

Better Healthcare in Bucks

Listening and Learning



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Welcome

Over the past few months, as part of the Better Healthcare in Bucks programme, we have been talking to people and organisations across Buckinghamshire about local health services, and hearing your ideas and views.

This report gives an overview of what you told us. If you would like to know more, you can find further information on our website at www.buckinghamshire.nhs.uk/service-improvements/better-healthcare-in-bucks, or you can contact us by email at betterhealthcareinbucks@buckinghamshire.nhs.uk or by telephone on 01494 552256.



Dr Geoff Payne, Medical Director,
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INTRODUCTION

Better Healthcare in Bucks was set up by NHS organisations in Buckinghamshire to develop health services which better meet the needs of local people.

Better Healthcare in Bucks is managed by a programme board chaired by the Chief Executive of the NHS Buckinghamshire and Oxfordshire Cluster (the Primary Care Trust or PCT), working in partnership with Buckinghamshire Healthcare NHS Trust (BHT) and is led by local doctors, nurses and other healthcare professionals (referred to in this report as 'clinicians').

The aim of Better Healthcare in Bucks is to develop health services which:

- are high quality, with excellent results for patients
- are accessible, with care close to home for most people
- offer a good patient experience
- can be sustained, despite future challenges.

Over the past few months we have run a Better Healthcare in Bucks engagement and involvement programme to discuss the initial ideas developed by local clinicians in order to hear the views and ideas of our patients, the public, NHS staff and interested individuals and organisations.

We have:

- sent out information widely on what we are doing and why, and invited comments and feedback. This included mailing information to well over 12,000 individuals and 300 organisations
- given presentations and held discussions with a wide range of organisations, including voluntary and partner groups and local councils
- run independently-led involvement sessions and a feedback event for members of the public and recorded what they said. Over 200 people took part.
- carried out a survey to find out what matters most to people when they think about healthcare. 370 people participated in the public survey and 590 in the staff survey. We held discussions and listened to comments and feedback to inform the development of proposals. This means we can feed in views and concerns to the clinicians who are developing the proposals at an early stage, before any decisions are taken.

All of the documents referred to throughout this report are available on our website at www.buckinghamshire.nhs.uk/service-improvements/better-healthcare-in-bucks, however if you would like any of these in hard copy, please contact us by email at betterhealthcareinbucks@buckinghamshire.nhs.uk or by telephone on 01494 552256.

BACKGROUND:

WHY DO WE NEED TO CHANGE?

The NHS, both locally and nationally, needs to change. There are many new challenges we have to meet, but also many opportunities to provide healthcare in new and better ways:

- Demand is rising for healthcare in Buckinghamshire. We are all living longer, but not always in good health. In Buckinghamshire, 60,000 residents are aged 70 or over. 11,400 are 85 plus.
- Long-term conditions, including heart disease, stroke, diabetes and asthma, affect tens of thousands of people in Buckinghamshire. The vast majority of patients with these conditions can be well cared for in the community, if the right services are on hand.
- There is an increase in the specialisation of hospital doctors and clinical teams. Evidence shows that patients see better results if they are treated in specialist centres of excellence, but these need specialist equipment and also a critical mass of patients if clinicians are to keep up their skills so we can't provide them everywhere. These centres of excellence now often work together in networks across a region, to ensure that all patients have access to high quality care – for example, trauma and stroke services are being planned on a regional basis.
- Thanks to developments in diagnosis and treatment, we can do far more to look after patients at home and in the community. When people have to go into hospital, it is usually for a far shorter period of time than would have been typical in the past. This means that we need to put more resources into our community services, and in the future fewer acute hospital beds should be required.
- The NHS has had considerable investment over recent years, but demand and costs are rising above this increase. In Buckinghamshire, some of these challenges are already being met. Buckinghamshire Healthcare NHS Trust (BHT) now runs services in the community as well as in hospitals. Over the past 18 months BHT has invested in developing community teams so more people can be treated closer to home, doubling the number of patients seen and extending some services to 24 hours a day. At the same time it has begun to look at how it can centralise some specialist acute hospital services working closely with community services. A

specialist hyperacute stroke unit opened recently at Wycombe Hospital to ensure that patients in Buckinghamshire and East Berkshire have rapid access to the best care possible. The regional trauma network has designated Stoke Mandeville Hospital as the trauma unit for the majority of the county. More information about these developments is available on our website - see pg 3.

