



your community,
your care
developing community hubs

Report of public engagement event

THAME

12th 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 Thame public event.

Participant profile:

- 26 attended
- 5 of those booked represented key partners GPs, CCG or County Council.

20 out of 26 attendees filled out an equality monitoring form.

- 13 Females and 6 males attended this event
- 3 considered themselves to have a disability or long term health condition
- 18 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 Thame residents in 2016

Key findings

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. Some initial key themes from the feedback for Thame are:-

- Participants were very supportive of the current hub and wishes to see it expanded to include more services
- Transport was an issue with lack of access to public or voluntary service organisations providing transport a potential barrier to accessing the hub
- More social activities which could also combine with voluntary sector organisations would enhance the current CATS and OT services
- More needed to be done to raise awareness of the hub with public and GPs
- Work needs to continue with border organisations such as Oxford Health

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"> • More local services allowing better communication between different healthcare professionals • Like the idea of self-referral • Amount of time spent with each patient for assessment • Range of services reflects local need • Working in a more integrated way with Oxford Healthcare • Engagement with the community • Key role of community with development – wide spread of views and people • Range of services offered – evolving • Good to see the ideas of 2016 being tested in practice and developed – well done 	<ul style="list-style-type: none"> • Did you plan to offer Chemo in Thame? • I'd like to know how community nursing teams are organised/take referrals etc.? • Are the hubs services explained at waiting room television displays? • Cross country info sharing on patient held records • What happens after the pilot? Will there be another £1m to fund after April 2018? • Are all GPs informed about facilities on offer at hubs? • Where are future hubs planned in Bucks (negotiate with next door counties) • Are all GPs signed up? How to encourage late adopters? • Oxfordshire/Buckinghamshire boarder • Speed of full development to achieve coverage
B	<ul style="list-style-type: none"> • Managed fears of change • Reduced admissions • Ability to try something new • Point of care testing • Always a friendly welcome from receptionists when they are there • Local clinics (as now, could be more) • Joined up care closer to home for elderly • Physiotherapy and rehab clinic in hub marvellous and very well managed 	<ul style="list-style-type: none"> • Communication – lack of with everyone • Communication with GPs and other service providers • GP referrals • IT solutions • Remind GPs to use the hub • Interactive map of services needed (not just electrical) • Better, straight communication needed around Thame as to what the hub can do for residents • Better communication including day centre and physical signage • What links with day centre are there?

	<ul style="list-style-type: none"> • Day hospital and physiotherapy and other clinic run by hub 	<ul style="list-style-type: none"> • Haven't mentioned other service offered in Thame already • What happens if you need a community hospital bed? No local beds! • Car parking is an increasing issue around the hub • Curing the GPs. "We've always done it that way" • More services on offer – ultrasound, X-ray, Image intensifier • Joined up including Bucks County council and Oxford County council • What reason is there for not using Oxford facilities for referrals?
C	<ul style="list-style-type: none"> • Plans to work more closely with the voluntary sector • Plans to accept self-referrals and referrals from other agencies • Excited about plan or possibility of offering Chemo at Thame hub • Maybe have the Chemo as part of the pilot? 	<ul style="list-style-type: none"> • Overnight support when rehabilitating • Aging population - long term financial issue • Continuing healthcare funding – think it's unfair how some people get it and some don't • Not well promoted – not aware of hub in Thame • Communication between services at the hub particularly voluntary sector • Problems with Trinity health centre and Rycote surgery - Oxford/Bucks boundaries • Muddle felt by people not understanding who is responsible for social services, healthcare homes and hub • Complexity around clustering of GPs and what it means with regards to appointments within hub • We need to talk more to Oxford Uni Hospitals e.g. for Chemo. Patients have to travel to Oxford when it could be done in Thame? How can we make this happen? • Not well advertised – the hub in Thame within the community
D	<ul style="list-style-type: none"> • No point in a hub unless people can get there. What about transport for the elderly? • Specialists introduced so far as good – falls clinic • Impressive progress in meeting geriatric needs • Seeing a physiotherapist in Thame • Day Hospital centre 	<ul style="list-style-type: none"> • Concern that local means local transport • Concern about relationship between Oxford and BHT to ensure comprehensiveness • We need an overall national plan for specialities to be available everywhere • Beds required for respite care, return to home plans and include

