



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

## Report of public engagement event

**BUCKINGHAM**

**24<sup>th</sup> January 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 Buckingham public event.

### Participant profile:

- 66 people booked to attend the event
- 56 attended
- 7 of those booked represented key partners GPs, CCG or County Council.
- 4 of those booked represented stakeholder organisations such as voluntary charitable and key patient/carer support organisations.

52 out of 56 attendees filled out an equality monitoring form. Some highlights are shown below:

- 28 Females and 24 males attended this event
- 16 considered themselves to have a disability or long term health condition

- 47 identified themselves as White British, 2 identified themselves as Irish and 3 did not wish to declare

### **Methodology:**

The Trust's Chief Nurse Carolyn Morrice 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 Buckingham residents in 2016

### **Key findings:**

- Participants in Buckingham were generally supportive of the community hub model and would welcome the development of a hub, tailored to local need. The location would ideally be central and accessible by public transport
- A single point of access and signposting service is vital for local residents. Communicating what services are available is important to local residents and to GP's
- Participants were keen to ensure that inpatient beds currently within Buckingham Community Hospital are not lost. The use of these beds in the future needs further discussion. Some would like them used purely for rehabilitation where as other residents would like them used for recovery following minor surgery
- There was a need for more focus on prevention
- A minor injuries or A&E service would be a welcomed as currently residents need to travel to Stoke Mandeville hospital or Milton Keynes hospital for these services
- Referral routes should be expanded and include self-referral,

## 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 are you concerned about?

Group	Content liked	Concerns
<b>A</b>	<ul style="list-style-type: none"> <li>• Integrated model including social care</li> <li>• Co-ordination of care – single point of access</li> <li>• Clinicians going to where people are</li> <li>• Care closer to home to avoid acute hospitals unless absolutely necessary</li> <li>• Encouragement of 3<sup>rd</sup> sector</li> <li>• Involvement of community</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of overnight beds especially due to location (now where near Amersham)</li> <li>• Lace Hill</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>• From GP perspective, having rapid assessment team is useful</li> <li>• Current experience is losing outpatients appointments at Buckingham. We need more appointments at Buckingham</li> <li>• We would like more hearing loss services at Buckingham. Currently have to travel to them</li> <li>• Multi-disciplinary and multi organisation approach is good</li> </ul>	<ul style="list-style-type: none"> <li>• Manager for Alzheimer’s is needed</li> <li>• Need reassurance about access to Milton Keynes for residents in Buckingham</li> <li>• We are sceptical that this is about cuts. We need assurance</li> <li>• Need for beds to remain in local community hospital – there are others hubs that have this in the country</li> <li>• This requires good links with social care</li> <li>• Seems to be a clash between proposed services at Lace Hill and what we would like at Buckingham e.g. Dialysis</li> <li>• Evidence based prevention advice for services. Helping more people make right choices. Prevention services</li> <li>• The Hub needs to forge links with local facilities (existing) and link in with them to promote what is available. Lots of existing services are valued but under used</li> <li>• Health promotion/ education and prevention services e.g. Falls prevention</li> </ul>

		<ul style="list-style-type: none"> <li>• Evidence based – using data to inform outpatients – care closer to home</li> <li>• Needs to build links across Buckingham. Existing services which are underutilised – bigger picture</li> <li>• Links with GP's</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>• More outpatient clinics that what is offered now</li> <li>• Including voluntary organisations</li> <li>• Expand ability to deal with healthcare issues locally</li> <li>• Chance to better utilise building capacity in Buckingham</li> <li>• Minor procedures given locally</li> </ul>	<ul style="list-style-type: none"> <li>• Building on current services at Buckingham rather than just adding the Hub model from Marlow/Thame</li> <li>• Buckingham community hospital already feels like a hub</li> <li>• Staffing – consultant lost from Buckingham Community hospital. How would a Hub change this?</li> <li>• Need to measure data so that what is developed here meets the population needs</li> <li>• Speak to people from Marlow/Thame about how they found the hubs. Were their concerns listened to?</li> <li>• Will we lose the hospital beds?</li> </ul>
<b>D</b>	<ul style="list-style-type: none"> <li>• What year do you think this will come to Buckingham.? We have heard about this for two years.</li> <li>• Like use of staff in increased activity. Could use the retired nursing staff to use locally</li> <li>• In principle bringing care closer to home</li> <li>• Healthcare teams working together</li> <li>• Enthusiasm of speaker to look for something different</li> <li>• More services locally. Will we get the staff?</li> <li>• Keeping people closer to home and services local</li> <li>• Yes please community hub and keep ward open at Buckingham hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring efficient use of staff/consultants time at outpatients/community hubs given numbers of users in pilot areas</li> <li>• Nothing will happen</li> <li>• Closure of ward with 12 beds</li> <li>• With the current pilot hubs catering on average 4 people per day. How is this good use of public finance?</li> <li>• People need the beds in Buckingham hospital and not taken away. Leave it alone, we need more beds to get people out of hospital, for a while to get 100% fit and staff</li> <li>• Many problems stem from privatisation of parts of the NHS (and other public services)</li> <li>• Staff recruitment</li> <li>• Transport to the hub. Closing the GP surgery in town. I've already asked BCC, as I am on a transport group for BCC, answer was no money for extra buses sorry. The older people are my worry</li> <li>• Understanding use of transition beds – current bed usage in</li> </ul>

