

**REPORT ON:**  
**Summary of events**  
**‘Milson Road Co-Design Workshop’**  
**Masbro Community Centre, Thursday 14<sup>th</sup> April 2016**

**PREPARED FOR:**  
**NHS Hammersmith and Fulham Clinical Commissioning  
Group**

**May 2016**

**FINAL**

**Prepared by:**

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# 1. EXECUTIVE SUMMARY

On Thursday 14<sup>th</sup> April 2016, Membership Engagement Services (MES) facilitated a co-design workshop regarding the future use of Milson Road Health Centre, Shepherd's Bush. This was held at the Masbro Community Centre on behalf of NHS Hammersmith and Fulham CCG (HFCCG).

The workshop was attended by 35 stakeholders from a variety of stakeholder types: the CCG itself, community organisations, GPs and, in the main, local residents.

Following the three hour session (which included context-setting, parameter-setting and break-out discussion), the following can be concluded:

1. There is general support for the idea of two GP practices (Brook Green Surgery and Sterndale Surgery) being relocated into a refurbished Milson Road site

Under this proposal, half of the refurbished Milson Road site would remain vacant. Following discussion with stakeholders about potential uses for this remaining half of the site, there was general agreement that:

2. The solution must improve the health and wellbeing of the local community
3. There is support for the remaining half of the building to be used for the further provision of health services
4. Any solution should be 'flexible' in nature (i.e. must be able to house several different options/types of activity).

A co-design workshop at this stage of a development marked a new type of engagement activity for HFCCG but was met by stakeholders in a positive light, with feedback producing an overall appraisal rating of 'Good'.

## 2. BACKGROUND

Milson Road is a health centre located just south of Shepherd's Bush in the London Borough of Hammersmith and Fulham. The building is currently used to provide specialist diabetes services and historically has been used as a base for a range of community-based health services.

The future of the centre has long been a subject of debate among local residents. NHS Property Services (NHSPS) ran a consultation in 2011, during which there was strong opposition to the sale of the premises or conversion into residential units and strong support for retaining Milson Road as a health centre.

NHS Hammersmith and Fulham Clinical Commissioning Group (HFCCG) is now actively considering the relocation of two local GP practices (Brook Green Surgery and Sterndale Surgery) in to a refurbished Milson Road site. This would provide expanded, fit for purpose premises for primary care, but would also leave a void in around half of the building. This void would result in a considerable cost pressure to the CCG as they would be responsible for the rent for the whole building.

In March 2016, Membership Engagement Services (MES) was appointed by HFCCG to facilitate a co-design process that would seek to generate recommendations for the future of Milson Road Health Centre with the help of local residents and other key stakeholders. The vehicle for co-design was to be a three-hour workshop.

The co-design approach sought to involve all stakeholders in the design process of what the future of Milson Road could look like. It is hoped that this will ensure that the health centre meets the needs of the local and wider community providing a long-term, locally designed solution to a local issue.

### 2.1 OBJECTIVES

HFCCG set out the objectives for the project as follows:

1. **PLANNING:** Fact-finding, including establishing parameters for co-design with HFCCG, NHSPS and GP Partners.
2. **WORKSHOP DELIVERY:** Organising a co-design workshop with local residents and key stakeholders to help to develop a solution for the Milson Road site.
3. **REPORTING & ANALYSIS:** Provide a summary report, including a list of options established through the engagement process.\*

\*Upon appointment, it was accepted that MES could not advise on potential space requirements for those options and subsequently provide clear recommendations on the next steps but could and would present a summary of findings from the workshop.

In addition, the workshop itself had the following objectives:

- To inform attendees of work done to date by HFCCG
- To establish parameters for possible solutions with attendees
- To ensure all stakeholders were able to express opinions regarding future use of Milson Road Health Centre
- To facilitate meaningful consultation among HFCCG and all other stakeholders
- To generate recommendations for the future use of Milson Road HC and to clarify most suitable options

## 3. METHOD

The following section outlines the approach taken by MES to deliver the work as outlined above.

