



your community,
your care
developing community hubs

Report of public engagement

AYLESBURY

22nd February 2018



1. Executive summary

Introduction

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. This followed an extensive public and patient engagement exercise in 2016 to find out what people wanted from a community hub. The findings informed the development of the pilot hubs.

Between September 2017 and March 2018 the Trust conducted further public and stakeholder engagement. The involvement and engagement team gathered the views of 352 stakeholders, using a mixed methodology tailored to different groups:

- Focus groups with 28 hub patients
- Appreciative enquiry workshops with 7 hub staff
- 3 telephone interviews with staff from Healthy Minds, Alzheimer's Society and Age UK
- Public engagement workshops in Buckingham, Chalfont, Marlow, Wycombe, Thame, Aylesbury, and Iver, attended by 191 members of the public
- Sessions with 123 members of voluntary sector service user groups, and a patient participation group

The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county
- To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance
- To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development

Aim of this report:

To provide a record of the feedback from the Aylesbury public event.

Participant profile

- 15 attended
- 2 of those booked represented key partners GPs, CCG or County Council.

14 out of 15 attendees filled out an equality monitoring form.

- 11 females and 3 males attended this event
- 4 considered themselves to have a disability or long term health condition
- 10 identified themselves as White British

Methodology:

The Trust's Medical Director Tina Kenny delivered a presentation on progress made with the two pilot hubs. Participants then worked in small groups to consider what they liked about what they had heard and what concerns they had. They were then asked to update the vision for a community hub developed by Aylesbury residents in 2016

Key findings:

- Better collaboration with other agencies and voluntary sector organisations needs to be established and communicated to the community
- Participants suggested using current empty shops within the town centre for a hub, they are central and therefore easy for people to get to
- There was a focus on the need for prevention – health and well-being, general health management taking into account diversity of population
- Signposting to range of services. Buckingham County Council, social services, housing etc.

2. Discussion results

Exercise one – Following the presentation given at the beginning of each session, attendees were split into groups and asked the following questions:

1. What do you like about what you have heard?
2. What concern do you have?

| Group | Content liked | Concerns |
|-------|---|--|
| A | <ul style="list-style-type: none"> • Signposting – positive step if it happens • Coordination, joined up local service • Good everything under one roof • Local knowledge of local people could be effective and prevent people slipping through cracks • Toilet seat • Immediate response to problem by bypassing bureaucracy • Easier access to facilities to meet need of local services • Give a higher profile/face to community teams | <ul style="list-style-type: none"> • Homeless – how do they access the services (all age groups) • Lack of self-referral family/friends • Referral from A&E Stoke, is it working? • Lack of information about the hubs, leaflets etc. • Good idea but what provision for younger groups who may be reluctant to be associated with “help for the aged” • Needs a centre, if not referrals will still be to hospital clinics • GP receptionists trained to refer to the hub • Parking and bus routes important • Publicity and self-referral • Elderly might feel short changed as they perceive hospital care as ideal • Risk of overloading CVS. Funding pressures on voluntary sector • Accessibility • Marketing the service to hard to reach groups • Are you just creating another roads to the same services |
| B | <ul style="list-style-type: none"> • In theory its brilliant providing a single connected service • Multi-disciplinary team • Home visits • Continuity of staff • Everything under one roof • Instant contact • Testing and results on site • Quick results for blood tests | <ul style="list-style-type: none"> • Funding • Parking and cost! • Big concern about finance and buildings • Difficulty in recruiting nurses in the community • Need for convalescent homes • Transport to and from hubs • In the hub – how can we help carers at home to access help with allowances they need? Etc. |

| | | |
|---|--|---|
| | <ul style="list-style-type: none"> • Easy access for help – no need for 111 • Encourage access to care homes to ensure those who don't have someone to fight their corner get what they need • Silver phone • Already numbers are proving that its working and patients, carers and family benefit • Keeping patients out of hospital • All under one umbrella | <ul style="list-style-type: none"> • Disabled parking • How many hubs envisaged? Bucks needs more than two |
| C | <ul style="list-style-type: none"> • Better use of community assets • Wanting to engage with voluntary sector better and more must happen • Work nearer to home/less travel • More personal approach • Great confidence builder • Very empowering • Patients like more relaxed atmosphere – less frightening and nurses able to take time and listen to patient concerns • Range of services for Neuro/complex conditions • Check for duplication with other services • Great joined up thinking • TLC seems to be alive and well in these hubs • Not speaking enough to integrate lifestyle/choice services | <ul style="list-style-type: none"> • Self-referral by patient or family for aged – where is it? • Needs to be more widely advertised • Access • Transport for disabled and all patients • Public transport • Not enough or correct approach from BHT with voluntary sector • Awareness of hubs and this event • BHT attendee, health and social care boards of council and SUCO |