		<p>Buckingham</p> <ul style="list-style-type: none"> <li>• Is Buckingham just going to be a pilot without consultation?</li> <li>• Worry you ask us but show us how large the Hub may be? And what Buckingham needs, we are miles from any hospital. Travel is a worry</li> <li>• An A&amp;E within Buckingham. Increasing population needs easy access for minor injuries</li> <li>• Don't want to travel too far out of the area</li> <li>• Transport links to hospital by public transport</li> <li>• Complex NHS inter authorities will stifle progress</li> <li>• We don't want to lose services we already have and need to increase them</li> <li>• Concerns about enough staff to cover all the services offered</li> <li>• Central doctors surgery – many sheltered housing in town centre. Older patients need quick access to Doctors</li> <li>• Are creating hubs first step towards privatising our NHS</li> <li>• Money</li> <li>• Concerns re gaps in care</li> <li>• In-patient beds being reduced. No care overnight if run on community hub times</li> <li>• Investment in social care</li> </ul>
E	<ul style="list-style-type: none"> <li>• Integration of various services</li> <li>• Overall support concept</li> <li>• Improved integration of hubs into the NHS system</li> <li>• Brining care homes into discussion on community care. Not ignoring their needs</li> <li>• Outpatient clinics offering specific treatment eg. Chemo</li> <li>• You are talking to us</li> <li>• Good that we are given a chance to contribute</li> <li>• Positive outcome is that overtime member of local community learn where they can go to access help/start process</li> </ul>	<ul style="list-style-type: none"> <li>• Show me the money!!!! Budgetary constraints. Where does county come into it, money?</li> <li>• Finances (hamstring)?</li> <li>• Sufficient volunteers to support clinical staff</li> <li>• Strong support from government</li> <li>• Did not hear about this</li> <li>• Integration - are the GP's on board?</li> <li>• No agreed budget. We need to know that the GP's are on board?</li> <li>• Staff resources – drawing on current NHS or new resources?</li> <li>• No guarantee we will keep Buckingham hospital</li> <li>• The future role of Buckingham community hospital</li> </ul>