### 3.1 PLANNING

Upon appointment, and after an initial meeting with HFCCG to agree a plan and format for the workshop, the planning stage consisted of three distinct parts:

#### 3.1.1 LOGISTICS

Given the tight turnaround for this project, it was imperative that a location and date for the workshop was found as soon as possible. In terms of venue, one option stood out to MES as the obvious (and most practical) choice. The Masbro Community Centre is located next to Milson Road Health Centre, has facility for meetings/workshops of this size and type and is a recognised venue for a range of community activities. In liaison with the centre and HFCCG, it was decided that the workshop would take place on Thursday 14<sup>th</sup> April between 6pm and 9pm. As it turned out, the room where the workshop was eventually held was as close to Milson Road Health Centre as you could get without being in the health centre itself.

#### 3.1.2 STAKEHOLDER MAPPING

In the objectives that were laid out for this project, it was made clear that the workshop was to be attended by ‘local residents and other key stakeholders’. As such, an important part of the planning phase was to map out who would be considered as a ‘stakeholder’ with regards to the future of Milson Road Health Centre. In collaboration with HFCCG and local community representatives, we were able to generate the following list of stakeholders:

- Brook Green Surgery\*
- Sterndale Surgery\*
- Hammersmith & Fulham GP Federation
- Hammersmith and Fulham London Borough Council
- Healthwatch
- Local community organisations
- Local patients
- Local residents
- NHS Hammersmith and Fulham Clinical Commissioning Group
- NHS Property Services
- Third/Voluntary Sector Groups

\*These GP practices are the two being considered for relocation to a refurbished Milson Road site.

Having mapped out these stakeholder ‘types’, we then identified individuals and groups within them and sent out invitations to the workshop. It should be noted that while our list of stakeholder ‘types’ is comprehensive, we are aware that there are individuals and groups within these types who did not take part in the eventual workshop. We are confident that, given more time (say a month or two), further groups and individuals would have been identified. Indeed, at the workshop itself, we had several suggestions from attendees of groups who would be interested in taking part in the co-design process. As such, if and when further activities/events are held regarding the future of Milson Road, HFCCG can be confident that there is further audience and appetite for co-design work among the local community, and that our list of invitees was not exhaustive.

### **3.1.3 SECURING RESIDENTS/PUBLIC ATTENDANCE**

Securing the attendance of local residents/interested members of the public had to be approached in a slightly different way given that these are private individuals as opposed to public organisations (as was the case with all other stakeholders). Our approach was two-fold:

Firstly, a ‘leaflet-drop’ was conducted in the streets surrounding (or near to) Milson Road Health Centre. A flyer was delivered to every property on these streets inviting residents to attend the workshop (and to register attendance by calling a Freephone telephone number or by emailing a dedicated email address). The streets covered by the leaflet-drop were:

- Addison Gardens
- Bolingbroke Road
- Fielding Road
- Holland Road
- Irving Road
- Masbro Road
- Milson Road
- Sinclair Road

Secondly, a member of MES staff spent a day at the Masbro Community Centre talking to local residents/members of the public as they attended their classes, activities and sessions held at the centre. Several people’s attendance was secured in this way.

In addition to these activities carried out by MES, HFCCG placed posters advertising the workshop in several GP practices/health centres in the local area. As was the case with the flyers, the poster invited people to register their attendance by telephone or email.

## **3.2 WORKSHOP FORMAT**

In the original MES proposal, a format for the workshop was presented. Upon appointment and after discussion with HFCCG this was refined, presented to HFCCG and subsequently accepted in a meeting on Wednesday 13<sup>th</sup> April 2016. The agreed format (i.e. ‘session outline’) can be found in Appendix A.

### **3.3 REPORTING AND ANALYSIS**

As mentioned above, HFCCG had originally sought a provider of the workshop that could produce a report “including a list of options established through the engagement process”. In initial discussion with HFCCG, it was noted that MES has no experience of providing formal recommendations with relation to the use of a building or existing site and could not provide formal recommendations due to factors that would need to be acknowledged/assessed by professionals in that field (i.e. financial viability, space requirements, planning regulations etc.). As such, it was agreed that MES would provide a ‘summary of events’ that would document how the workshop unfolded and what was said by participants. In doing so, the report would concentrate more on themes than specific recommendations for the future use of Milson Road Health Centre. Where specific recommendations are mentioned (including the ‘strength of feeling’ associated to them) these are replications of the thoughts of attendees expressed at the workshop itself and not the view of MES or HFCCG.

