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Bringing care closer to home.

Stakeholder views on community hubs

'They turned me from being a patient back into being a person'

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 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

Methodology

The involvement and engagement team gathered the views of 329 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, attended by 168 members of the public
- Sessions with 123 members of voluntary sector service user groups, and a patient participation group

This was in addition to the public and community group meetings the Trust was invited to present at and events it held or attended such as the community hub open days (which over 100 people attended each time) and local market stalls, in which there was more general discussion and information giving.

Key findings:

- The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review
- Patients and the public wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas
- All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential
- Levels of awareness of the hubs was low amongst both patients and GPs

- Transport was highlighted as an issue, with the lack of community transport to the hubs potentially a barrier to access for some patients

Key recommendations from public and stakeholder engagement:

Current hubs

- Raise awareness of the current hubs with public and GPs, in part through clearer branding
- Increase the service to at least five days per week at both sites
- Review the current referral process with GPs, and consider expanding the process to self-referral
- Ensure better co-ordination of the different services operating within the hubs
- Work towards changing the environment within the community hospital settings of the hubs to become more clinic like, to provide better facilities for partner organisations to provide their services, and to be dementia and learning disability friendly
- Mobilise a wider range of outpatient clinics

Roll out of hubs model

- Roll out model across Buckinghamshire, including utilising the Trust's existing bases in Buckingham, Chalfont and Amersham, and considering a range of options tailored to need in different areas, such as mobile units
- Ensure effective joint working across health and social care and with voluntary sector
- Consider how pubic and community transport to hubs could be improved
- Provide signposting to other public and voluntary sector support services

Contents

1. Introduction

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. In 2016 the Trust conducted an extensive public and patient engagement exercise to find out what people wanted from a community hub. The key findings were that patients and the public wanted:

- Rapid access to testing
- Earlier signposting to health and care services-a single point of access
- Joined up teams across the system
- A full range of therapy services
- Health and wellbeing function, enhancing self-management and providing education
- A sociable space with a café
- A base from which skilled staff can work in the community
- More outpatient clinics locally
- Virtual networks providing information for patients supported by excellent technology
- More information shared between organisations to improve patient care

The findings informed the development of the pilot hubs. Between September 2017 and March 2018 the Trust conducted further stakeholder engagement. 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

Methodology

The involvement and engagement team gathered the views of 329 stakeholders using a variety of methods:

- Focus groups with 28 current 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, attended by 168 members of the public
- Sessions with 123 service users from the following organisations; Alzheimer's Society, Bucks Vision, Haddenham Carers, Macular Degeneration Society, Talkback, and Rectory Road patients group

This report details the views and recommendations of the above stakeholders. In addition the Trust was invited to present at events and community meetings, it held successful community hubs open days (which over 100 people attended each time) and displayed at local market stalls, where there was more general discussion and information giving.

2. Patient views of the community hubs

Introduction

Views of patients who had used the hub were sought as part of the wider stakeholder engagement exercise to inform the Trust's plans for bringing care closer to home across Buckinghamshire. The aim of the patient engagement was to get feedback from patients involved in the pilots to inform on going service development

Methodology

All patients who had used the community assessment and treatment service in Marlow and Thame community hubs in its first 6 months of operation, and a sample of patients who had attended outpatient appointments were contacted. Two focus groups were held, one in Marlow and one in Thame. The following questions were asked:

Could you briefly describe your experience of being a patient at the hub? What went well? What went less well?

- What could we do that would have improved your experience?
- Did life at home become easier after the service you received at the hub?
- From your experience of being a patient here, do you think the hub is doing what it set out to do?
- What other services would you like to see provided at the community hub?

Participant profile

There were 28 participants in total, 21 at the Marlow event and 7 at the Thame event. 23 of the 28 people who attended completed and returned their equality monitoring form. Of those:

- 7 were males and 16 females
- The ranged in age from 65 – 80 years plus groups with the larger number being in the 65-79 age groups.
- 21 of those who responded classified themselves as white British

Discussion results

Could you briefly describe your experience of being a patient at the hub? What went well? What went less well?

In Marlow the experience of being a patient at the hub had been a very positive one for all of the participants. The holistic, 'one-stop-shop' nature of the service, being given the time to see a range of clinicians, and talk their case through, was seen to have great benefit.