	<ul style="list-style-type: none"> <li>• Need some package when you come out of hospital if on offer</li> <li>• Identity areas for improvement</li> <li>• Promoting independence and own control</li> <li>• Individual requirements identified</li> <li>• Setting up a system specific to Buckingham and area</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns re where the hub will be?</li> <li>• Beds – local?</li> <li>• Communication difficulties – networking in the community.</li> <li>• Potential for communication breakdown across the teams?</li> <li>• Future proofing for north Bucks growth. Has this been accounted for?</li> </ul>
<b>F</b>	<ul style="list-style-type: none"> <li>• County boundaries not a barrier</li> <li>• Natural link to Milton Keynes</li> <li>• CATS – one go</li> <li>• BHT listening</li> <li>• New service would help Buckingham Hospital buzz</li> <li>• Future of Buckingham hospital</li> <li>• Hospital not close beds – keep overnight bed care</li> <li>• X-rays/Physiotherapy and consultants needed</li> <li>• CATS – Assessment service stakeholder group</li> <li>• County boundaries not a barrier. BHT will listen</li> <li>• Buckingham hospital needs to be properly used</li> <li>• Buckingham Hospital - Not accessible on foot, tired old building</li> <li>• Set up stakeholder group soon/now</li> <li>• Would make hospital buss and be fully utilised</li> <li>• Like additional services like Chemo and Dialysis added</li> </ul>	<ul style="list-style-type: none"> <li>• Too much jargon</li> <li>• Balance between love of building and need for services, parking/access etc.</li> <li>• Need bed provision but agnostic where</li> <li>• Transport</li> <li>• Need to make better communication of OOH/etc. sign posting</li> <li>• Link to general practice development BITS etc. Needs to be one service</li> <li>• Need to build in preventative services and make it louder in model</li> <li>• Strategic approach to role of voluntary sector in model</li> <li>• What is population footprint it is to serve. How do we make sure people in Winslow, Whitchurch etc. engaged</li> </ul>
<b>G</b>	<ul style="list-style-type: none"> <li>• Keep people out of hospital if at all possible</li> <li>• Multi-disciplinary clinics and assessment</li> <li>• Services out of SMH is good</li> <li>• Keep telling people/GPs what is available locally</li> </ul>	<ul style="list-style-type: none"> <li>• Discharging people too soon?</li> <li>• Disconnects between services and access</li> <li>• Mental health services should be included</li> <li>• Mustn't lose/need more convalescence post-acute care beds, but with a rehab focus</li> <li>• Want services in the centre of town and accessible if they are elsewhere</li> <li>• More money to attract carers etc.</li> </ul>

<p><b>H</b></p>	<ol style="list-style-type: none"> <li>1. Like all clinics being in hub and CATS</li> <li>2. Sounds ideal but how do we do it for here?</li> <li>3. Personalised and specialists closer to the community e.g. Parkinson's</li> <li>4. Shape it to what patient needs. Home or clinic</li> <li>5. Like CATS – also more community transport and access to</li> <li>6. League of friends want to do more – checks/applications</li> <li>7. Voluntary sector good but how will you fund it?</li> <li>8. Already have OPD clinics - want more range of days and access</li> <li>9. Outreach clinics – like idea of this</li> </ol> <ul style="list-style-type: none"> <li>• Dedicated transport for Buckingham important</li> </ul>	<ul style="list-style-type: none"> <li>• Transport and rurality</li> <li>• Who funds packages of care/social care?</li> <li>• Not sure what event was about – supported accommodation</li> <li>• How will you staff it?</li> <li>• MK closer to get to</li> <li>• How do hubs work for people discharged from hospital?</li> <li>• Big issue about what happening to beds!!! Buckingham community hospital beds not only for Buckingham</li> <li>• Factor in young families</li> <li>• Travel distance to specialists</li> <li>• Not at cost of losing inpatient beds</li> </ul>
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## **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 Buckingham from 2016:
- What is your vision for a community hub in Buckingham in 2018?

### **Group A**

- Access to basic diagnostics including x-ray, blood tests all with timely results
- Single point of access to services available – self referral of some services
- Access to physiotherapy, OT, Dietetics, Podiatry, emergency dental etc.
- Access to overnight beds for appropriate admissions 24/7 clear criteria
- Mental health services – access to
- Hub = 5 days a week (at least)
- Sufficient services in hub to enable access in timely manner (capacity v demand)
- Minor injury unit instead of travelling to MK or SMH
- Integrated Service – 8-8 (with social care) with integrated IT systems
- Outpatient clinic – consistent. Include BHT and MK consultants – needs to be easy flow
- Out of hours GP service
- Access to hub via disabled taxi. Especially for outlining villages (transport issue)
- Voluntary Sector involvement. Neighbourhood involvement – not formal. Informal training e.g. First aid

### **Group B**

- Falls prevention course with transport, community feel, social elements. This would help to keep people out of hospital. Well street centre
- A night time service is important. It can't just be built on a day model
- Needs to be co-designed. Integrated and fitting with primary care
- Clinical information which links with primary care use
- Primary care as gatekeepers for the hub
- Needs more focus on mental health. Should be part of community hub. Adolescent mental health too. Aftercare to support hub too. Full wheel
- Need more outpatients appointments
- Needs to be evidence based – look at current usage at SMH etc. to decide what outpatients appointments we need at Buckingham. Follow the data
- Need right balance between specialist and general support
- A system which provides care for carers and books people in for rest etc.