### **3.4 QUALITY MANAGEMENT**

Below is a summary of the systems and tools in place for quality management and information security at MES:

- MES is ISO 9001:2008 certified.
- MES is ISO 27001:2013 certified, have achieved a 97% score on the NHS Information Governance Toolkit (2014-2015) and we are a registered Data Processor under the UK Data Protection Act 1998 (ICO ref: Z110099X).
- All data and analysis are stored securely, in line with NHS and Data Protection Act regulations.
- MES is a registered Market Research Society (MRS) Company Partner and all researchers are working in accordance with the MRS Code of Conduct.
- Project Managers within MES are certified to at least PRINCE2 Foundation level.

## 4. SUMMARY OF EVENTS

The following section provides a summary of events of the Milson Road Health Centre co-design workshop held at the Masbro Community Centre on Thursday 14<sup>th</sup> April 2016 between 6pm and 9pm.

### 4.1 ATTENDANCE

Given the comparatively long duration of this session, a number of attendees arrived after the 6pm start while some others had to leave before the 9pm end. In total, 35 people took part in the workshop. They are broken down into the following stakeholder types:

Stakeholder type	Number of attendees
Residents/Public*	22
NHS Hammersmith and Fulham CCG	5
Healthwatch	2
GP surgeries	2
Community groups	2
Hammersmith & Fulham GP Federation	1
London Borough of Hammersmith and Fulham	1
<b>TOTAL</b>	<b>35</b>

\*It should be noted that our residents/public attendees had a variety of different connections to Milson Road Health Centre. Some lived nearby, some were current patients of Milson Road, some were current patients of one of the two GP surgeries earmarked to go into a refurbished Milson Road site, others simply had an interest in community matters. Some may also have been linked to local community groups but were not attending in an official capacity for that group.

### 4.2 INTRODUCTIONS

The workshop began with introductions by MES. Facilitating the workshop for MES were Robert Harding, Amy Li and Maxine van Bommel. The desired outcomes of the workshop were presented to attendees as well as the format of the session. Each attendee was then

invited to briefly introduce themselves and how they were linked to Milson Road Health Centre. This allowed all attendees to get a feel for the make-up of our participant group.

### **4.3 PRESENTATION FROM HAMMERSMITH AND FULHAM CCG**

The workshop moved on to a context-setting presentation from HFCCG. Speaking on behalf of HFCCG was Toby Hyde, Head of Strategy.

Toby explained who HFCCG are within the structure of the NHS before explaining how HFCCG itself is structured, its financial arrangements and how many people/patients are covered by the services they commission in the Hammersmith and Fulham area.

It was explained that the financial position of HFCCG is a challenging one with the organisation expected to deliver against a backdrop of reduced funding in real terms. Against this backdrop, the buildings (estate) in which healthcare services are provided within the Hammersmith and Fulham area are variable, with some buildings now out-dated and in non-compliant premises. Toby explained that the challenge for HFCCG is to provide healthcare fit for the 21<sup>st</sup> century whilst meeting the issues of increasing rents and deteriorating estate.

To that end, HFCCG has described four main purposes for local NHS estate:

1. To provide face to face care
2. To supply buildings that house 'Care Coordination' teams (that help to coordinate care for complex patients over the phone and using web-based applications)
3. As a base for community-based teams
4. That buildings should be 'community-owned'. This could mean that they are made available for public events.

Attention then turned to the Milson Road Health Centre site itself. It is believed that the building was built in the 1950s and, as such, is not conducive to providing 21<sup>st</sup> century health care. Toby noted that the site is currently owned by NHS Property Services (NHSPS): a company that is part of the NHS but is set up specifically to manage the NHS property portfolio. Toby also stressed that NHSPS could not do anything to the site without the approval of HFCCG. It was explained that the plan is to refurbish the Milson Road site.

Mention was then given to the 2011 consultation which proposed to demolish Milson Road Health Centre and convert the site into residential housing. It was noted by HFCCG that this proposal proved to be very unpopular with local residents. That strength of feeling was received loud and clear by HFCCG. Given that, Toby explained that the preferred option for the site was now a refurbishment which would involve improving the exterior and gutting the inside of the building with a view to the building being occupied by something else. What that 'something else' would be was the driver behind the co-design

workshop itself. It was stressed that, at this stage, HFCCG was keen to hear of all options/recommendations (i.e. nothing was 'off the table').