- *'I was extremely satisfied with everything, I thought the team were brilliant, the comprehensive review of my condition, made me understand what was going on, after months of pain and restricted mobility. I have nothing but praise. It brought it all together, in the round. Up to then it was ad hoc, you went to the doctor when you needed a doctor, you went to minor injuries, you went to A&E if you had a fall. I felt I was a person, not a patient'*

- *'A one stop shop as mum said, we came in we saw a doctor a nurse, a physio you had an x-ray while you were here you got the results while you were here'*

- *'What was really nice was to be able to talk to them, be told things I've been trying to find out for weeks'*

- *'Everybody was so good, they had brought in a doctor who specialised in my condition, and other people coming in and saying how could they help me, escorted everywhere, whereas at Wycombe you go to one department then you are sent downstairs, here it was all compact'*

- *'They turned me from a patient back into being a person'*

Patients appreciated the speed with which they were able to be referred in to the service

- *'I was asked, can you get to Marlow 2 o'clock on Monday. You'll get a letter tomorrow, this was Friday, I did get the letter and we were here on Monday'*

- *'The paramedic came to see me on Thursday and I was here on Friday'*

Patients felt the attitude and care delivered by staff was excellent, both to patients and to carers

- *'The nurse took me everywhere to the x-rays and everything, as we sat there different people came in, physio came in, I found it absolutely incredible'*

- *'The service I received from the receptionist through the doctor and all the nurses were first class. I was so impressed. I went away very boosted up'*

- *'Usually they don't care about you,(the carer) but here it was lovely they kept asking how I was'*

For some participants in Marlow there was a clear sense that the service had helped to avoid hospital admission, for example:

- *'There is always the fear of being admitted to hospital, to come here and essentially get everything in one hit is much better, even if you went into hospital you wouldn't get things sorted out as quickly and efficiently as we have here, you spend so much time waiting in A&E and go to ward and nothing actually happens, here in just a few hours we got a lot sorted out, we got referred to the speech and language lady who came to see dad at home, for us it probably saved a hospital admission'*

In Thame patients who had attended outpatient appointments appreciated being treated closer to home, in terms of convenience, speed, and for one participant to avoid a hospital stay:

'I came to outpatients to see the chest doctor. I'm obviously in Thame, I don't have to travel. I've also used district nurses that come in, because normally I have to go into hospital, I stayed in 5 days the last time. They came to my home twice a day. But yes the outpatients bit is brilliant'

'I was here for all of 10 minutes I came to see my surgeon following surgery in March found it easy to park , I wasn't kept waiting at all I was in and out in 10 minutes'

Patients appreciated the full assessment they received:

'Very good came to improve to not fall down there was a physio they were all excellent especially the physio, it was all very good. Very good all of it'

'I thought it was super. At least they assessed me'

In Thame a number of patients spoke about not knowing why they had been referred to the hub. It had not been explained by the GP. They simply received an appointment in the post and only understood what the appointment was for once they attended.

'I didn't know what I was coming to when I came here; I have an on-going muscle condition for last 20 odd years. I'd seen my doctor because I had a lot more problems then I got a call about coming here so I thought there was somebody here a specialist, to look at some other forms of the muscle problem. I didn't know what it was until I got here. I didn't know it was a collective assessment so to speak, going around lots of people. Nobody was a specialist but they were all interested and took notes. I didn't get much advantage from it.'

'Thame rang me and said aren't you coming? I said where and they said I was booked for Thame, no communication. I didn't realise what I was coming for. Halfway through the assessment I realised what it was for, although I had severe falls it was to assess what I could do , with my brain especially. I thought it was to see what was wrong with my bones, I have osteoporosis you know'

'Were the doctors made aware of all of these things going on here, it just seems odd that several of us didn't know why we were coming here? It wasn't like someone at the surgery said do you want to see somebody about falls or anything like that, I just had a letter'

What could we do that would have improved your experience?

In Marlow having access to transport to the community hub was the main thing that would improve some patients' experience of the community hub. Most were reliant on friends or relatives as public and community transport options were very limited or unavailable.