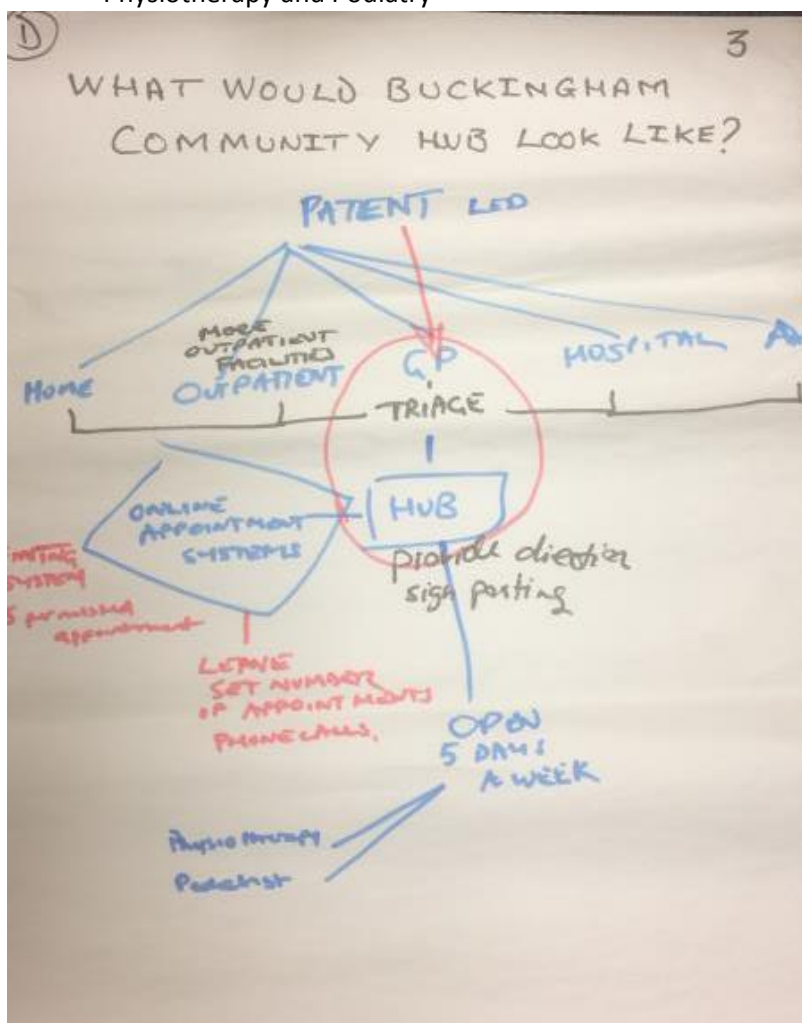
### **Group C**

- The hub is about bringing resources to Buckingham to better meet the demand
- The hub needs to be designed to meet the requirements of Buckingham's population. Not just copying Marlow and Thames Hubs
- The hub needs to provide services which can give patient centred care
- Seek to design services to resolve issues at the first point of contact, or as few steps as possible

- Measure outcomes against demand to identify the failures, waste and additional demands/needs