#### 4.3.1 AUDIENCE Q&A

Questions were then taken from the participants to ensure that all in attendance fully understood the context of the Milson Road site, before we moved onto the main task of discussing possible solutions.

The start of this question and answer session was characterised by a degree of scepticism from attendees with many wanting to ensure that the co-design approach was not just another way of ensuring the proposals from 2011 were implemented. This scepticism was shaped in the form of several questions surrounding the transparency of this process (e.g. "Is this just a tick-box exercise?", "Will any report produced as part of this process be made available to the public?", "How will HFCCG reach its final decision?" etc.).

However, scepticism gradually faded throughout the course of the workshop. The turning point of this shift came when HFCCG mentioned plans to move two existing GP practices into a refurbished Milson Road site. Prompted by a question that asked for more information regarding the work done to date, HFCCG explained that discussions had already begun with two local surgeries (Brook Green Surgery and Sterndale Surgery) to move those practices from their current buildings (which are housed in converted residential properties and owned by private landlords) to a refurbished Milson Road site. The practices earmarked to move would consist of 6-7 doctors (including 4 GP partners) and would cover approximately 9,000 patients. It was explained that both GP surgeries are in favour of the move, as are HFCCG.

Prompted by a further request about how this would look if this was to happen, HFCCG explained that the practices would be at the front of the refurbished site (made up of approximately nine or ten consultation rooms). If the proposal was to go ahead, it would leave roughly half of the site (approximately 400 square meters) unoccupied. At this point, HFCCG stated that their preference is to move the two GP surgeries into the refurbished site while working with the local community to find a suitable solution for the remaining half of the building. Given the high rents of the site, HFCCG stated that the remaining space must be used in a way that benefits the local community.

The idea of a refurbished Milson Road centre being used by two existing GP practices was met well by attendees of the workshop with no objections raised to this proposal on the night. Following the outline of this plan, discussion then turned to ideas for the remaining half of the Milson Road site.

A few other questions were posed in this section. The first referred to the current services provided at Milson Road Health Centre and what would happen to them. HFCCG explained that the current provider of community services (Central London Community Healthcare NHS Trust) were not keen to continue using the site as the current facilities were not suitable. Indeed, some services had already moved to the Park View Centre for Health and Wellbeing on Bloemfontein Road, White City.

Another attendee pointed out that the initial refurbishment of the site would have cost implications and, given the financial difficulties faced by HFCCG, questioned whether this was achievable? HFCCG explained that they would need to apply for capital funding to carry out this refurbishment and would seek to do so through an application for capital from NHS England and potentially accessing funding through 'Section 106' agreements with the local council.

The final question of this section asked whether HFCCG had any ideas in mind for the remaining half of a refurbished Milson Road site. Given that HFCCG had explored the option with the GP practices (and were responsible for commissioning services in the area), the attendee pondered that HFCCG must have an idea of what is needed in the area. HFCCG answered that, presently, the design for a refurbished Milson Road site is not fixed and there are no front runners to occupy the remaining half under that proposal, but that they do have some ideas in mind. However, it was stated that, at this stage HFCCG do not want to lead stakeholders down a particular path and are keen to hear the views of local residents, organisations and interested parties.

## **4.4 PARAMETER SETTING**

With attendees reacting positively towards HFCCG's preferred option of moving two GP surgeries into a refurbished Milson Road site, discussion then naturally progressed into workshopping ideas/solutions for the remaining half of the refurbished building.

To ensure that this discussion was focused on what would be a 'realistic' solution, an exercise was undertaken to define the parameters of any potential solution. This was done by creating three lists: 'Must', 'Should' and 'Could'. HFCCG were invited to give their additions to these lists in the first instance and then the discussion was opened out to the room.