- *'In time transport may become an issue for most of us'*

- *'My neighbour was able to drive me, but transport is an issue'*

- *'Transport is the biggest problem, it is a nightmare'*

One patient had to be transferred to Wycombe as she needed an IV. Her experience would have been improved if the hub was open all week and had the correct equipment to allow her to be treated closer to home.

In Thame participants felt that more could be done to make the community in Thame aware of the hub:

'I didn't know this was here, I mean I live on the doorstep'

'How would people get to know that it was here? There's no information anywhere, not even in the doctor's surgery, to tell you this kind of thing is available. If you are seriously ill the doctor will put himself out to tell you what is available, but people on the sort of borders of things, this sort of thing would help them not get any worse than they are if they knew it was available'

Did life at home become easier after the service you received at the hub?

Many of the patients had seen a significant improvement to their quality of life in the time since they had been seen at the hub. One of the things that had an impact was the opportunity to have someone review all of their medication, in several instances leading to a reduction or change in medication, that the patient felt had been very beneficial.

- *'Within a month Dr Johnson had changed all my medication and I felt on top of the world'*

- *'The change of medication made such a difference'*

- *'Medication, having a second opinion, they said, you might not need this anymore. They took me off two lots of drugs'*

Several patients had someone visit them at home to assess their need for aids and to provide practical advice following their visit to the hub. This had improved their quality of life.

'A lady came to my house she asked how I got off the loo I said I just hang onto the door, she said you don't want to do that, she got me a handle'

'The aids around the bathroom, they have been so helpful, my wife knows I can be left safely'

'Sometimes I can't walk at all and problems getting up and out of chairs so she gave me a loo seat with a handle that was helpful, which they delivered the next day actually'

'The two nurses came down and they brought me a wheel about trolley so I could wheel my meals around. I don't know what made me fall, I fell in the garden, they told me to do away with my rugs you know, because you can trip over them of course, that and the handle for my loo, it was very useful'

'The advice I received from the nurses, they were concentrating on my arm which I broke, they gave me quite a few exercises I hadn't done before. I had my plaster off at Wycombe and they said I could go there for physio, but of course I can't get there every day, you can't get to' Wycombe unless you have transport and of course I don't have transport. The nurses told me extra bits which they hadn't told me at Wycombe which was a great help'

From your experience of being a patient here, do you think the hub is doing what it set out to do?

Patients were asked how they felt the hub was performing in relation to the 10 criteria that patients and public had identified as what they wanted from a community hub in the original public engagement events.

Marlow:

Criteria	Patient experience
Rapid access to testing	Patients felt this was working well. Participants had had blood tests and x-rays and received results on the day
Earlier signposting to health and care – single point of access	Participants had not experienced this
Joined up teams across the system	It was felt the teams within the hub worked well together.
A full range of therapy services	Patients had felt they received a range of interventions. One patient felt she would have benefitted from seeing a podiatrist experienced in dealing with complications from diabetes
Health and wellbeing function enhancing self-management and providing education	Patients had not seen evidence of this, one participant who had diabetes felt control of her condition had been taken out of her control since she used the hub, with nurses visiting her at home to test her and provide insulin
A sociable space with a café	This was not seen as a priority by those present. It was felt that Marlow had enough café's and that a number of organisations also provided this kind of service for older people.
A base from which skilled staff can work in the community	Participants had experience of this working well, with staff coming to their homes to assess their need for aids and providing advice
More outpatient clinics locally	As CATS patients, participants had not experienced this but could see from the list that it was happening. Questions were asked about whether people could be referred by their doctor to the clinics
Virtual networks providing info – supported by excellent technology	Participants did not see this as a priority
More info shared between organisations to improve patient care	It was felt this could be done better. It was felt that more could be done to publicise the hub.

Thame:

Criteria	Patient experience
Rapid access to testing	Participants had not experienced this
Earlier signposting to health and care – single point of access	Not experienced this
Joined up teams across the system	Not experienced this
A full range of therapy services	Those who had a CATs assessment had experienced this

Health and wellbeing function enhancing self-management and providing education	Not experienced this
A sociable space with a café	Participants did not see this as a priority as there were a number of cafes in the town
A base from which skilled staff can work in the community	Participants had experienced this, with community staff visiting them at home
More outpatient clinics locally	Participants had seen the benefits of having outpatient appointments closer to home
Virtual networks providing info – supported by excellent technology	This was not viewed as a priority for this patient group
More info shared between organisations to improve patient care	Participants felt this was not happening effectively

What other services would you like to see provided at the community hub?

