near patient testing was liked as an idea and an approach.

- Better use of technology for care generally such as the use of iPads, remote telemed etc demonstrated in the presentation but participants also wanted further joining of primary and secondary care systems so patient records are one and accessible by both.

Less liked –

- Would have liked to understand more about the general challenges that Buckinghamshire Healthcare NHS Trust is facing, as well as the financial situation and the national context that makes this difficult to deliver.
- Would have liked more information on how the services will integrate, especially as systems across health and health and social care are not joined up.
- Difficult to navigate your way through the current processes and systems sometimes for health and social care because systems not joined up.
- More support for patients with sensory needs.

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 Wycombe 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 Wycombe are:-

- The concept and idea of a community hub in an area with a hospital providing acute services (i.e services for people who are acutely unwell) with an MIU in a central location was discussed by some groups at length. Some felt a hub or a model of care might need to look very different if developed in Wycombe with regards to what is needed. However, with a focus of care closer to home, discussions quickly found common underlying principles to be similar to feedback from other sessions.
- A one stop shop concept appears well supported, providing multidisciplinary services with professionals co located. This would include a range of services that are listed in the detailed feedback below. Services that are safe to provide in the community for patients that are not acutely unwell and who benefit from accessing care closer to home.

- A single point of access for services
- Improved navigation and information i.e. better signposting to help and advice for health and social care services but also signposting to voluntary, charity and support groups. A Citizens Advice Bureau style approach were cited as a good example.
- The inclusion of prevention and health and wellbeing functions would be desirable eg education, social interaction to prevent social isolation.
- Discussions ranged from a building and a physical space to something more virtual and mobile health vehicles were also discussed as an option for a mobile service offering more outreach to rural communities. Some thought about utilising existing buildings with core community functions that are well known with easy access and are on main bus routes providing even more integration across other local services e.g. community centres, libraries, schools, council police, fire etc. or joining up to develop new. A drop in approach was also thought to be helpful for some services and some patient and carer groups.
- Feedback shows strong representation of views for supporting the development of technology to enhance care remotely e.g skype, teledent type facilities, access to personal information, better quality of information, joint records, access to better signposting information including support groups etc. whilst also recognising that some people would not be able to access or use as a result of impairment, or accessibility at home or a lack of technology awareness.
- Better integration of health, social care and voluntary and charitable groups working together.
- Easy access for all and take cultural and physical needs into account.
- Rapid diagnostics and assessment, the lab in the bag idea appears to be well supported whilst recognising a hub needs to be different from a GP surgery and the MIU in Wycombe, but providing services out of hospital safely e.g outpatient clinics are a good example of this.
- With the right services, staff and expertise some saw the hub as a way to empower patients via better education and support, potentially reducing attendances at the A&E and demand on other urgent care pathways as a result of better self management. Prevention messages may also be more effective.

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"> • Lots of positives and ambition amazing but stretching • Good to celebrate what's going on well. All improvements needed • Will it be about nearer access and care specialists in the community e.g. Ophthalmology? 	<ul style="list-style-type: none"> • Statistics startling • What is a community hub? Isn't it already agreed? • Is a hub lots of things coming together? • Financial situation means it will be hard to deliver improvements at the same time as savings • Maybe we should speak up if more is needed for the NHS. We need to shout about it not being enough. We won't get what we want for our community if we don't talk about it
B	<ul style="list-style-type: none"> • More joined up and less duplication • Less chance of missing things from primary to secondary care • Better communication • Better use of technology using it differently i.e. tele medicine • Support people coming out of hospital and being at home • Work across boundaries • Services talk to each other • Single point of contact to take responsibility to navigate system 	<ul style="list-style-type: none"> • More support for patients with sensory needs • Need to explore how we better share info and improving partnership working • More information on how services will integrate • Don't let information governance stand in the way of integration (understanding of data governance) • Social care to meet patients' needs to support them at home • Difficult to navigate system because it is not joined up
C	<ul style="list-style-type: none"> • Near patient testing done by proficient people – a must for something like this (community hub) • Would bring together health and social care locally 	<ul style="list-style-type: none"> • Would have liked more in the presentation about the challenges facing BHT • “Hub” – why using this word. Do not like it. It seems to be being used for everything recently (Waitrose Hub – Wycombe) • ND is a well-polished speaker in fact maybe too much • Not much content, expecting more