Although these developments have helped to improve patient care already, we know far more needs to be done if the NHS in Buckinghamshire is to meet local demands with high quality community, hospital and primary care based services. Better Healthcare in Bucks was set up to help us do this.

ENGAGEMENT AND INVOLVEMENT

Clinical involvement

The work to develop proposals for change has involved a wide range of doctors, nurses and other clinicians in Buckinghamshire. This included local GPs, who worked with hospital clinicians to develop proposals.

To support this joint working, we held two clinical workshops. These brought together doctors, nurses, managers and others to give them an opportunity to explore new ideas and better ways of working. This approach will help ensure that care is co-ordinated and focused on the needs of the patient, whether they are in hospital, in the community or at home.

When we have been discussing the need for change and how we are developing our proposals, these discussions have been led by senior doctors. This means that the views of the public and of colleagues in other organisations have been heard directly by the clinicians involved in developing the proposals for change.

Why engage and involve members of the public?

When thinking about developing our services it's right that we seek the views and ideas of those who use them and those who might need them in the future.

Gaining the patient perspective is invaluable to ensuring changes are patient-centred. It's also an important opportunity to help inform people about the need for change and explain the constraints and challenges we are facing now and in the future.

Furthermore, the NHS has a legal requirement to engage patients and the public in discussion on proposed service change, and this can lead to the need for formal consultation when these changes are substantial. In addition, Andrew Lansley, the Secretary of State for Health, has set out four tests which need to be met before any changes can be made to NHS services. Any proposals for change must:

- be based on clear clinical evidence
- have the support of clinical commissioners, who will be taking on responsibility for purchasing healthcare in the future
- genuinely promote choice
- follow a process which engages the public, patients and local authorities.

The process we have been running has been based on meeting these legal and political requirements. More importantly, it has helped us to understand what we need to take into account when drawing up our proposals and we will make changes as a result of what we have heard.

SO WHAT HAVE WE DONE?

Care for the Future

The engagement and involvement programme was launched in July 2011 with the publication by the PCT of the report *Care for the Future*.

This report sets out why the NHS needs to change. It describes some of the background work which NHS organisations in Buckinghamshire (and in Berkshire) have been doing to consider the challenges we are facing and to find new solutions.

The report recommends developing more care closer to home for the majority of patients and more centralisation of specialist care in acute hospitals when the evidence shows it leads to better results for patients.

We sent this report by post and email to a wide range of individuals and organisations. We also published the report on our website, sent it to local media and discussed it with some of our partner organisations, including the Buckinghamshire Public Health Overview and Scrutiny Committee (PHOSC) and the Buckinghamshire Local Involvement Network (LINK).

This report is available on our website along with a report on our engagement activities for *Care for the Future*.

Better Healthcare in Bucks

In August 2011 we launched *Better Healthcare in Bucks*, to take forward these recommendations in Buckinghamshire.

We sent a briefing newsletter, setting out the background, to a wide range of organisations and individuals. This is available on our website.

We offered to give presentations to partner organisations and invited people to our involvement events.

These events were advertised in a number of ways, including through letters of invitation to BHT members, Buckinghamshire County Council citizen's panel, and voluntary organisations, publicity in GP surgeries, libraries and other public places, through the use of new media and through paid-for advertising.

BETTER HEALTHCARE IN BUCKS EVENTS

In September, we organised five public involvement events in different locations around the county.

These were held in Chalfont St Peter, Marlow, Aylesbury, Wycombe and Buckingham. Three were held during the day and two in the evening to encourage a wide range of participation. The meetings were chaired and facilitated by independent market researchers Opinion Leader, who also produced a comprehensive feedback report, available on our website.

The events were designed to present an overview of the challenges and opportunities currently facing the local NHS and to allow participants to give feedback, both in general discussion and in round table conversations. Each participant was given a pack including a copy of the presentation given at the meeting, some further briefing information and a feedback form.