- Access to public or community transport for those living outside Marlow in South Buckinghamshire
- Equipment and extended opening days to allow for IV treatment
- Pain clinic
- Podiatrist
- One patient suggested having a range of consultants with different specialities
  'Specialist for a particular thing so if people who needed a particular specialist could make appointment, something like neurologist, or rheumatologist'

Conclusions

- The hub model, of having a range of services organised around the patient, is working well for those who have experienced it. Patients feel cared for, and the services received have had a clear positive impact on health and wellbeing, including avoiding hospital stays
- Patients had benefitted from being able to access outpatient appointments closer to home
- Having staff based in the hub visit patients at home to give advice and practical help was working well with a number of patients feeling their quality of life had improved as a result
- In Thame a number of patients referred by their GPs were unaware of why they were being referred
- Patients felt more could be done to raise community awareness of the hub
- The key challenge for patients in accessing the hub is having transport ,most were reliant on friends or relatives, as public or community transport options were limited or unavailable
- There is still much scope for developing the hub to achieve the ambitions set out by patients and the public for a community hub, though having a café was not viewed as a priority**.**

3. Staff views of the community hubs

Introduction

The aims of the staff engagement were:

- To find out staff views on service delivery to patients since the hub was set up
- To explore how the community hub could develop to continually improve the patient experience

Methodology

All staff from the community hubs were invited to take part in workshops. Workshops were held in Marlow and Thame each attended by three members of staff. The following questions based on the principles of appreciative enquiry were explored:

- What has been your best experience of the community hub, a time when you felt that it worked well for everyone involved?
- What made that possible?
- Imagine we are a year into the future and the hub is working perfectly based on these ideas and principles. What would that look like?
- What would need to happen to get us there?
- Staff were asked to rate out of 5 how far they felt each of the 10 criteria for community hubs set out by patients in the engagement events in 2016 had been met.

Participant profile

Six participants took part in the workshops. This was made up of five nurses and one healthcare assistant

Discussion results

What has been your best experience of the community hub, a time when you felt that it worked well for everyone involved?

Staff in Marlow had a very positive view of the service to patients; one mentioned that if it was her mum she would want her to have this kind of service. The hub provides a 'one stop shop' for patients, having access to doctors, nurses, OT and physio at one site. Patients receive a comprehensive service without having to attend lots of different appointments potentially at different sites. Patients have thorough frailty assessments and longer appointment times. Their GPs are only able to see them for ten minutes so referring them onto the hub means that the patient can be checked thoroughly and leave knowing what their next steps need to be. They have access to consultants therefore diagnosis for some patients is quicker. Having a range of professionals together meant they could spend time discussing the patient's case and take a joint approach to best way forward. It makes life much easier for carers. The CATs team can refer patients to other services like Prevention Matters and social services. In one case social services had seen a patient at the hub.

Staff in Thame were also very positive about the benefits of the service to patients. Patients themselves were very happy with the service, one patient had spoken about 'feeling loved'. The

benefits to patients included, being able to see a number of clinicians in one day instead of a series of different appointments, they can be seen by an OT at the clinic who will then visit them in their home, so more continuity in service, it was a more personal service with more time for patients and patients did not have to wait to be seen.

What made that possible?

- Having a range of services in one place
- More joint working
- Thorough assessment of clients situation and needs

Imagine we are a year into the future and the hub is working perfectly based on these ideas and principles. What would that look like?

