

## Minutes of the Community Hubs Stakeholder Engagement Group Tuesday 26 October 2021, 10:00

### Microsoft Teams

#### Present:

Jenny Ricketts (JR)	Director of Community Transformation, Integrated Elderly & Community Care Division, Buckinghamshire Healthcare NHS Trust <b>(Chair)</b>
Victoria Perkins (VP)	Deputy Divisional Director, Integrated Elderly and Community Care Division, Buckinghamshire Healthcare NHS Trust
Alison Ayles (AA)	CATS and Community Hubs Manager, Buckinghamshire Healthcare NHS Trust
NCW	Thame Town Council
BH	Representative, Rycote patient participation group
Dee Irvin (DI)	Equality, Diversity, Inclusion and Communications Manager, Buckinghamshire Healthcare NHS Trust
MW	
YH	Representative, Unity Partnership Participation Group
JE	

#### Apologies:

ST	Thame League of Friends and Representative, Rycote patient participation group
Stephanie Tanner	Clinical Lead for CATS, Buckinghamshire Healthcare NHS Trust
KB	Thame League of Friends
Laura Isard	Head of Intermediate Care, Deputy AHP Lead for Community Integrated Therapies, Buckinghamshire Healthcare NHS Trust
Lesly Clifford	Associate Director of Communications and Engagement, Buckinghamshire Healthcare NHS Trust
AM	Representative, Rycote patient participation group

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| AB                  | Member of the public, representative of BOPAG Marlow & Marlow Bottom   |
| AG<br>Dr Syed Hasan | Marlow League of Friends<br>Divisional Chair – Integrated Elderly & Community Care Division / Consultant Physician, Buckinghamshire Healthcare NHS Trust |
| EW                  |  |
| HM                  |  |
| KG                  |  |

JR welcomed everyone to the meeting and introductions were made.

JR advised that the meeting day, time and frequency has been changed and going forward the group membership will be a wider audience which we agreed in principle, but we have not achieved for this meeting but this will be addressed for future meetings. JR further advised that Daniel Leveson, Deputy Director of Strategy, was due to attend to present the BHT Clinical Strategy and everyone to have their say and help us guide and shape that but the Strategy was delayed going through our Public Board. The Clinical Strategy will therefore be presented at the January meeting, and if we have a wider representation for that meeting, this would be beneficial.

Item No.	Subject	Action / Lead
1	<b>Apologies</b> The apologies were noted and listed above.	
2	<b>Minutes of the meeting held on 14 July 2021 and update on actions</b> The minutes were approved as an accurate record with the following amendment: Marion Wilkes to be included on the list of attendees.	
3	Action Tracker: Marlow League of Friends Project VP provided an update and advised that the builders have been procured and a date is awaited on when the building works can commence. VP is meeting with Gillian Ellwood and will advise at the next meeting on further updates. JR advised that signage has been based on patients finding it difficult to navigate their way around where to go and where to park. AA will find out if the signage has been erected around the site.	VP  AA

JR further advised that there are additional services being considered into Thame.

VP stated that the community sites are being reviewed as a whole and reviewing the usage. VP is currently putting together a timetable to see where there might be some clinical space that could be used in a different way to that some of those services that we have talked about to see if there is a possibility of bringing up some additional clinics out of Thame, in particular. VP also advised where they will look at this space and the utilisation of that space at Marlow as well.

VP advised that working very closely with a Project Manager in Estates. There is a new booking system for the clinical rooms which will be cloud based. Reports can be pulled on each of the sites. The system will be used on the main sites and further exploration on how to utilise for the Community sites so that there can be better utilisation of that space.

VP will provide an update at the January meeting.

VP

BH stated that in the previous minutes there was some discussion about audiology and retinopathy and a leg ulcer clinic and asked if this could be added to the list for Thame. BH stated that there is a clinic in Amersham to which people are sometimes directed to but this is a distance for people to go and asked if the clinic could be considered at Thame.

JR stated that this is a very good point. There is a piece of work on a new project regarding leg ulcers and the management of them and the linking with the vascular clinics. Potentially somewhere like Thame might be a very good place to set this up because it would link in well with the surgeons and potentially that is something that we could add to the list.

VP

NC-W stated that at the League of Friends AGM it was mentioned that there could be some funding for a non mid camera for Retinopathy, including a computer.

JR thanked NC-W and stated that this offer will be taken back to the AMD team to see what the possibility of taking this funding request forward.

#### **4 Operational Update**

AA provided an overview of the Community Update Report:

Services have continued to run in the Community Hubs over the period July to September 2021 although at times have been affected by reduced staffing levels and the need to prioritise clinics on the main hospital sites.

We have been able to continue running CATS at all sites (Marlow, Thame and Amersham) at a reduced level whilst ensuring that a CATS clinic was available on every week day. Staffing capacity, when not running a full multi-disciplinary

CATS service has been used to reduce long waits in other services.