At each of the events either Dr Geoff Payne, Medical Director for the PCT, or Dr Graz Luzzi, Medical Director for BHT, explained to participants the background to Better Healthcare in Bucks, including the reasons why changes need to be made, answered questions and led some general discussion. A copy of this presentation is available on our website.

180 people attended these events. The initial event in Chalfont St Peter was attended by a reporter from the Bucks

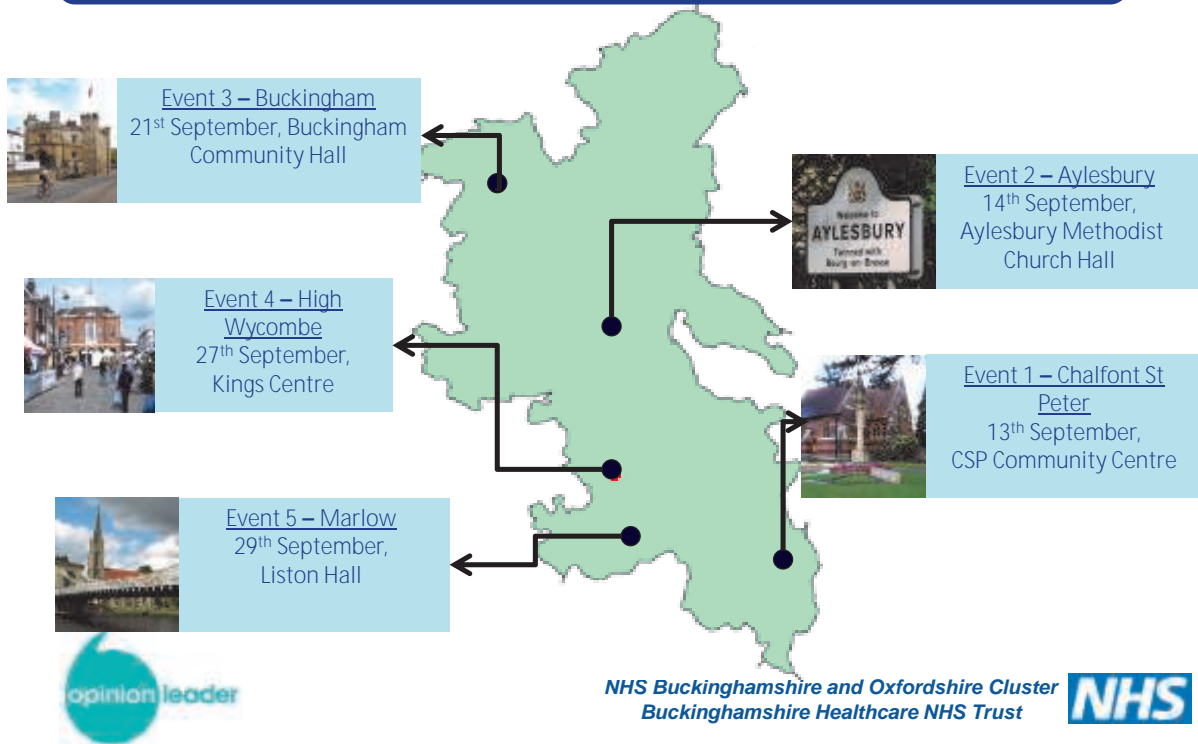
Free Press, who observed the process and reported on it in the newspaper. The event in Wycombe was opened by Steve Baker MP. Most of the events had representatives from local government bodies in attendance.

The round table discussions

Following the presentation and question and answer session, facilitators from Opinion Leader led round table discussions on key issues so that participants had an opportunity to give views and concerns, and to discuss their priorities in terms of their own healthcare. The general discussion areas are summarised below, although not all groups had time to discuss all of them (please see the Opinion Leader report for a full account of the discussion areas):

- What kinds of things are most important to you when using health services? What makes a 'good' patient experience? Why? (For example, clinical outcome, cleanliness, treated with dignity and respect, waiting times, making appointments, quality of care, information provision, signage, parking).
- One potential change to health services is the further development

5 involvement events across Buckinghamshire



of specialist acute services. The idea is that by having hospitals specialise, BHT can retain a critical mass of staff skills and expertise on hospital sites, helping to secure a future for all hospitals. This might mean in some situations people may need to travel further for specialist care if there is a clinical need and patients can receive safer, higher quality care leading to better outcomes. What are your initial thoughts on this proposition? Do you think providing organising acute services in this way is a good idea? Why/why not? What concerns do you have? How can BHT alleviate these concerns?