Marlow:

- Hub would be open 5 days a week
- It would have a clearer mission statement that potential referrers such as GPs would be more aware of. Clarity about where hub fits with community and acute services
- Referral pathways working effectively. GPs educated in how to refer and to what.
- Hub would have its own doctor available whole time it was open
- There would be cover for staff when people on annual leave/sick
- There would be an administrator so nursing staff can focus on more nursing
- There would be a dedicated transport service for patients and better signage at the hub
- More varied menu available to patients, currently only able to offer soup
- More services available for patients

Thame

- The hub would be open 5-7 days a week to provide a truly preventative service and allow for consistency, for example being able to provide IV antibiotics in one place on consecutive days.
- The hub would have a clearer remit or brand, providing unique service not just taking bits from others
- It would be much busier, with potential referrers such as GPs more aware and knowledgeable about the service
- There would be additional services available such as podiatry, and ultrasound
- Administrative and reporting systems would be more streamlined and there would be an administrator, potentially working across both pilot sites
- Services would be more joined up
- BHT doctors and consultants would have access to GP patient records on EMIS
- There would be more consistency in doctors attending hub, ideally one doctor for the hub
- The environment would be more clinic like
- The hub would have the right equipment available for the work being done there
- The staff skill mix and level would be more appropriate to the service being provided, staff would feel their skills are being utilised and developed rather than feeling deskilled

- There would be cover for staff if they are sick or on annual leave

What would need to happen to get us there?

Recommendations applicable to both sites

Brand and marketing

- There is a need to create a clearer USP for the community hubs. This can then be used to market the hubs more effectively to potential referrers particularly GPs and increase referrals

Services

- Linked to the above is the recommendation that services are mobilised as quickly as possible into the hub, so there is clarity about what is on offer. Staff recommendations included, podiatry, ultrasound, dietician, and more third sector organisations like Age Concern
- Consideration should be given to increasing the service to 5 days per week at both sites

Staffing and administration

- The skills mix and level of staff should be reviewed taking into account what patient needs have been during the pilot to date.
- An administrator role should be created, potentially shared across both sites
- There should be cover for holidays and sickness
- Have more consistency of doctors
- Access to records: Look into how BHT doctors can have access to GP records

Governance and reporting

- Review the reporting needs with view to streamline processes and avoid duplication. Have clearer project management approach to programme development, potentially involving service improvement team

Recommendations specific to Thame

- Environment: Invest in changing to a more clinic like environment so is more functional and feels less like hospital ward that is not being fully utilised. Better use of space downstairs , including more office space and power points
- Equipment: Review and provide appropriate equipment, taking into account use over the pilot so far. For example hub has two underutilised blood testing machines, physio requires mats and parallel walking bars

Recommendations specific to Marlow

- Environment: Provide better signage. Provide wider range of food options, patients often waiting a while and current options not substantial enough
- Transport: Explore options for dedicated transport for patients
- Signposting: Develop list of available services and contact details

How far have criteria developed in the public and patient engagement sessions been achieved? 0 being not achieved and 5 being completely achieved:

Staff agreed a rating between them for each criterion.

Marlow

Criteria	Rating	Comments
Rapid access to testing	4	Need basic blood testing, echo and CT scans to complete the service
Earlier signposting to health and care – single point of access	3/4	
Joined up teams across the system	3	
A full range of therapy services	4	
Health and wellbeing function enhancing self-management and providing education	1	Would like to see cancer care and diabetes here. Already used by Parkinson's group
A sociable space with a café	0	
A base from which skilled staff can work in the community	5	
More outpatient clinics locally	3	
Virtual networks providing info – supported by excellent technology	0	We do provide this service by using our own PCs to get information for our patients
More info shared between organisations to improve patient care	2/3	

Thame

Criteria	Rating	Comments
Rapid access to testing	3	
Earlier signposting to health and care – single point of access	4	
Joined up teams across the system	2	
A full range of therapy services	4	If no annual leave
Health and wellbeing function enhancing self-management and providing education	5	
A sociable space with a café	0	
A base from which skilled staff can work in the community	5	
More outpatient clinics locally	3	
Virtual networks providing info – supported by excellent technology	1	We do go online for some of our patients and print them information off for them to take away
More info shared between organisations to improve patient care	1	

4: Partner organisations' views of the community hubs

Introduction

A number of VCS and health organisations provide services within the hubs. Their views were sought as part of this review to inform the development of the hubs programme.

Methodology

Telephone interviews were conducted with representatives from the following organisations:

- Healthy Minds
- Alzheimer's Society
- Age UK

They were asked what had gone well, what had gone less well and their recommendations for the development of the hubs.

