



your community,
your care
developing community hubs

Report of public engagement event

MARLOW

1st 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 Marlow public event.

Participant profile:

- 25 attended
- 3 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.

15 out of 25 attendees filled out an equality monitoring form.

- 12 Females and 3 males attended this event
- 2 considered themselves to have a disability or long term health condition
- 11 identified themselves as White British
- 10 describe their sexual orientation as heterosexual

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 Marlow residents in 2016

Key findings

- The community hub in Marlow is working well and local residents would like to see more services developed to the existing services currently offered
- The local community is currently benefiting from the Marlow Community hub
- Current appointments are giving patients time to discuss their concerns with specialists in an intimate, very personal space
- Rapid access to testing very useful
- Communication about services being offered at the hub need to be improved both with local communities but also local GP surgeries

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 concerns do you have?

Group	Content liked	Concerns
A	<ul style="list-style-type: none"> • Rapid access • One stop shop • Follow up visits at home • Multi-disciplinary team • Holistic approach • Linking with local voluntary groups • Impressive number of patients seen improving reach of healthcare 	<ul style="list-style-type: none"> • Transport to the hub • Support – advertising • 3 year funding for set up • Sustainability of volunteers to operate a scheme • Have we out in extra step or can patients be referred straight to hospital? • Use of parish magazines to advertise • Communications – people not knowing about services both patients and GPs • Administration – delays in getting letters and can't get through to phone lines
B	<ul style="list-style-type: none"> • Seeing more Marlow resident patients • Get non clinician involved – Marketing, Communications, Logistics, Transport • Variety of treatments and therapists • Good/ pleasant environment for the services, light and bright • Local access • Time with GP • Variety of services – fast access • Management of care all in one place • Idea of joined up working • Pleasant staff 	<ul style="list-style-type: none"> • Communication • Accessibility – transport • Coordination • What is the silver phone? • Local organisations making use • What will change when we progress past a pilot • Social services • What/who regulates if too many people start being referred • Building and facilities access

C	<ul style="list-style-type: none"> • Liaison between OP board and GPs – Governance group • Trying to find solutions to help community lead better lives, improve health • In an ideal world with unlimited resources it would be wonderful, unfortunately need will put pressure on already stretched resources • Paramedics doing home visits • Great space for community services • Stakeholders and PPG representation • Integrated services 	<ul style="list-style-type: none"> • Duplicating services already available elsewhere • More preventative services within hub before someone is ill or has a fall • Who is coordinating with voluntary services sector to be present in the hub • Health not connecting patients with voluntary sector • Where do people go who need beds at Marlow hospital? • Transport • Not using more technology – Skype, Apps etc. • Not enough joined up working with health and well being • Do GPs like and use the system? • What does a successful hub look like and how will you measure this? • Who can the community feed their thoughts and ideas back to for the Marlow hub? • How is the hub going to raise awareness of it's services and not just with GPs? • How do you access rapid response?
D	<ul style="list-style-type: none"> • Made good strides in a year • We like the holistic assessment process • CATS working well but what about everyone else? • Concept is great – good use for the hospital building • Communication – Patients do not know what is available, who knows what services are available? Do GPs know what they can refer? • Transport can be organised through the hub • GP's not aware of hubs or understand services available for patients 	<ul style="list-style-type: none"> • Wrexham Park delayed discharges. How can the hubs help? • Social workers in hubs • More regular updates • Use those interested – Healthwatch • Access to the hub can be done differently
E	<ul style="list-style-type: none"> • Like it in Marlow if you live here • I like the idea • Awareness – Papers, library, flyers, churches, coffee mornings • Flyer in doctors surgeries 	<ul style="list-style-type: none"> • Don't know what you do – rooms free • Be upfront and honest about what is going to happen • Possibly transparent update!!?? • Transport service needed

	<ul style="list-style-type: none"> • GP's need to know what is in hubs – not up to public to raise awareness 	<ul style="list-style-type: none"> • In Marlow, you hardly ever see the same doctor each visit • Lack of true disability access • Please can we swap the hub in Marlow to the old day hospital which was purpose built for older people • Not enough information about what the hub does • Population of Marlow growing – parking will become an issue • What services are available to me? • Transport – drivers, escorts, disability access • First heard about it • Slopes up to CATS entrance difficult as is parking for disabled person
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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 Marlow from 2016:
- What is your vision for a community hub in Marlow in 2018?

