



your community,
your care
developing community hubs

Report of public engagement event

CHALFONT

30TH 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 Chalfont public event.

Participant profile:

- 38 attended
- 2 of those booked represented key partners GPs, CCG or County Council.
- 8 of those booked represented stakeholder organisations such as voluntary charitable and key patient/carer support organisations.

Equality monitoring data:

35 out of 38 attendees filled out an equality monitoring form. Some highlights are shown below:

- 24 Females and 12 males attended this event
- 11 considered themselves to have a disability or long term health condition
- 30 identified themselves as White British

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 Chalfont residents in 2016

Key findings:

- Chalfont and Gerrard's Cross Community hospital site could be developed to become a community hub
- Lack of access to public transport was a concern
- It was important to further engage local voluntary sector organisations and League of friends, along with the local community
- Signposting to local services including Buckinghamshire Healthcare Trust services but also Buckingham County Council, Clinical Commissioning Groups, Social services and local voluntary organisations
- Participants wanted more focus on prevention and general health management
- Using the current Marlow and Thame model, Chalfont would like to these services developed locally along with additional diagnostic testing

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 are you concerned about?

Group	Content liked	Concerns
A	<ul style="list-style-type: none"> • Rapid response • Integrated team • Arranging care • OOH 111 • More outpatient clinics • Standardised approach to signposting and support training 	<ul style="list-style-type: none"> • Access to patient information e.g. Use GP system – summary care records, same info/consent required • Care home beds as transitional beds • Convalescent beds – not in care homes
B	<ul style="list-style-type: none"> • More diagnostics the better • Multi-disciplinary beds a positive • Immediate blood tests • Important for those with transport issues to have care closer to home • Outpatients close to home 	<ul style="list-style-type: none"> • Rooms cluttered with records. Space could be used in other ways • Resources are a barrier for voluntary services to offer more for the hubs • Communication with future planning and coordinators eg. League of friends • Concerns regarding staff to deliver diagnostics. Shortage of radiographers • Concern regarding consistency of referrals – depends on who you get • Chalfont fully between several sites – Wycombe, Wexham • Simplify access by telephone rather than multiple numbers for each dept • Signposting and coordination needs addressing and to include voluntary sector and councils etc.
C	<ul style="list-style-type: none"> • Same day results • Wrap around care • Continuity between professionals • Working with PPG 	<ul style="list-style-type: none"> • Transport to the hub • Reporting back on test results • More specialists needed • Blocking acute beds

	<ul style="list-style-type: none"> • More home visits • Outreach clinics • One stop shop 	<ul style="list-style-type: none"> • GP wait times (CSG) • 24/7? GP/Pharmacy • P.M not referred to Marlow • Social prescribing – missed opportunity • Communication too isolated • More home visits
D	<ul style="list-style-type: none"> • Reduced hospital visits/stays • More treatment at home • The concept is a good one • Transport links urgent • Local engagement • Plus point- looking at what patients want and where • Specialist referral system good • Accessing help is very difficult for new patients. Help with this would be good • Continuity of service and delivery • Rapid response locally • Shared information • Working more closely with care home beds not if community inpatient beds are lost 	<ul style="list-style-type: none"> • How do you get to know about the hub? Would you have to be referred to it? • Communication to everyone • Geographical hub (signposting) • Coverage across boundaries • Reduced local presence • Referrals? • Inter services communication • Clarity of patients files and health professionals ability to interpret it • Appointment availability and continuity • Access for socially isolated people • Children’s services • Accessing mental support in an emergency • Transport • Communications • Availability • Transport – greater distance to hub than GP • Parking costs
E	<ul style="list-style-type: none"> • Hubs local to people • Local access • Rapid access • Flexible to local needs • Rapid access to services and assessment • Not going from pillar to post • MDT working 	<ul style="list-style-type: none"> • Communication and IT • Roles of Healthwatch to signpost these services • The public are not aware • Unsure how GP’s are being brought into the programme • Need more emphasis on IT and Communications • Need better signposting • Would have liked more ideas how our local hospital would