Discussion results:

- All interviewees had found the CATS staff friendly and helpful
- All had expected to receive referrals to their service through CATS, but this has not happened to the extent they had hoped. Healthy Minds were seeing their own clients who were able to get to the hubs
- Interviewees felt that the different organisations operating in hub were working quite separately, and not in a co-ordinated way
- The VCS organisations felt that the environment within the hub was not designed in a way that supported the services they wished to deliver. The presence of beds, lack of adequate chairs and tables, lack of space to display materials, and limited access to tea and coffee making facilities were mentioned.

Recommendations made by interviewees:

- A regular meeting of all organisations operating in the hub to facilitate better co-ordination of the services
- Ensure environment is dementia friendly and develop facilities to support group sessions, and for display of leaflets
- Both Healthy Minds and Alzheimer's offered to provide training for hub staff.
- Healthy Minds recommended the following:
  - ➢ Consultation sessions with CATS team to look at their caseload and see who might benefit from Healthy Minds service
  - ➢ Healthy Minds to provide training to CATS staff. Two courses available one on detection of common mental health problems, second '10 minute CBT' giving intro to CBT framework
  - ➢ Falls prevention classes, Healthy Minds could attend to talk about role of anxiety in falls and way to address it
  - ➢ Healthy Minds are able do home visits

5: Service user groups views of community hubs

Introduction

The Involvement and Engagement met with a number of service user groups to ensure the views of those less likely to attend the Trust's public events were sought as part of the review.

Methodology

The Involvement and Engagement team attended group meetings and presented on progress with the hubs in Thame and Marlow, and were then asked the following questions:

- What do you like about what you have heard?
- What concerns you?
- What does the Trust need to consider in order to ensure that the hub model meets the needs of your community/group?

Participant profile

- Alzheimer's Society - 25 participants made up of people with Alzheimer's and their carers
- Bucks vision - 36 participants made up of people with visual impairments and their carers
- Haddenham Carers - 8 carers
- Macular Degeneration Society - 16 participants made up of people with macular degeneration and their carers
- Rectory Road patients group - 34 participants
- Talkback - 4 members of Talkback's management committee all of whom had learning difficulties

Discussion results

What participants liked:

- The hub model of holistic care in one place was supported by all groups
- For carers the idea of care closer to home was important as they often delayed or did not deal with their own health problems because of their caring responsibilities. If they did attend appointments at the main hospitals they either had to take the person they cared for or arrange emergency cover. One participant talked of the difficulties of having chemotherapy and having to bring his wife who had Alzheimer's. Having a hub close by would make it easier for carer's to maintain their own health
- The large hospitals could be very disorientating for people with Alzheimer's, visual impairments and learning difficulties, so small hubs closer to home would be preferable

What concerned them:

- Local transport was an issue for all groups. Many had to pay for taxis to get to appointments
- Many participants had not been aware of the hubs existence and some did not think their GPs knew about them

- People with learning disabilities were concerned about any change in the services they were used to, and particularly concerned about the risk of GPs not passing on relevant information to specialists.

Service user group recommendations for how the hub programme could take their needs into account:

- Provide a wide range of clinics
- Effective signposting to other organisations who provide support
- Assessment in the home
- Focus on supporting health and well-being including mental health services
- Being able to self-refer to the hub
- Ensure information is shared effectively with GPs
- Dementia friendly and taking into account needs of people with earning difficulties for example with signage
- Somewhere quiet to relax
- More partnership working with the voluntary sector

7. Public views of community hubs

Introduction

Buckinghamshire Healthcare NHS Trust held a series of public meetings across the county between January and March 2018 to engage with members of the public to report back on what had been achieved in the pilot hubs in Thame and Marlow and gather their views on what care closer to home could look like across Buckinghamshire.

The events followed on from the public events held in 2016 the findings from which informed the pilot hubs. One of the aims of the events was to revisit and update the ideas the public had developed in 2016 for what a hub could look like in their area.