Group A

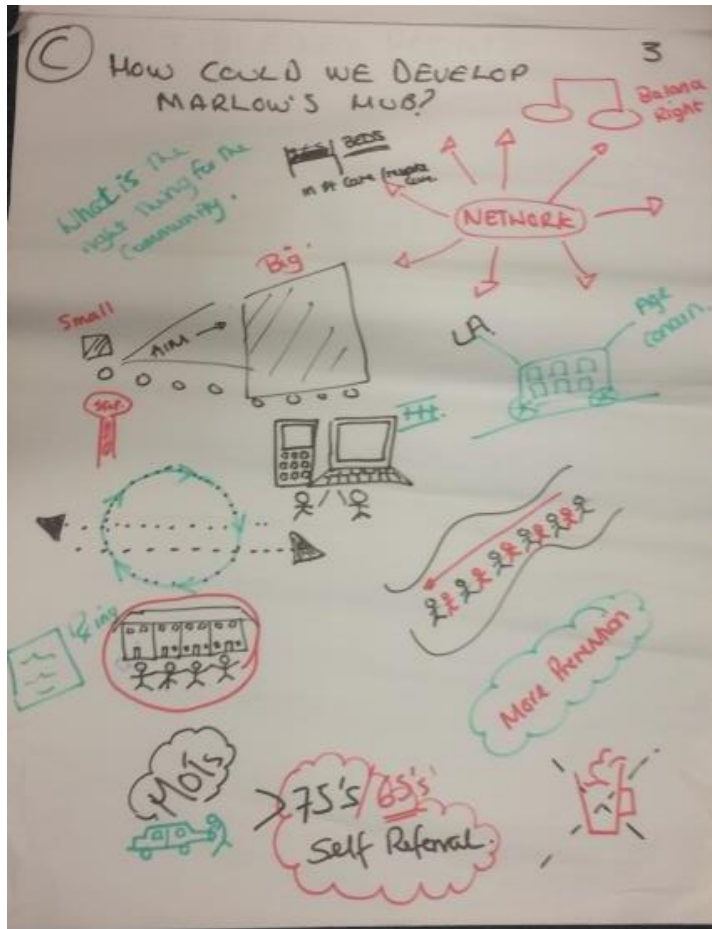
- Dementia café
- Death café (examples in Wandsworth)
- Crisis café
- Health and well being
- Excellent administration services
- Rapid access
- One stop shop
- Holistic approach
- Future visits at home
- Review estate of health centre and community hospital – how can they align and become part of one service
- Use parish magazine
- Marketing of service – see the Hub as a brand
- Signposting to relevant voluntary services
- Improve transport links to hubs – for some patients it is easier to get to Wycombe
- Use of IT for specialist opinion when patient is at hub
- Mobile meeting service like the Library service

Group B

- Communication and raising awareness
- Further targeting of GPs – keep going and phishing to raise awareness
- Speak to Marlow community to spread the word – how to refer, what services available
- Libraries, notice boards, Marlow news
- Ensure people have a good experience when they come
- Coordinator role – accessible to public – patients, transport, voluntary/facility
- Development of services
 - Diabetic clinic
 - Breathing/Asthma
 - Hearing
 - Memory clinic
 - Development and involvement of voluntary services – having their own identity in the hub
 - Engagement and communication with all BHT community teams
 - DWP – for attendance allowance
 - Age UK
 - Social space – preventing social isolation
 - Voluntary transport

Group C

- What is the right thing for the community?
- In patient care beds/respice care
- Network – balance right
- Small aim big
- One stop shop
- Age concern – mobile units
- More prevention
- Self-referrals for over 65's



Group D –

- Can other key people in a community refer into the hub – silver phone e.g. a church – minister, pastoral care?
- Those knowing about frail elderly in the community
- Can the hubs work with homeless connection in Wycombe? If they don't have GP's (night shelter)
- Can the model of the hub be rolled out in other areas?
- To include social prescribing – groups, avoid isolation, coping with loss
- Linking with strong groups already existing locally – W.I
- Link with the library
- Start a mailing list of strong community
- IV 5 days a week please

- Webpages – healthy Marlow
- Groups that run e.g. Dementia care group – can someone go and chat to these groups to inform them of the hubs?
- Patient participation groups x4 per year can BHT talk to these?

Group E

- Dementia groups
- Diabetic groups
- More availability of x-ray
- Patient centred care
- Continuity of care
- MRI – diagnostic testing
- ECGs in Marlow
- Ear syringing
- Hearing testing
- Varicose veins tripping
- Not video conferencing for patients
- Staffing to support the clinics
- Endoscopy clinics
- Social café to go to between clinics/appointments
- Care navigators
- OOH access 7 days a week
- See number of specialists at the same time
- Self-referral
- Information/advice desk/leaflets
- CAB
- Social care access and assessments
- Parking – accessible to disabled too
- Young and old audience