### **4.4.1 MUSTS**

For HFCCG, the following were considered 'Musts', i.e. things that the solution must deliver:

- The rehousing of two GP practices
- Improve the health and wellbeing of local residents/population
- Must be financially sustainable
- Any costs must be justifiable
- The benefit must be proportional to the CCG's investment

Following this, our other participants were invited to give their 'Musts'. The first batch of suggestions was more 'protective' of the local area interests:

- Parking to be made available
- Existing staff parking to be retained
- Must not be disruptive to local residents (e.g. noise levels, increased traffic, unsocial hours)

Attention then turned to some more progressive suggestions:

- Must be a green/environmentally friendly building
- Work closely (and in collaboration with) local community groups (e.g. the Masbro Centre)
- Aesthetically pleasing to look at
- Be a clean environment
- Provide a flexible solution

As part of this discussion, two themes emerged for the first time which would dominate the rest of proceedings: participants agreed with HFCCG's parameter that the solution must **improve the health and wellbeing of local residents/population**. The word **flexible** also made its first (of many) appearances of the night.

#### 4.4.2 SHOULD

'Shoulds' were explained to be elements that any potential solution should ideally contain but were not considered 'deal-breakers' by stakeholders. For HFCCG, the 'shoulds' were:

- The solution is cost neutral
- Acts as a focal point for the local community

The rest of our participants had no 'shoulds' to add. In fact, what we found is that if a participant felt strongly enough to come up with a parameter, they invariably considered this a 'must' rather than negotiable.

#### 4.4.3 COULDS

'Could's' are essentially ideas of what the solution could embrace and/or look like. By its nature, the ideas put forward are done so in the spirit of 'throwing it out there' rather than placing the emphasis or conviction on them that comes with our 'must' parameters. This part of the evening's discussion was the springboard for generating recommendations/ideas about what the solution could look like. As such, the ideas mentioned were part of a longer list of recommendations given by attendees on the night (i.e. the following does not represent all ideas presented on the night):

- Community café
- Training base for local GPs
- Nursery/family centre
- Administrative base for co-ordinated care/care call-centre
- Base for health visiting/family planning
- Sports centre

## 4.5 BREAK-OUTS

Having discussed the parameters for our stakeholders in attendance, the workshop at this point was split into three groups with the aim of each group continuing the discussion of ideas and potential solutions in smaller numbers. Each group had a range of stakeholder types and each was given twenty minutes to generate further ideas and thoughts.

### 4.5.1 GROUP ONE

This group consisted of seven participants: one GP representative, one representative from HFCCG, four residents and one interested member of the public. Participants tended to focus on a solution which provided a co-location of health and wellbeing services. There were discussions around liaising with other health and care providers to determine whether they would need accommodation and, if so, to rehouse these services into the vacant space. Services mentioned included child and adolescent mental health services, social services, council services, disability, alcohol and drug services, and local wellbeing organisations. There was more support for a solution that would enhance the community's health and wellbeing rather than a private (non-health related) organisation using the other half of the building. The group were all very much in support of the relocation of the two GP practices into a refurbished Milson Road site.

Providing a flexible space was also prominent. There were suggestions around having a chemist on site, dermatology centre or a waiting area for mothers and babies. There were well-supported recommendations to collaborate with the Masbro community centre and provide yoga classes or studio spaces for the local art community.

The strongest support in this group was to have a 'community' service based in the space rather than a private/corporate organisation.

### 4.5.2 GROUP TWO

This group consisted of twelve participants and was the largest of our three. The group included one GP, one individual from HFCCG and one community group representative. The remaining participants were local residents and patients.

The overall consensus was that the most suitable option for Milson Road should be one that is economically viable. All of the respondents recognised this as a crucial factor. However, in order for it to be economically sustainable, the respondents suggested that the space have some element of flexibility to it.

A couple of respondents explored the possibility of developing a community café following a model similar to that of St. Paul's. The café could be run by and offer training placements to troubled youths or individuals with learning difficulties. The community café would ideally function as a meeting place for local residents. However, given that the café most likely would not fill the entire space available, respondents suggested using the other rooms for other services and activities.

Keeping in mind that the options would ideally improve the health and wellbeing of the community, and that the other space would be inhabited by two GP surgeries, respondents

suggested that the space could be used to offer physiotherapy, house health visitors, dentist/orthodontist, private psychologists, mental health services, or services specifically for children and mothers or the elderly.