AA highlighted that the patient feedback questionnaire has been resumed and we received 100% of people rating the service as either good or excellent and 100% recommend saying that they would recommend it to their relatives or anyone else.

BH asked if there was a breakdown on the CATS attendance from Rycote v Unity.

AA stated that there is no breakdown in the report. AA advised that the data team can be asked to provide a breakdown according to the GP surgery. AA to progress the information about usage of CATS by GP surgery for inclusion in the report for the January 2022 meeting.

AA

JR asked if the reasons are known as to why Rycote Practice does not want to refer their patients to the CATS service.

BH stated that the reason is given that the practice refers their patients to the overall service in Oxford which they have been doing for years and it worked very well. But are the patients asked if they would rather attend a local hospital as opposed to going to Oxford.

AA advised that the CATS trend graph highlighted that there was a reduced service over July, August and September. The lowest month was August when there was 95 patients. Patients have been seen within the clinically required timescale. MuDAS has been used and urgent appointment slots if needed. People have been asked to travel slightly further but this has not been a problem, and everyone was happy to travel. Everyone has been really understanding, and the feedback from patients about the service has also been very positive.

The outpatient's activity graph is variable and occasionally needing to prioritise clinics on the main hospital sites.

The Community Hospital waiting list graph has been monitored. The number of people waiting since the community hubs were opened up remains quite variable but not nearly as high as it was at the start of the community hubs. The feedback from the patients has been overwhelmingly positive. There has been some constructive feedback and some people a little unhappy about that. AA stated that we do try and manage expectations by making sure the patients are aware that the appointment could take 2 – 3 hours but obviously it is frustrating if patients are waiting longer than necessary. There has been reported by

1 patient that there was a lack of privacy during their assessment. There is a clinic room on each of our sites which is a private area but some patients do sometimes get assessed in a wider bay where they have the curtains around them. AA further advised that 1 patient found the directions and parking instructions not adequate and would have preferred receiving them by letter. Appointment letters for CATS are not posted because the appointments are made within 2 weeks of receiving the referrals. But we have started using patient email addresses, where they have them, to email the appointment details. This is not standard practice for all our patients.

JR stated that GIRFT (Getting It Right First Time) campaign is being rolled out across the country. GIRFT aims to standardise best practice and reduce clinical variation across wherever you live. A Buckinghamshire GIRFT report has recently been released which focuses on elderly care, which is suggesting that the CATS model, of keeping people well and out of hospital, is highlighted as a best practice model. JR further advised that it is a great opportunity to use our CATS facilities to help reduce some of the long waits for services that have built up as a consequence of COVID especially for the Falls Clinics. We are looking at how we can pull more patients out from the acute sites and into CATS to help support the front door (Emergency Department) by keep people well and at home.

BH stated that the numbers are very impressive and congratulated the service. BH is very much in favour of it and very impressed.

NC-W stated that the League of Friends found the unit was being well utilised and hence a very positive meeting which also included ways to spend some money. NC-W further advised that the ultrasound was well greeted. JR stated that potentially there could be an ultrasound at Thame for the Leg Ulcer clinic.

## **5 Community Feedback and Update Members**

JR stated that one of the original purposes of this group was to understand if we are utilising the community sites to provide care in an ambulatory fashion as opposed to inpatient beds. Due to Covid the conclusion of the pilot that was set up in 2017 has been delayed. A paper is being put together to go back to the Health & Scrutiny Committee (HASC) to finally close this down. It is time to decide to either return to having community inpatient beds again or adopt the ambulatory model that has been piloted. JR asked the group on their thoughts and residents

would feel is we committed to the CATS/MuDAS outpatients type model as opposed to more community beds. Care is now provided in a different way. Patients still need beds in Buckinghamshire. JR advised that the paper which is being prepared for the Health & Scrutiny Committee will be shared with the group once it has been finalised. It also includes two letters of support.

NC-W stated that when the closure was announced, alongside the new way of working pilot there were concerns initially. NC-W felt that now this is the way forward and there are no complaints with the way that services are being provided. Feedback has been positive with people saying they have received a good service and the stakeholders feel that they have been listened to and engaged with.

BH stated that she has received positive feedback, and many more people would like to have the facility locally.

MW highlighted that the service is also opening up to the younger element of the population as well as initially people did not realise that the facility was there whereas previously it was something that probably did not relate to them at all.

YH stated that the community is not aware that it is a pilot at all and believe it is there as a service for them to enjoy.

## **6 Any other business**

There was no further business.

JR advised that the attendees of the group will be monitored to ensure a wider audience, as appropriate, and that meetings are inclusive for everyone.

## **7 Date of Next Meeting: Tuesday 25 January 2022**