		<ul style="list-style-type: none"> • No substance to national DOH. Do not know what they need, they seem to throw things out there and expect Trusts to respond
D	<ul style="list-style-type: none"> • Focus on home with comfort of hospital • Providing reassurance • Supportive of developing local care • Like the ambition • iPad accessibility • Different people working together • Reasonable accessibility • Focus on emerging needs 	<ul style="list-style-type: none"> • Concerned about how joined up everything is • Uncertain about service issues. Locally is good already • Confidence is not yet felt in new model • Concerned about joined up services • Lack of accessibility

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

Group A

- Standard stuff not reliant on specialist diagnosis
- Blood tests, injections, ear syringing
- GP practice and x-ray maybe although it might be very expensive
- One stop shop to save patients traveling, but would not want it to cause GP's to close down so maybe nearby
- Social interaction useful so could be from a community hub rather than a hospital e.g. smoking cessation, diet support etc.
- GP's don't have time to talk about all things with patients so need a crossover role. Friendly and emotional support. Between a nurse and doctor that's not bothering neighbours. Could be volunteers
- Communication critical
- GP surgeries already have district nurses so is a hub a good GP surgery?
- Outpatient appointments
- Pharmacy – plays a big role and could override going to the hospital for subscriptions. Sadly closing down some community ones so put them in the hub
- Hearing aid services (batteries etc.)
- Lots of community staff working together in the field so need a named person for each patient with good communication
- Physiotherapy and OT
- Wider support than just medical services. Properly coordinated and with clout to make things happen
- Drop in element different and extra to a GP surgery. Open and access to health and well being
- People only go to the GP when really have to so something more open would be good
- Youth enquiry service model – 13-25 yr. olds drop in with any question which is either directly answered or signposting
- Community a good word
- Who would man them, might need nurses, social workers etc.
- CAB doing outreach. Really helps the GP's. Saves GP time for what they really need to do
- Partnerships – different organisations working together to bridge gaps
- Would not waste a GP appointment – could have open access
- Mobile service to go around smaller areas so even closer to people
- Problem to hospital is congestion, parking waiting in clinics etc. Lots of time spent in these areas. Inevitably will become a large building dealing with lots of people. There must be a way to do it without all the delays
- No one sticks to time
- Need to balance time professionals spend tracking around the county
- Taking own blood pressure, blood sugar, temp and communicate with GP via email
- Ring backs from GP for a couple of minutes to give phone advice
- Use Skype so doctors can see something especially perhaps with children
- Hub could do blood sugars etc. pre diabetes, health screening as well as pharmacies. Early diagnostics
- Go to places where people are and already feel safe. People you know the staff and can help you
- Need acute care? Must ensure this is not a substitute for hospital services when they are needed

- Need balance of expertise to ensure that the seriously ill get all the expertise they need when they need it
- Levels of where we need services. Picture of hub is at the bottom end to stop people going into hospital when they don't need to. Sometimes lots of nursing support will be needed and other times, low level of nursing support
- Prevention really important
- Need emphasis on people managing their weight. Where is the advice to them on diet, activity etc.? Some GP's now providing it
- Hub likely to have more effect on upstream than traditional model
- Revolution or evolution? Probably a staged approach and timing will change as we go. Need not to be rigid so that things can change and change again

Group B

- Singles point of contact to navigate system
- Access to information
- Signposting to all services/information
- Ability to meet changing needs
- Teams working together
- Patient held records
- Empower patients
- Assisted living (affordable)
- Reduce social isolation
- Physiotherapy/Reablement services close to home
- Near patient testing
- Hubs needs to provide consistent services (minor injuries given as example)
- Access to suppliers i.e. Hearing aid batteries
- One stop shop
- Easy access to all – buses, crossings, local. Technology/website
- Dementia support
- Health education/prevention/vaccinations for all
- Voluntary services involved
- Schools/Education
- Parking
- Integration of health/social/voluntary – central point