- Research shows that over 30% of people who attend the A&E Department at Stoke Mandeville

Hospital or the Emergency Medical Centre in Wycombe Hospital with minor injuries or ailments could be more appropriately treated elsewhere. What are your initial thoughts on this? Why do you think some people go to A&E with minor issues, rather than seeking help from community-based services? What can be done to encourage people to use community-based services, rather than A&E? Should hospitals turn people away if they turn up with something very minor? Why/why not?

- Many elderly residents who are cared for in hospitals could perhaps be better cared for by community based NHS services or at home. What are your initial thoughts on

this? What sort of services should be available in the community for elderly patients? What needs to change in order to make it work?

- The NHS in Bucks are keen to develop their approach to caring for those with long term conditions (for example, obesity / diabetes/ heart disease) and a key part of this is exploring how hospital specialists can work more closely with community based services. What are your initial thoughts on this? How could this work? Are you confident in the expertise, training and delivery of community based care for long-term conditions? Why/why not?
- What should we take into consideration when planning change, and what are your views on our four

key principles, to develop health services which:

- are high quality, with excellent outcomes for patients
- are accessible, with care close to home for most people
- offer a good patient experience
- can be sustained, despite future challenges?

What people told us

The 180 people who took part in our events gave us a wide range of views, concerns and ideas for improvement. The Opinion Leader report goes into these in detail.

An Executive Summary of the Opinion Leader report is provided on the following pages:

Providing the best patient experience

When asked what aspects of services provided are most crucial for the NHS to get right in order to ensure patients have a good experience, participants' responses could be grouped around three major themes: clear and proactive communications, making it as easy as possible to access services and treating people with dignity, respect and intelligence.

Ensuring effective communication between services and staff is seen as vital to a smooth journey between different parts of the NHS. Aside from within the NHS, it is also vital to ensure good communications are made with patients and their family or friends. Patients and their carers need to feel informed about their condition, the treatment they will receive, who will be providing the treatment and the time it will take for this to be completed. When communicating to a patient, staff have to be clear, comprehensive and use appropriate language tailoring it to their audiences. Something also commonly mentioned as pivotal to 'a good service' was communication about what services were available to people and where to go to access them.

Physical access (namely transport links for those who can't drive, the elderly, disabled and seriously ill) was a key driver of patient satisfaction with the service they receive as was improving the cost and availability of parking at hospitals. A strong theme pervasive across all groups in all events was that treatment needs to be designed and provided around the individual needs – a phrase commonly used was 'patient centric' and strong elements of delivering this are making sure communication and access are prioritised.

Respect given to the individual was seen as vital to providing a good patient experience. This includes having friendly staff who develop a rapport with the patient, and even down to the tone of voice they use. Taking time to listen to the patient is also key, as is taking their concerns seriously. Consistency of healthcare professional treating them was also important for some.

"Speedy access to the clinicians you need to see".

Participant, Buckingham

"You go see one consultant A and then B but B hasn't read your file so you just sit there for 20 minutes whilst he does".

Participant, Buckingham

"The phone just rings and you are left waiting for results".

Participant, Aylesbury

"It is important to get clinicians to talk to patients and not treat them as a disembodied object".

Participant, High Wycombe

Developing specialist acute centres

The general consensus across the groups on the proposition to have acute hospitals specialise some services was that it is a good idea, especially as anything that potentially leads to better outcomes is difficult to argue against. Most said that they accept that it will always be a problem to get people to understand why they have to travel further but the key point is to get them to understand that the reason they have had to travel is because they or their loved ones are getting the best treatment possible.

However, there were several points raised across the groups in the events regarding the practicality of this proposed model of configuring acute hospital services and numerous suggestions as to what needs to be in place to make it work. For example, participants were keen to stress that movement of specialists and skilled health professionals to specialist centres must not mean that the quality of local or non-specialist services would decline.