Methodology

Public meetings were held in Buckingham, Chalfont, Marlow, Wycombe, Thame, and Aylesbury. The meetings were led by members of the Trust's executive group, Carolyn Morrice, Chief Nurse and Tina Kenny, Medical Director. Participants were shown a presentation detailing the work of the pilot community hubs including how the hubs fit into the wider community care provision. This included the assessment below, based on the discussions with hub staff and patients detailed earlier in this report, of how far the hubs had progressed against the original criteria developed from the 2016 engagement sessions:

They then worked in facilitated groups to answer the following questions and answers were recorded on flipcharts:

- What did you like about what you have heard?
- What concerned you?

- In light of what you have heard about the pilot hubs, what's working, the challenges, and local circumstances in your area in 2018, we want to know what your vision for a community hub is now

The results from the discussions were collated and themed.

Participant profile

The events were attended by 168 people in total. Of the 168, 143 completed an equality data monitoring form.

- Gender: 94 of those who completed the form were female and 49 were male
- Age:

0 - 15	
16 - 24	
25 - 34	2
35 - 44	8
45 - 54	13
55 - 64	24
65 - 79	70
80 +	23
I do not wish to declare	3

- Disability: 38 of those who completed a form considered themselves to have a disability or long term condition. 102 did not and 3 did not wish to declare
- Ethnicity

White British	122
Irish	4
Other white background	1
I do not wish to declare	4

Discussion results

What did you like about what you have heard?

There was broad support for the hub model of holistic care across all of the public events, participants particularly liked:

- Rapid access
- Access to multidisciplinary teams
- The range of services available
- Access to treatment at home
- The one stop shop nature of the service
- Access to diagnostics
- Same day results
- Reduced hospital stays/visits

- Outpatient appointments closer to home
- Work with the voluntary sector

What concerned you?

Concerns emerging across the public engagement sessions were:

- The lack of awareness of the hubs amongst the public, GPs and other organisations
- There was a need for better signposting to other public and voluntary sector support
- Voluntary sector involvement not as effective as should be
- Patient information not being shared effectively between GPs and the hub staff, and the referral system via GPs not seen as robust
- Transport was a problem, unless one had access to their own transport or support of friends and family, the lack of public or community transport options was a barrier to access to the hubs
- Following on from this limited access to parking locally was an issue
- The difficulties of accessing services across county borders
- There was concern in Buckingham about the future of the beds in their community hospital

Recommendations for how the community hub programme should be developed:

Members of the public wished to see the current hubs maintained and developed and to have the programme rolled out to where they were. In particular they wished to see:

- Self-referral, or through a wider range of services, including faith based organisations
- More effective work with voluntary sector, including social prescribing
- Effective links between health and social care
- Better public or community transport options available to access hubs
- A higher level of awareness of the hubs within the community
- Evidence based services appropriate to each community
- An increase in the range and volume of outpatient clinics
- Provision of mental health services
- An increase age range catered for
- Having a café was not a priority but having the capability to provide sociable events with a defined purpose such as a dementia café ,or death café was supported
- More focus on prevention/health and well being
- The cross border issues addressed
- A physical space, in some areas this was about making better use of community hospital facilities, but did not have to be hospital based, in Wycombe participants raised the option of a mobile unit.

7. Conclusions and recommendations

Conclusions

- The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review
- Patients and the public wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas
- All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential
- Levels of awareness of the hubs was low amongst both patients and GPs
- Transport was highlighted as an issue, with the lack of community transport to the hubs potentially a barrier to access for many patients

Key recommendations from stakeholders:

Current hubs

- Raise awareness of the current hubs with public and GPs, in part through clearer branding
- Increase the service to at least five days per week at both sites
- Review the current referral process with GPs, and consider expanding the process to self-referral
- Ensure better co-ordination of the different services operating within the hubs
- Work towards changing the environment within the community hospital settings of the hubs to become more clinic like, to provide better facilities for partner organisations to provide their services, and to be dementia and learning disability friendly
- Mobilise a wider range of outpatient clinics

Roll out of hubs model

- Roll out model across Buckinghamshire, including utilising the Trust's existing bases in Buckingham, Chalfont and Amersham, and considering a range of options tailored to need in different areas, such as mobile units
- Ensure effective joint working across health and social care and with voluntary sector
- Consider how community transport to hubs could be improved
- Provide signposting to other public and voluntary sector support services

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