Exercise 2 – Participants were asked:

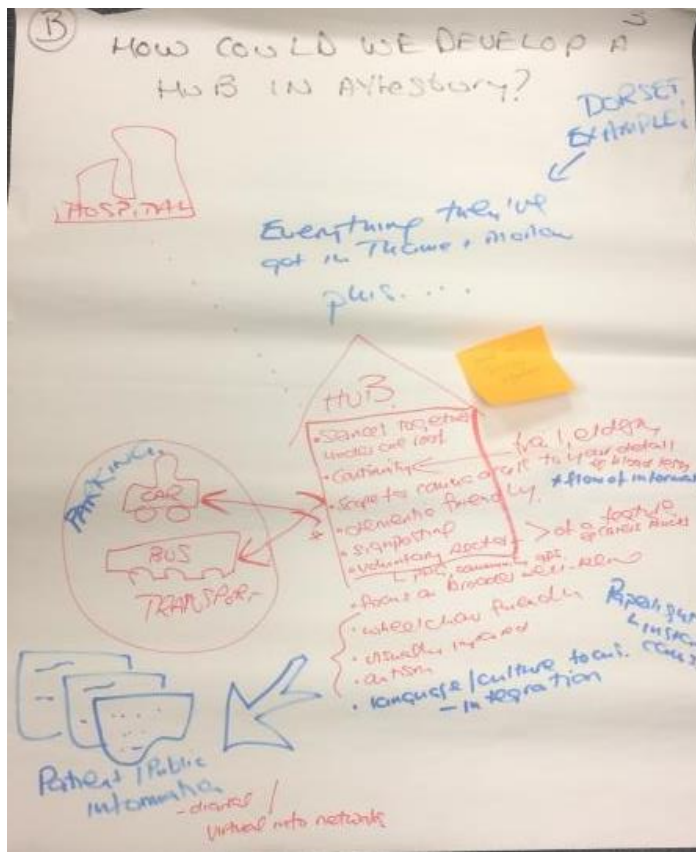
- Taking into account what you have heard about the pilot hubs, and looking at your vision for a community hub in Wycombe from 2016:
- What is your vision for a community hub in Wycombe in 2018?

Group A

- Poplar Grove and Bedgrove – little room to expand
- Children’s Centre – reuse for care centres for community use
- BHS Store – possible to use or Beatties. Lift from bus station, parking across road
- Joint hub with NHS/Voluntary sector/In touch team maybe joint funding with AVDC and BCC etc.
- Everything they’ve got in Marlow and Thame plus:
 - Podiatry
 - Ear Syringing
 - Copy of Marlow/Thame
 - Minor Injury walk in unit/clinic
 - Bloods and fluids drop
 - Screening and prevention
 - Signposting to other services
 - Retinopathy checks

Group B

- Availability
- Parking – car
- Bus routes
- Transport
- Patient and public information virtual /digital into networks
- Services together under one roof
- Continuity
- Self and family referral
- Scope for access to your details and blood test results etc.
- Dementia friendly
- Signposting
- Voluntary sector – PPG, community groups
- Focus on well being
- Wheelchair friendly
- Visually impaired
- Autism
- Language and culture focus on integration
- Paperlight
- Flow of information
- Dorset example



Group C

- Sexual healthcare
- Prevention and exercise services
- Do not under estimate social benefits of communal areas and activity
- Not just clinical services
- Encourage self-management
- Pharmacy or pharmacy deliveries
- Nutritional advice and support
- Choir – community activities
- Struggling services like community podiatry and OT
- Improved links between health, social and CHC
- Continence advice/Help
- Psychiatry
- Drop in clinics for chiropody, lunchtime clubs with transport
- Consultants who understand Neurological conditions well
- Coordination of information and record sharing
- 111 awareness of hubs – could they refer?
- Awareness of other services available – signposting
- PALS needs to be improved and be independent
- Palliative care, hospice type day centres
- Should be 7 days a week
- Don't forget Herts patients and their needs