	<ul style="list-style-type: none"> • Integrated team work • Increased role of paramedics in assessing patients – not only GP's to access service • Will GPs cope? • Single point of access via GP • Right place of care for people • Like GP as triage and point of access • Keeps patients out of hospital • Results on the day • Getting blood tests there and then • Variety of services • Range of services available sound very impressive and comprehensive • Good working with community groups but slow progress 	<p>operate as a hub</p> <ul style="list-style-type: none"> • What does this mean for Chalfont? • Inadequate engagement with voluntary sector • Hubs on a page • Not just medical • Slight mention of mental health, dementia • Do we have the staff and skills needed? • Does integration work? • What about social care? • GP referral could delay in getting an appointment • Varied quality of receptionists – some act as barriers • Is there an age limit? Clarity • Need more care for carers
F	<ul style="list-style-type: none"> • Listening to patients and centring care around them • Personalised care – but is this sustainable in the future? (Money etc.) • Holistic assessments very good • Integrated care • Quick diagnostics • Transport also helpful • Integration with social services this needs to be decided based on what community wants most 	<ul style="list-style-type: none"> • Once you are in the system it works but primary care is stretched too and getting into the GP for appointments is a problem. How will the GPs be supported to give access to this hub if they are busy too? • What is the scope of the hub? How many disciplines will it cover? (e.g. Ophthalmology, mental health etc.) • How do we move from crisis management with elderly people (like Jean) to wellbeing and prevention • Still need more communication with population about what is available and services and costs. We don't know what is out there. • Who is delivering the service? (NHS or third party) How are third party held to account to deliver same standard as NHS and not cut corners? • How are interacting and engaging with other generations (e.g. 40-60's) who don't engage in forums like this? • Section of population (e.g. Vulnerable people in social care) how reaching those?

		<ul style="list-style-type: none">• Need to look at GP practice attached services – in same space• Used to be multi agency meetings e.g. Paradigm housing, GP, social services etc. – these are needed to identify problems before they escalate
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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 Chalfont from 2016:
- What is your vision for a community hub in Chalfont in 2018?

Group A

- Expansion of current services
- Wider health/carer support
- Refine from previous work – who do we call
- Bones of Hub - Chalfont and Gerrards Cross as the hub, league of friends add support
- Physiotherapy
- Phlebotomy – not sufficient, not everyday
- Pain Management
- X-Ray
- Limited diagnostic – expand these services
- Dementia friendly coffee mornings
- Outpatients clinics
- Diabetic day
- Carers Group
- Podiatry
- Convalescence Beds
- Mental health/hub support
- Dietician clinic
- Nail cutting – voluntary sector
- Access from outside the area
- Tissue Viability clinics – leg ulcer management

Group B

- CATS – Extend to health checks for adults with learning difficulties
- Physiotherapy
- OT and rehab
- Maintenance
- Voluntary services – if space allows, great to have at hub in one place
- Miscellaneous – Transport needs to be addressed
- Self-referrals for long term conditions#
- One website, one phone number to access all services – council, BHT, GPs, Mental health including voluntary
- Social space e.g. young mums
- Work with voluntary sector to make sure design is e.g. dementia friendly
- Diagnostics
 - Better use of existing equipment e.g. X-ray
 - Immediate blood tests with results
 - Ultrasound
- More outpatient clinics and space for them

- Audiology
- Urology
- Podiatry
- Chemotherapy
- Blood transfusions
- Rheumatology
- Dermatology
- Breast Feeding clinics