Group C

- Prevention – first aid training combined with school curriculum
- Need more school nurses
- Teaching people, giving people the knowledge to keep themselves healthy – prevention
- Ears, eyes, local clinics – don't have them in acute hospitals
- Mental health
- Old age issues – Dementia, Diabetes
- Local health statistics – could help you see what Wycombe would need
- Try to address cultural health issues for all cultures in the surrounding area
- GP surgeries going downhill – walk in and faced with a notice apologising for the delay in your appointment before you have walked in the door
- SMH losing records and test results. Happens a lot. Why?
- General nurse training needed rather than specialised
- Walk in centre, similar to MIIU
- Locally based support so people know where to go

- 7 day availability of GP services. Out of hours service not the same. No shared records. This is why so many people end up in A&E
- Have you asked A&E patients why they came to A&E and advise them where else they could have gone first?
- Ensure patients know how to navigate the services they need
- Educate and teach people
- Have like an advice centre for all ages
- Certain minor services (minor ops) not allowed to take place in GP surgeries anymore (Cyst and verruca removal) why? Could this be done at the “Hub”?
- GP’s running a business and incentivised
- Hub would give somewhere else to go if couldn’t get to GP’s or let down by them
- Procurement – could services be cheaper and more accessible if properly looked at?
- Increase innovation – get rid of red tape
- More specialist dedicated nurses

Group D

- Blood tests
- Results of tests
- Become more joined up e.g. Hub, GP practice & hospital
- Lab in a bag
- Dr to visit patient for general check-up, tests, diabetes checks
- Reluctance in elderly to expect Dr visits
- Provide appropriate people with the right skills – doesn’t have to be a doctor
- Join up approach with emerging picture
- More holistic approach to care e.g. Mental health, integrated
- One point of contact pulling it all together, panacea / contact out of normal hours
- Integrated place that pulls all things together or points you in contact with the right person
- Good practice – sharing knowledge and focus on specialists rather than doctors
- The right package of care quickly
- Hub source of information for professionals and individuals
- Social area – Café, focus on social aspect / need physical interaction for older people
- Central point of information
- High Wycombe needs several hubs
- Could use existing buildings e.g. Churches
- Keen to understand needs
- A vehicle to join things up
- Challenge for areas with poor transport systems
- Should be centre around GP practices, schools, Pubs
- Community older persons Doctor
- Non acute care
- Interim tests
- Dressings etc. for ulcers
- Preventive stuff
- Teaching/ education centre
- Social
- Mental health support
- Ensure efficiency and patients don’t just get passed around a lot
- Utilise technology available/ Communication with professionals using technology
- Use mobile units
- Overcome silos

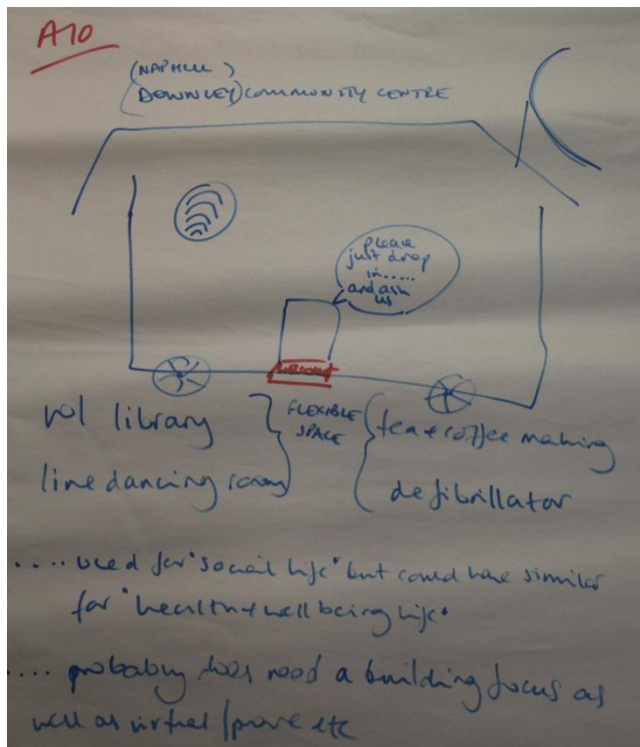
Exercise 3 – From the lists that the groups created in exercise 2, groups were asked to vote for their top 5 priorities. The responses are listed below per group.

