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# Hampshire Together: Modernising our Hospitals and Health Services

Listening Exercise  
Independent Analysis Report

29 September 2020

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# 1 EXECUTIVE SUMMARY

## Summary of Main Findings

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### 1.1 Introduction

## 2 INTRODUCTION

### Background and Context

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#### 2.1 Introduction

This report provides independent analysis of the outcomes of a listening exercise conducted by the Modernising our Hospitals and Health Services (MOHHS) programme.

The listening phase ran for ten weeks from the Monday the 1<sup>st</sup> of June to Friday the 7<sup>th</sup> of August (extended by one week in response to feedback received through the engagement), with the final data provided to ASV<sup>1</sup> on 10 August 2020.

The listening phase was designed to concentrate on hearing the views of the public, staff, and stakeholders. The exercise was designed as an opportunity for people to provide their opinions on a very broad range of the challenges, opportunities and the choices faced by the healthcare system supported by Hampshire Hospitals Foundation Trust (HHFT). This listening exercise has been prompted by the opportunity offered by being part of the government's new programme to replace hospital buildings across the country.

The listening phase had to adapt to the circumstances dictated by the Covid-19 pandemic, therefore, the conversation was conducted through a mix of 'no-contact' methods:

- Contact forms available on the Hampshire Together website and in hard copy for postal return.
- Virtual deliberative events and focus groups with the public, staff, and stakeholders.
- Direct contact with the programme (emails, letters, phone calls).

Reporting is based on the secondary analysis of the engagement data provided to ASV.

#### 2.2 Background

Hampshire Together is a partnership between a wide range of bodies who share the common characteristic that they care about the health and wellbeing of the people of north and mid Hampshire.

The key partners in Hampshire Together are:

- **Hampshire Hospitals NHS Foundation Trust**, which provides acute hospital services at Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, as well as some services either at or close to patients' homes.

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<sup>1</sup> ASV is the trading style of ASV Research Ltd.

- The **Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups** and **West Hampshire Clinical Commissioning Group**, who are responsible for planning and commissioning NHS services across north and mid Hampshire. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from health providers.
- **Southern Health NHS Foundation Trust** and **Solent NHS Trust**, who provide community and mental health services for the population of north and mid Hampshire.
- The **10 Primary Care Networks** and **GP practices** who provide primary care services to their patients
- **Hampshire County Council**, who are responsible for a wide range of services across the county, including adult and children's social care services and transport. They are also a key partner through the Health and Wellbeing Board and the Health and Adult Care Select Committee.
- **South Central Ambulance Service**, who provide ambulance services and manage the 111 service and co-ordinate urgent care for the county.
- The borough and district councils, including **Basingstoke and Deane Borough Council**, **Winchester City Council**, **Test Valley Borough Council**, **Eastleigh District Council**, **Hart District Council** and **East Hampshire District Council** provide local services for their populations, and are the planning authorities in the area.
- **Parish and Town councils** across the county, often speak for their constituents and helped to shape the programme to ensure it meets the needs of the people.
- The **Voluntary and Community Sector Organisations** such as charities, community groups and social enterprises do an amazing role in supporting the population to succeed and flourish
- The **University of Winchester** and other education providers in the area.
- The **Local Enterprise Partnership** which is a locally-owned partnership between businesses and local authorities and plays a central role in determining local economic priorities and undertaking activities to drive economic growth and the creation of local jobs. Modernising our Hospitals and Health Services (**MOHHS**) is an ambitious approach using the position of Hampshire Hospitals Foundation Trust (HHFT) as one of the approved projects under the Department of Health & Social Care's Health Infrastructure Plan phase 2 (HIP2) to deliver a new hospital and other healthcare benefits.

The partner's aim was to complete a listening exercise on secondary care facilities – as pre-consultation engagement to inform an ambitious timetable to submit a Pre Consultation Business Case (PCBC) to the HIP2 programme in October 2020. The

analysis and reporting of the engagement exercise forms a critical component of this timeline.