Participants across the events felt strongly that consideration and improvements to the transport infrastructure, especially the quality of the road network and the frequency and integration of bus services, must be made before changes are put in place, not during or after. However, participants were constructive in offering ideas for potential solutions to this issue, such as increasing the frequency and integration of local buses and encouraging and facilitating car sharing pools or volunteer taxi services.

Some alternative models for acute service provision were discussed by participants across the events, such as a two-tier approach whereby patients are first sent to their local hospital to be stabilised and then transferred to the specialist centre or to reconsider the use of PCT boundaries when deciding where to send patients. For all models a vital element to consider was follow-up care.

"I agree with this as you as a patient want the best care possible".

Participant, Buckingham

"I'll go where ever the specialist is, if I have had to do that".

Participant, Chalfont St Peter

"I accept the specialist units, you'd go anywhere to get properly sorted out...but for ordinary problems you want it to be local".

Participant, Marlow

"Is it really necessary to build services somewhere else, will we lose local services as a result??"

Participant, Chalfont St Peter

"By removing the really highly trained people – are we going to get second best at local? They won't have enough experience to do safe procedures."

Participant, Wycombe

Moving care closer to home

When asked to discuss the NHS in Buckinghamshire's proposals to develop more urgent care out of hospital and in the community the general consensus across the events was that too many people go to A&E when they could be cared for at other places or through self-treatment. However, there was a good deal of discussion as to the changes that need to be implemented in order to make this work. Participants felt that there was a need to raise awareness about what alternatives to A&E are available and how these could be accessed in order to prevent people travelling to A&E as the "default option". Across the groups there was a strong appetite for more community hospitals and/or minor injuries units which would help deliver these aims. Quality is the vital element though: participants need to be confident that the care they would receive outside of the acute hospital was of a high enough quality (i.e. sufficiently resourced with the right equipment and qualified staff) otherwise A&E remains the "safest option".

In general, participants across the five events had similar views on the proposals to provide more local and community led care to elderly patients. The discussions outlined several important factors which should be considered before attempting to implement the proposed changes. The need for more specially trained staff for them to be able to provide high quality care to the elderly was seen as important and in urgent need of development. Participants commonly stated that more collaboration was needed among all the agencies and within the NHS in order to provide consistent care and to ensure the transition from hospital to in home or community care is a positive one. However, participants expressed concern and uncertainty as to how this proposal would be funded, with the preferred option being NHS or local funding.

Providing community led care for patients with long term conditions was seen as a good idea, however, participants saw many problems existing at the moment, which would make this transition difficult to implement. The general feeling was that more funding needs to be available to allocate additional resources to care for patients in the community rather than in hospital: more trained nurses and more joined up communication among GPs, specialists, nurses, social carers, voluntary services and families as well as patients themselves. Furthermore, providing more information to individual patients as well as informing communities of opportunities available to them to improve their health was also seen as vital.

"It's too late when you've trailed to A&E to see a sign saying you could have visited a walk in centre to receive that type of treatment."

Participant, Marlow

"It would be nice for the elderly to know when the carer is coming so they can arrange their life instead of them lying in bed fretting, waiting for someone to come and get you up".

Participant, Aylesbury

“They’ve got to invest in alternative services. More GPs, more nurses, more health care assistants, better health care facilities”.

Participant, Chalfont St Peter

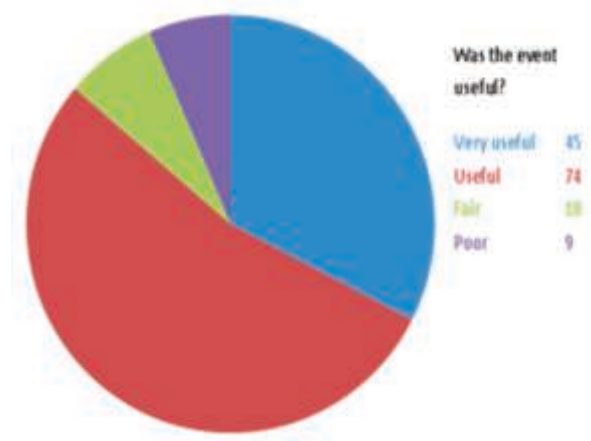
“I’m all for community based care, because not everybody wants to be cared for in a hospital but we’ve got to have the right amount of people to be able to do it for the right amount of time”.