Group	A	B	C	D
Priorities	<ol style="list-style-type: none"> 1. Signposting and coordination 2. Mobile van 3. Wider team not just doctors 4. Technology – Skype, self-testing 5. Social Interaction 6. Communication 7. Well-being and prevention 	<ol style="list-style-type: none"> 1. Single point of access to navigate system 2. Access to information 3. Teams working together 4. One stop shop 5. Easy access for all 6. Voluntary services involved 7. Integration of health/Social and Voluntary services – central point 	<ol style="list-style-type: none"> 1. Identifiable people – councils, libraries, police, GP surgery, Fire stations to have a triage facility 2. Exchange of information/Shared information 3. Access to diagnostics. Technology – apps 4. Care locally – in the community 5. Education 	<ol style="list-style-type: none"> 1. Accessibility 2. Cohesive and range of services – one stop shop 3. Confidence in quality of information 4. Strong source of information technology 5. Greater collaboration – Between providers and commissioners

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

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

Group A



- Naphill/Downley community centre
- Just drop in and ask us
- Voluntary Library
- Flexible space
- Tea and Coffee
- Defibrillator
- Line dancing room
- Used for social life but could have similar for health and well-being life
- Probably does need a building focus as well as virtual/phone etc.

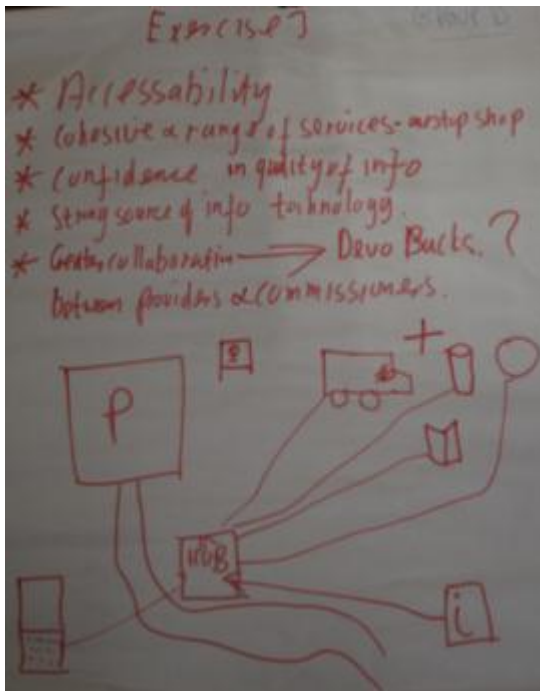
Group B



Group C

- Diagnostics
- Prevention education
- Group of practices – at different locations e.g. Westongrove practice
- Virtual hub where people can get someone 24/7
- Empathise on taking care of your own health
- Like a library where you can go and find information and knowledge
- Someone to talk to who will point you in the right direction
- Nurse lead facility
- Highly communicated about
- Distinguishing from health and social care
- 111 good but very much depends on the operator you get. No consistency
- Could the district council offices be used for something like this?
- Emergency services like Police, Fire, and Health all have information to give out but it's not in the right place and is very inconsistent. Could a "Hub" combine them all?
- Communication is key for consistency
- Hospitals need to access GP records. Technology needs to be right
- When its life and death, I want everyone, every organisation to know or be able to see all of my records and history. Generally though, I don't want the records to be shared
- Privacy – cultural and confidentiality laws vital
- Could it have NHS approved apps and/or websites updated by the hub
- In Bristol, Tattooists have been trained to recognise melanoma; could this be something that Trust looks into?

Group D



- Accessibility
- Cohesive and range of services – one stop shop
- Confidence in quality of information
- Strong source of information technology
- Greater collaboration – Devo Bucks? Between providers and commissioners

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 service within the community
Many channels to access through various ways – building, telephone, email, website
Self-help service and support
Advice beyond health
Well established connections within the community
Not for acute issues/severe problems
Community consolidated to what they want

A drop in centre, accessible to all in the community, welcoming, friendly with emphasis on supporting people to be healthy. To provide first level care and confidence to stay in their own home, managing their own life. Access to a wide range of services that will substitute the need to visit a hospital

It will provide advice on health issues i.e. weight management, smoking etc. It will signpost to other services. It will be local, possibly 1 day a week and be a drop in centre.

It will be able to provide advice, support on a range of issues perhaps spending the time with callers/patients that GP’s can not. Could do blood tests, physiotherapy
A doctor’s surgery

Easily accessible, drop in generally. Appointments for blood tests etc. Café to help with social isolated people. Technology available to access patient history. Quality advice available.

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