	<ul style="list-style-type: none">• Falls support – identify why this is happening now, prevention• Chemo to be available in Thame please• Cattle ground has 20 bed facility that can't be moved	family <ul style="list-style-type: none">• Thame hospital should be used for whole community• More publicity – look at the turn out to this evenings event!
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Exercise 2 – Participants were asked:

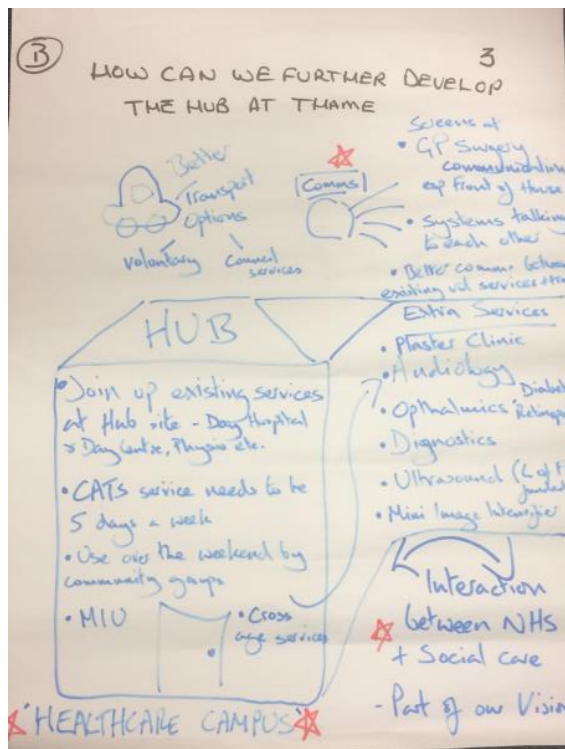
- Taking into account what you have heard about the pilot hubs, and looking at your vision for a community hub in Thame from 2016:
- What is your vision for a community hub in Thame in 2018?

Group A

- Ensuring that all information on the patient can be accessed by all – info, test results etc.
- Multi use buildings – rent out in evenings
- Make the building user friendly – places people want to go
- Focus on health education/ self-management
- Patients are the centre but GPs defining their needs too
- Help people understand the range of services available – health, social care, voluntary sector
- Services that prevent people having lengthy journeys
- More consultant led clinics
- Social prescribing coordinator

Group B

- Better transport options – Voluntary, council services
- Communications – Screens at GP surgeries, front of house, systems talking to each other, better communications between existing voluntary services
- Hub – joined up existing services at hub site – day hospital and day centre, physiotherapy etc. CATS service needs to be 5 days a week, used over the weekend by community groups, MIU cross age services
- Extra services – Plaster clinic, Audiology, ophthalmology, diabetes, diagnostics, ultrasound (League of friends), Mini image intensifier
- Interaction between NHS and Social care part of our vision
- Healthcare Campus



Group C

- More self-referral opportunities
- Minor injuries – out of hours
- Social space – can see it might help the information sharing, finding people e.g. Prevention Matters
- More communication, advertising for all sorts of services (multi-sensory)
- Signposting – GP surgery, Libraries, pharmacies
- Chemo
- Advice and support post discharge from hospital
- Don't forget the "middle" i.e. not just for young or elderly
- Will a new building be required?
- Maybe more out of hours for those who work
- Sort referral to support online

Group D –

- More specialisation of services
- More publicity of the hub
- Provision of community transport for patients
- What's Henley got?
- Marlow services too
- Convenient car parking
- Local services for all local people
- Parkinson's and Dementia
- Removal of county boundary conflicts
- Physiological support services
- Reaching out to people through local paper/radio/social media
- Concentrate on new people – estate agents, pharmacists, NCT groups, Schools, Gyms