Participant, Marlow

Feedback about the involvement events

We also asked participants what they thought about the events. The majority of people thought they were very useful or useful (please note that not everyone filled in a feedback form with this information).

At the end of our series of events, we had a county-wide feedback event in the Clare Foundation in Saunderton. This gave us an opportunity to feedback to participants what we had heard so far. A copy of the presentation and our poster display is available on our website.



What was useful/not useful?

Aylesbury (22 participants)

"A great discussion – very different views"

"Getting a sense of what is being planned and getting the chance to comment on it"

"Discussion about priorities"

Buckingham (35 participants)

"Listening to other views"

"Focused questions relevant to local issues – good range of issues discussed"

"Airing concerns"

"Should have been better advertised to get larger audience – far too few people attended".

Chalfont St Peter (56 participants)

"Meeting other concerned locals"

"Thinking about issues on a larger scale"

"Nothing new discussed or mentioned".

Marlow (22 participants)

"I felt members were given a full opportunity to give their views"

"Having the opportunity to express my concerns"

"Interfacing NHS decision makers personally, with a promise of a feedback report and further "

"More on other options for care than the model used for presentation and workshop and more integrated options outside Bucks".

Wycombe (44 participants)

"Covered a broad range of topics – I felt I was able to express my opinions in a really nice relaxed atmosphere"

"The summaries were rather anodyne probably due to the format many critical points were made, which need to be included in the consultation"

"Opportunity to raise issue that health should be holistic person centred not just clinically based".

DISCUSSIONS WITH OUR PARTNERS

As well as holding our public events, we have given presentations on Better Healthcare in Bucks and had discussions with a wide range of groups and organisations.

On our website you will find copies of these presentations, which were given to organisations including:

Buckinghamshire Public Health Overview and Scrutiny Committee (PHOSC). A series of presentations and discussions have taken place over the past year, explaining the need for change and possibilities for the future. During the recent engagement and involvement phase, two presentations were given to the PHOSC: one in September setting out a general overview and one in October, led by Dr Graz Luzzi, giving more detail. In addition to these formal public meetings, background briefings have taken place with the Chairman and some of the PHOSC members have attended the public involvement events. Minutes of the meeting can be found on the BCC website at www.buckscc.gov.uk/moderngov/ieListDocuments.aspx?CId=137&MId=4571&Ver=4

Buckinghamshire County Council (BCC) Cabinet. Two meetings took place with BCC Cabinet members, one of which was held in public. Again, these were led by clinicians and were an opportunity to raise awareness of the need for change and to discuss ideas and hear feedback.

They were also an opportunity to look at how the NHS and BCC could better work in partnership in the future. The minutes of the BCC Cabinet public meeting can be found on the BCC website at www.buckscc.gov.uk/moderngov/ieListDocuments.aspx?CId=124&MId=4545&Ver=4

Buckinghamshire Health and Wellbeing Board. The Shadow Health and Wellbeing Board has had one presentation to date on Better Healthcare in Bucks and will continue to be involved going forward.

District Councils. Meetings have been held with Aylesbury Vale, Wycombe and South Bucks District Council and one is planned for the end of November 2011 with Chiltern District Council.

Local Members of Parliament. All Buckinghamshire MPs have been kept informed about Better Healthcare in Bucks and invited to the engagement and involvement events. Individual briefings have been held with local MPs. Steve Baker, MP for Wycombe, has taken a keen interest and attended the second clinical works-hop as well as the Wycombe involvement event.

In addition to the events outlined above, both the PCT and BHT have used a range of other opportunities to advertise Better Healthcare in Bucks and engage and involve patients and the public.