Other participants felt that the space should be utilised to provide more wellbeing-related options such as massage and beauty salons, alternative health therapies such as acupuncture, private cosmetic surgery, or a veterinary practice/something else pet-related. A gym or leisure activity centre, offering sports massage was also mentioned.

The participants further discussed the possibility of using the remaining rooms for events or training purposes. According to one participant, one of the rooms could be used to demonstrate the use of non-medical equipment and products. This would allow potential buyers to become more familiar with the product before purchasing.

As economic viability was a common theme, one participant suggested renting out the rooms to health-related charities which would have an interest in the space as the rent would be significantly lower.

Other options that were shared included a business incubation hub, flexible work places, or a space to be used by the community police who are tendering in the area.

#### **4.5.3 GROUP THREE**

Group three had eight participants: our GP Federation representative, four residents, one representative from HFCCG and our two Healthwatch attendees.

Prompted by the participants themselves, discussion began (and largely centred around) what other health services attendees would like to see occupy Milson Road Health Centre. Suggestions included dentists, podiatrists, physiotherapist and/or pharmacy services. The facilitator pointed out that if we were to ask each stakeholder what health service they would like to see provided, their answer would be given based on what was needed within their household. Our participants agreed with this. The question was then posed of whether it was more important to the group that the solution provides 'health service provision' than anything else. The majority of this group agreed that this was important to them. Interestingly, our group had no preference about whether this provision would come from an NHS or private healthcare provider, although there was a query from one participant about whether bringing in a private healthcare provider was appropriate.

Discussion then turned to the idea of a flexible 'health provision' space which seemed to gain support. Questions then arose about which services would be viable based on the needs of the borough as a whole and Milson Road's issues regarding transport and access. Our HFCCG representative explained how the CCG goes about commissioning services.

Our GP Federation representative argued that thought should be given to the 'long-term themes' dominating the provision of NHS care at the moment and, in particular, the trend for hospital based services to be transferred to GP practices. As such, it was argued that the solution should plan for this trend which looks set to continue. It was argued that services provided at Milson Road should be 'coordinated'.

What was most revealing in this group was what participants were against in terms of a solution. They could not see any benefit in a café or gym occupying the space as “the borough has plenty of those already”. There was less opposition to an NHS solution such as a call centre, but it was argued that it would be a shame if that happened as “you could put a call centre anywhere”. Participants here tended to focus on the ‘opportunity’ that the refurbishment of Milson Road Health Centre would bring in terms of improving the health and wellbeing of the local population.

## **4.6 SUMMARY**

Following the group breakouts, participants were brought back together to discuss what had happened in each, and to find the commonality/points of difference throughout.

Each group had talked about further provision of health services but which services would/should go into Milson Road was contested.

As such, it may not be surprising that the need for ‘flexibility’ in the solution was mentioned by each group. ‘Flexibility’ was usually referred to in relation to providing a flexible space for health services (i.e. a ‘health hub’) but the word was also used in terms of the idea that the space could be used for both traditional health provision as well as other ‘wellbeing activities’ (e.g. yoga classes, mother and baby classes etc.). Extending this idea, some also remarked that the area could provide a base for community services (e.g. Macmillan nurses, community services etc.).

Group two was the only group that focused on the more pragmatic ‘economically sustainable’ option. As such, that group did not have the objection to ideas like a community café or commercial gym that our other groups did. Indeed, they saw such options as a practical solution to HFCCG’s financial challenges. However, their point did prompt a useful discussion during our summary regarding the potential advantages of private investment as a way of securing the long-term future of the site.

When asked whether the stakeholders in attendance would have any objection to a private healthcare provider making use of the remaining half of the Milson Road site, there was little objection to this, although a community group representative argued that the preferred solution should be of greater benefit to the local community than what a private healthcare provider could bring.

## **4.7 VIABLE OPTIONS**

It’s important to stress that the co-design workshop was not an official consultation on proposals for the future use of Milson Road Health Centre. Likewise, while well-attended, the thoughts and strength of feeling expressed during the workshop cannot and should not be viewed as a definitive representation of the entire stakeholder community. That said, some themes can be drawn out from the event and used to shape the most viable options for the future use of Milson Road Health Centre:

1. General support for two GP surgeries being relocated into a refurbished Milson Road site
2. The solution for the remaining half of Milson Road Health Centre (under that proposal) must improve the health and wellbeing of the local community
3. General support for that remaining half of the building to be used for the further provision of health services
4. Any solution to be 'flexible' in nature (i.e. must be able to house several different options/types of activity).