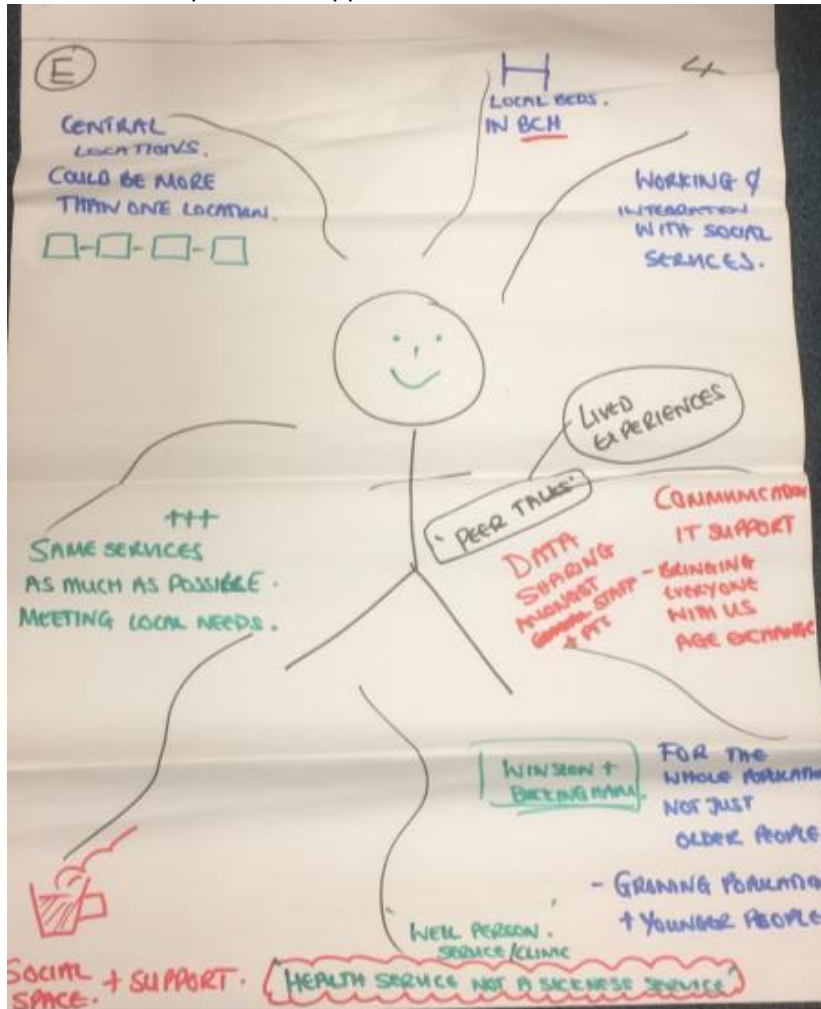
#### Group D -

- Patient led
- Home
- Outpatient – more outpatient facilities
- GP – Triage
- Hospital
- A&E
- Online appointment systems
- Hub
- Fining system - £5 per missed appointment
- Leave set number of appointments for phone calls
- Provide dietician sign posting
- Open 5 days a week
- Physiotherapy and Podiatry



#### Group E

- Central locations – could be more than one location
- Local beds in BCH
- Working and integration with social care
- Same services as much as possible meeting local needs
- Peer talks – lived experience
- Data sharing amongst staff and patients bringing everyone with us Age exchange
- Communication, IT Support
- For whole population not just older people
- Winslow and Buckingham
- Well person service/clinic – health service not a sickness service
- Social space and support



### Group F

- Informal support and space for people. Café, social isolation, carers, outreach
- Minor Injuries
- Signposting essential/single point of contact
- Chemo/dialysis, IV
- 24/7 access to care and emergency care
- Access to medication
- Single assessment/easy referral
- Overnight beds and nursing and care
- Technology to support care in home

- Integration for end of life care – Hospice and care at home
- Proactive care planning
- Score what children's services are needed – CAMHS, Dental etc.
- Integrate GP services
- Live well, stay well
- Model need to be fed by whole population modelling
- Social care in hub
- Education on self-care etc.
- Addiction

### Group G

- Minor injuries
- GP access drop in
- Beds
- Hub and hospital not necessarily in same place
- Outpatients
- Assessment – Multi disciplinary team
- If more GP's are out of town, is there enough room to rebuild a hub ( but not lose the GP connection)
- Leave something in town including a GP
- Equipment e.g. crutches
- Social space might not be as important because quite a lot already going on – maybe use those that exist already e.g. library (unless facility out of town then would benefit from having a social space)
- Mental health services especially for younger people

### Group H

- Dedicated transport to and from hub
- Mobile team outreach to people's homes
- Access to specialist teams – Neurology – PD, MS, MND etc.
- Care navigator for carers and patients. Single point of access – informal and advice
- Benefits/CAB
- See number of people/services when go to hub – Social area, young people's services, Age concern. Hairdressers, befrienders
- Where will it be? Slide from presentation of what asked for – joined up teams especially with border
- Assessment services
- Medication reviews and geriatrician/frailty GP
- Access to medical reviews between organisations
- Consultant clinics using video conferencing – specialist/GPs
- Need to review how you are informing public of events