These have included:

- The NHS Buckinghamshire Annual Public Meeting, attended by 30 members of the public, stakeholders and staff
- BHT member events and governor recruitment sessions
- Local Strategic Partnerships
- Buckinghamshire Local Involvement Network steering group
- The PCT's Buckinghamshire Patient Panel meeting
- Older People's Partnership Board
- Older People's Champions' Forum
- Older People's Action Groups
- Barrowcroft (Sheltered Housing Unit)
- Building Community Capacity (Chesham)
- Events for older minority ethnic community groups.

All the above partners were encouraged to share the information with others and to attend the events. Most of the meetings allowed for a brief discussion and initial feedback was recorded. Every group appeared to support the engagement process as described to them and most offered to help disseminate the information more widely. Many expressed a desire to attend an event in the future during the consultation phase.

PUBLIC SURVEY

During October 2011, we conducted a survey asking questions linked to the subjects discussed during the involvement events. The survey was available on paper and online.

As a pilot, a team of NHS staff also took the survey out on iPads to some of the busier shopping centres in the county, which helped us to find respondents who may not normally have participated in the exercise.

The results are set out below (please note that percentages have been rounded up or down so they may not always equal 100).

If you would like to see the results separated out by paper/online or by iPad, please visit the Talking Health website at <https://consult.oxfordshirepct.nhs.uk/inovem/consult.ti/system/listConsultations?type=O>

Statement 1	Option	Results count
<i>'If it is appropriate for my health need, I would prefer to be treated or cared for in the community (eg community hospital or my home) rather than in a hospital setting, if the right expert support is provided.'</i>	Strongly Agree	42% (153)
	Agree	39% (141)
	Neutral	10% (36)
	Disagree	7% (26)
	Strongly Disagree	3% (10)

Statement 2	Option	Results count
<i>'I would feel confident to access healthcare services in the community should they be available.'</i>	Strongly Agree	31% (114)
	Agree	50% (183)
	Neutral	12% (44)
	Disagree	5% (21)
	Strongly Disagree	1% (5)

Statement 3

'Offering more support to help people manage their health conditions would prevent unnecessary admissions to hospital.'

Option

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Results count

46% (168)
45% (164)
6% (23)
2% (8)
1% (3)

Statement 4

'I would be willing to travel further for treatment if it meant being treated by a specialist team, should my condition require it.'

Option

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Results count

42% (154)
30% (111)
13% (48)
11% (40)
4% (13)

Statement 5

'30% of people who go to A&E could have been treated elsewhere. In light of this, the NHS in Bucks should provide more services from their GP led centres in hospitals, and community services such as GP practices, pharmacies etc.'

'Option

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Results count

45% (165)
40% (147)
9% (32)
4% (15)
1% (4)

STAFF ENGAGEMENT

It is important to ensure that NHS staff understand and agree with the need for change and are involved in proposals going forward.

During August and September, BHT and the PCT both ran a series of events to brief staff and to hear feedback.

In addition to team and directorate meetings, BHT ran three open workshops, one on each of its sites. These were attended by 54 participants and included a wide cross section of non consultant staff. There were generally high levels of support expressed by the staff for the concepts of improving urgent care, providing more care outside hospital settings and developing specialist services. Those at the workshop felt that

there was still significant opportunity for improved integration from being a single healthcare trust. They also stressed the importance of better integration with primary care, social services and mental health services to work as a single integrated system. The need for improved communication between individuals, teams, services and agencies was seen as fundamental to all improvement.

At the same time, BHT conducted a survey among staff members which was similar to the public survey. 591 staff responded, many of whom were clinicians. The survey showed that staff were even more likely to agree to the propositions set out (see pg 18) than members of the public:

Statement 1	Option	Results count
<i>'More patients could be treated or cared for in the community, if the right services and support were provided.'</i>	Strongly Agree	41%
	Agree	45%
	Neutral	8%
	Disagree	4%
	Strongly Disagree	0.8%

Statement 2	Option	Results count
<i>'Offering more support to help people manage their health conditions could prevent unnecessary admissions to hospital.'</i>	Strongly Agree	42%
	Agree	49%
	Neutral	5%
	Disagree	2%
	Strongly Disagree	0%