The full scope of the programme is described in the ‘Listening Document’ as:

**“This project will include our whole local NHS – from GPs to mental health services, community care to acute hospital provision; as well as our colleagues in social care and the wider voluntary sector. As such, we are working together as one, with the aim of delivering fully joined-up care; from hospital to home and everything in between.”**

In summary<sup>2</sup> the programme set out the opportunities, challenges and the way in which people could help as follows:

**Opportunity** arises out of the government’s programme for new hospitals – The Health Infrastructure Programme 2 (HIP2)

- Hampshire is part of the second round - with construction aimed for **2025 to 2030**
- The money is for a new hospital. But a new building can be a catalyst for **so much more**
- We’ve received £5 million to start developing the plan that will deliver for **all the people** of Mid & North Hampshire (see Figure 1, on the following page.)

But we need your help to make **sure we get it right**

#### **Challenges:**

- The changing population of Mid & North Hampshire;
- Clinical sustainability;
- Condition of the buildings;
- Financial resilience; and
- COVID-19.

This is the **start** of the process – and your views, insights and opinions are **critical** to getting this right.

So please let us know what **matters to you** and why.

**Nothing** is off the table and all ideas are **hugely welcome**

<sup>2</sup> Source: Master Slidedeck.pptx MOHHS key slides for all listening event presentations.



The area of North and Mid Hampshire covered by the MOHHS programme is as shown below.



Figure 1: Area covered by the MOHHS programme<sup>3</sup>

## 2.3 Analysing the Responses

ASV was commissioned to provide an independent analysis of the listening exercise. The coding and analysis of the outcomes of the MOHHS engagement exercise are based on an approach where the qualitative data is analysed, and responses grouped into themes that most closely represent the views expressed. This allows reporting of the findings to be based on an accurate reflection of the sentiments expressed, this also allows for commentary on the specific number of times comments were made within these coded themes.

The analytical approach is based in the sound application of theory in developing the overall coding of qualitative input, supported by the use of Qualitative Data Analysis (QDA) software.

Individual responses have also been thematically analysed, and unless provided on an organisational basis, presented in anonymised format.

<sup>3</sup> Source: Appendix A\_MOHHS\_Brief for Engagement Analysis

### 2.3.1 Purpose

This report was commissioned to provide a commentary on that analysis and only covers submissions received during the listening phase. The purpose is to provide an independent review that will inform the next steps in the MOHHS programme.

This report draws no conclusions on the analysis and presents the findings to the MOHHS programme as early feedback from the public and other stakeholders on the issues which they feel are important and should be taken into consideration as part of the options development and appraisal process, as part of preparations for public consultation.

## 2.4 Publicising the Listening Exercise

The listening exercise was publicised through:

- contact with key stakeholders;
- a print media campaign;
- a social media campaign; and
- podcasts.

### 2.4.1 Press Campaign

The listening exercise was publicised in the local print media with an advert that appeared regularly during the engagement. The publications and the pages the advert appeared on were:

- Basingstoke Gazette: page 9
- Andover Advertiser: page 9
- Hampshire Chronicle: appearing on either page 7 or 9

The campaign delivered 355 clicks directly to the Hampshire Together website:

- 143 delivered from the Basingstoke Gazette;
- 98 delivered from the Andover Advertiser; and
- 114 delivered from the Hampshire chronicle.

Details of the overall campaign and other proactive press can be found in Appendix Three of this report.

## 2.4.2 Social Media

An extensive social media campaign was conducted, the table below shows the cumulative summary of activity during the listening phase.

Metrics	Facebook	Twitter
Followers	328	313
Reach	12,121	123,000
Total posts	92	91
Likes – posts	14	718
Share/Retweet	average 9 per day	218 (8 retweets per day)
Link clicks	(engagement) 381	1,200

## 2.4.3 Podcasts

Over the course of the programme, a series of podcasts were released on the Hampshire Together website to update on progress. All eight episodes produced to support the listening phase are available at:

<https://www.hampshiretogether.nhs.uk/news/podcasts>

In total there were 346 downloads of the podcasts in total, the detail of which is shown below.