Group C

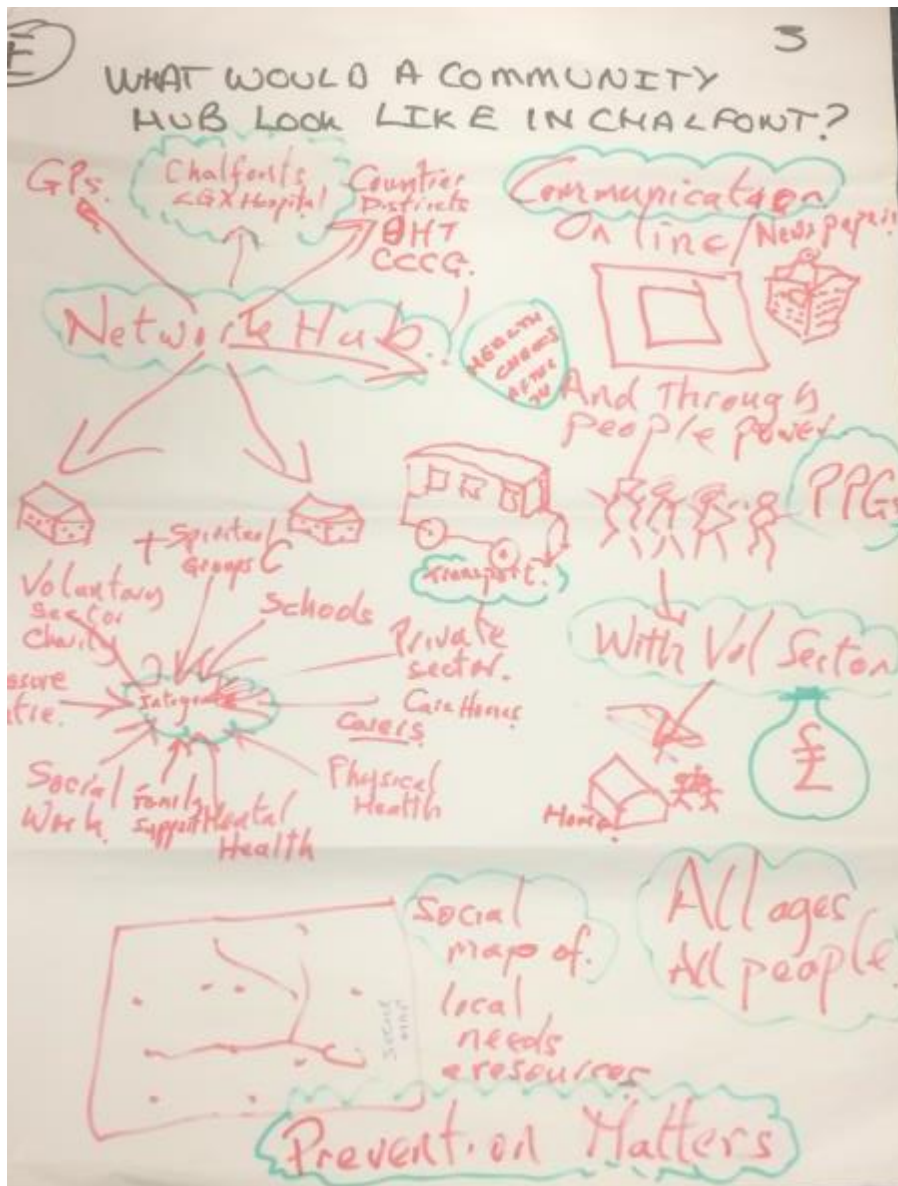
- Services from Marlow and Thame replicated in Chalfont
- Podiatry out to homes
- Minor injuries
- 24/7 Pharmacy
- Dressing/Wound care
- Transitional Beds
- Information/Marketing hub
- Social prescribing
- Benefits advice/form filling
- PPGs
- Charity groups (Bereavement UK, Carers Bucks)
- Medication advice
- Consultant to visit hub
- Test results
- Parking (Free!)
- Mental and Physical

Group D -

Not recorded

Group E

- Network hub – Chalfont and Gerrards Cross hospital, GPs, CCG, District Councils etc.
- Communication – online, newspapers, health checks after 74, and through people power – PPGs
- Integrate – Voluntary sector/Charities, Spiritual groups, schools, private sector, care homes, carers, mental health, family support, social work, leisure centre
- Transport
- Social map of local needs and resources
- Prevention Matters
- All ages, All people!



Group F

- Diagnostic Scanning and imaging machinery which could be shared amongst the hubs – mobile (e.g. Like breast scanning unit)
- Based on evidence of what residents currently use in acute
- Walk in centre (like in Milton Keynes)
- Minor surgery
- Local 24hr contact service
- Wellbeing clinic covering nutrition, blood pressure checks, falls prevention etc. annual health MOT – well-being and prevention rather than crisis management
- Movement classes to implement exercises
- Building up the PT provision (long waiting lists currently)
- Similar to Thame and Marlow but crucially with flexibility to meet local demands
- Transport is essential – how can we make it accessible?
- Using our existing hospital and site for this hub. It's central, next to GP's, accessible for residents, has parking. Has lots of room. Develop consultant clinics there