Statement 3	Option	Results count
<i>'Enhancing services that work across community and acute service boundaries can bring greater job satisfaction through a more joined up approach and delivering care closer to home.'</i>	Strongly Agree	32%
	Agree	43%
	Neutral	19%
	Disagree	3%
	Strongly Disagree	0.7%

Statement 4	'Option	Results count
<i>'Developing expert specialist teams and services can give better outcomes for patients.'</i>	Strongly Agree	50%
	Agree	41%
	Neutral	9%
	Disagree	1%
	Strongly Disagree	0.3%

Statement 5	'Option	Results count
<i>'Developing expert specialist teams and services can bring greater job satisfaction.'</i>	Strongly Agree	39%
	Agree	39%
	Neutral	19%
	Disagree	2%
	Strongly Disagree	0.3%

Statement 6	Option	Results count
<i>'A&E attendances could be reduced if the NHS in Bucks provided and promoted alternatives including enhancing its GP led centres in the hospitals, community services, GP practices and pharmacies.'</i>	Strongly Agree	40%
	Agree	40%
	Neutral	14%
	Disagree	4%
	Strongly Disagree	1%

KEY THEMES

Some strong themes emerged through all of our engagement and involvement activities. In our consultation document we will set out how we are taking account of these moving forward:

- Most people understand the need for change and are supportive of the general principles of the Better Healthcare in Bucks programme.
 - People understand why they may need to travel further for specialist hospital care but transport and car parking need to be considered. People are also concerned to ensure that the quality of local services is not affected by centralisation of specialist services and that there is consistency of quality throughout the NHS.
 - People are happy to receive care closer to home, but they want to see sufficient qualified staff in place to provide this.
 - People think something should be done to stop people using hospital emergency services when they don't need them but more information should be available to help people decide where else they should go. Much better information about NHS services generally was mentioned repeatedly.
 - People want to be treated with dignity and respect and as intelligent adults. They want to see an NHS where services are better co-ordinated and communication between organisations is improved.
- Although we did not specifically ask about primary care services, a number of people raised the fact that they felt it was difficult to get a GP appointment when they wanted it.

How have we done? The Secretary of **State's four tests**

So how have we done so far in our engagement and involvement process? The following sets out our actions against the Secretary of State's four tests for changes in hospital services.

Any proposals for change must:

- **Be based on clear clinical evidence**
The doctors presenting the need for change and developing the proposals have based their thinking on current evidence on what gives the best results for patients. For example, we know that centralising some services gives much better results, even if people have to travel further for care. During their presentations and discussions, our senior doctors have explained this evidence to patients and the public.
- **Have the support of GP commissioners**
Our local GPs are working closely with hospital clinicians to develop proposals for the future. As well as the two clinical workshops which have brought hospital and primary care

clinicians together for discussion and debate, there have been a variety of meetings at which representatives of both clinical teams have discussed Better Healthcare in Bucks. Proposals for change will only be published for public consultation when GP commissioners are satisfied that they are the right way forward for their patients in Buckinghamshire.

- **Genuinely promote choice**
The proposals will not fundamentally alter a patient's right to choose where they are treated. Indeed, in the involvement events in the south and the north of the county, the importance of being able to access health services beyond the Buckinghamshire borders was raised by a number of participants and this is being taken into account as proposals are developed.
- **Follows a process which engages the public, patients and local authorities**
This report summarises how we have engaged and involved the public, patients and local authorities in Better Healthcare in Bucks. More

information on our engagement and involvement activities can be found on our website.

Next steps

This report gives an overview of the engagement and involvement phase of Better Healthcare in Bucks. Once clinicians have carried out more work on proposals for change, taking account of the feedback in this report, we will be publishing a consultation document giving more detail. We will be sending this out widely, including to the media, and will ask for your response so we can continue our dialogue. We will also be organising more public meetings, holding more discussions with partner organisations and other interested local people and publishing more surveys to find out what you think.

If you have not been involved in Better Healthcare in Bucks, it is not too late. You can contact us by email at betterhealthcareinbucks@nhs.uk, or by telephone on 01494 552256 and we will ensure that you are kept up to date with developments.

This document is available in large print, Braille and on audio tape. If you would like this document in another language or format, please contact us:

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