## **4.8 CLOSING REMARKS**

To close the workshop, HFCCG outlined the next steps. These included:

- MES to provide a 'summary of events' report to HFCCG
- The report to be published on website of HFCCG
- Any recommendations arising from the workshop and subsequent report to be vetted for viability using HFCCG procedures

One attendee asked how long the entire process will take (i.e. from now to refurbishment). HFCCG stated that this was still unknown but speculated that the decision-making part of the process is what will take the longest amount of time as formal proposals and consultations will have to be carried out. Given that this process may take a while, HFCCG raised the possibility of a follow-up meeting/workshop with the night's attendees once plans have progressed further. Participants were invited to leave their email address with HFCCG to receive follow-up communications.

## 5. APPENDICES

### 5.1 APPENDIX A: SESSION OUTLINE

**VENUE:**  
Masbro Centre  
87 Masbro Road  
London  
W14 0LR

**DATE:**  
14<sup>th</sup> April 2016, 6pm-9pm

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#### **PROGRAMME:**

##### **18.00 - MES Introduction**

MES will introduce the session and its purpose. The facilitator will outline the desired outcomes and take people through the agenda.

##### **18.10 - Participant introductions**

The facilitator will then invite all participants to briefly introduce themselves to the room and explain how they are connected to Milson Road Health Centre. This will be an important step in 'levelling the field' between patients/residents and clinicians/CCG staff. It provides the basis for effective, collaborative working later in the session.

##### **18.30 - Presentation from Hammersmith and Fulham CCG: The story so far**

A representative from HFCCG will then take the floor to set out the 'story so far' of Milson Road HC. This section will provide the 'context setting' necessary for the workshop to succeed. It will set out the challenges faced, the work done to date, as well as what can realistically be achieved. This section will also contain a small Q&A session. The aim here is for all attendees to gain a full understanding of all aspects of the issue at hand, in order to provide informed comment.

##### **19.00 - Parameter setting**

In order to generate a set of agreeable outcomes/recommendations for this project, it's important to establish what is important to all stakeholders, i.e. what their parameters for the project are. We will present the room with three lists: 'Must', 'Should' and 'Could'. We will begin this section by placing the CCGs 'Musts', 'Shoulds' and 'Coulds' onto these lists based on the opening presentation. We will then open this up to the room and add more to these as necessary. We will explain that this exercise is not designed to bind each other to a set of rules but to provide insight and awareness to what is important

to each participant. The MES facilitator will facilitate discussion about perceived ‘Musts’, ‘Shoulds’ and ‘Coulds’ and will aim to find commonality among the themes.

### ***19.30 - Break-outs***

Having sketched out the parameters of each attendee, we will then break out into three groups. Each group will be facilitated by an MES member of staff. The participants of each group will be asked to give their recommendations/ideas for the future use of Milson Road HC based on what has been said to date. The groups will be made up of a diverse range of stakeholders and the facilitator of each group will ensure that all voices are heard and discussed.

### ***20.00 - Summary of breakouts***

We will then bring all participants back together to discuss the recommendations and ideas that have surfaced in each group. We’ll explore these as a collective and find the areas of difference and similarity between them. By the end of this section, we will have a list of recommendations and a clearer idea of the themes that link them.

### ***20.30 - Viable options***

For the final part of the workshop, the facilitator will attempt to bring all of what has been discussed to a conclusion by presenting the themes/sketched-out ideas that appear to be the most viable options going forward. He will seek agreement from as many attendees as possible. Where there is disagreement, he will seek to broaden the discussion to a point where the participants are in general agreement. This will provide a platform from which the CCG can move forward.

### ***20.50 - Closing remarks from Hammersmith and Fulham CCG: Next steps***

To close, a representative from HFCCG will thank people for attending, and explain the next steps. They will also explain how the CCG will feed back to attendees and how those present can become more involved/keep up to date with the news of the CCG’s work.

### ***21.00 - Close***

MES to bring the workshop to a close.



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