Episode	Publish Date	Downloads
<b>Episode 8:</b> Update and feedback on the Hampshire Together engagement process	30/07/20	10
<b>Episode 7:</b> How could the Hampshire Together programme improve cancer care services across the north and mid Hampshire?	15/07/20	30
<b>Episode 6:</b> How could the Hampshire Together programme improve stroke and elderly care services across the north and mid Hampshire?	08/07/20	23
<b>Episode 5:</b> How could the Hampshire Together programme improve emergency care services across the north and mid Hampshire?	01/07/20	47
<b>Episode 4:</b> How could the Hampshire Together programme improve child health care services across the north and mid Hampshire?	23/06/20	28

Episode	Publish Date	Downloads
<b>Episode 3:</b> How could the Hampshire Together programme improve maternity and neonatal services across the north and mid Hampshire?	18/06/20	52
<b>Episode 2:</b> How will the Hampshire Together programme help to deliver more joined up care?	08/06/20	68
<b>Episode 1:</b> What is the Hampshire Together: Modernising our Hospitals and Health Services?	31/05/20	88

## 2.5 The Response to the Listening Exercise

In total **1,976** people or organisations participated during the listening period. A summary of responses is included in the table below.

Response method	Number of responses/participants
Contact Forms (Hampshire Together Website and hard copy)	539
Virtual deliberative events and focus groups with the public, staff, and stakeholders.	1,137
Staff engagement sessions	258
Direct contact with the programme (emails, letters, phone calls).	42
<b>Total responses</b>	<b>1,976</b>

A detailed breakdown of the responses by demographic characteristics, where available, are included in Appendix Two of this report.

## 2.6 Report Structure

Following this introduction, the remainder of the report is set out as follows:

- **Section Three:** Provides a thematic summary narrative of the submissions made to the listening exercise via the Hampshire Together website and hard copy submissions of the webforms.
- **Section Four:** Summarises the key themes emerging from the virtual deliberative events which formed part of the listening exercise.
- **Section Five:** Provides a narrative of the submissions made by stakeholders to the process.
- **Appendix One:** Provides a summary of the subject, date and attendance at the virtual deliberative events held as part of the listening exercise.
- **Appendix Two:** Provides details of the available demographic information for those who responded as part of the listening exercise.
- **Appendix Three:** Provides a summary of the proactive press campaign activity to publicise the listening exercise.
- **Appendix Four:** Contains the detailed stakeholder responses summarised in Section Five.

## 3 CONTACT FORMS: SUBMISSIONS TO THE HAMPSHIRE TOGETHER WEBSITE

### Thematic analysis

#### 3.1 Introduction

Respondents were encouraged to provide their reactions to a document, known as the 'Listening' document, which was available on the Hampshire Together website, and in hard copy for those who were not able to access it online. Following one initial closed question "...do you work for the NHS in Hampshire?" the responses were open, free text, against the following questions:

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?
- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

In this section we consider the main themes emerging from the analysis of the responses provided by those engaging in the listening exercise.

#### 3.2 Respondent Details

In total 539 submissions were made to the listening phase via the Hampshire Together Website. In response to the question:

"....do you work for the NHS in Hampshire?"

- The majority (77%) said they did not work for the NHS in Hampshire;
- 20% of respondents did; and
- The remaining 3% preferred not to say.

Do you work for the NHS in Hampshire?		No.	%
No		417	77%
NHS STAFF	Yes - member of staff at Hampshire Hospitals NHS Foundation Trust	89	17%
	Yes - member of staff at an NHS organisation not mentioned above	10	2%
	Yes - member of staff at either the Hampshire and Isle of Wight Partnership of CCGs or West Hampshire CCG	7	1%
	Prefer not to say	16	3%
<b>Grand Total</b>		<b>539</b>	<b>100%</b>

### 3.3 Challenges

In response to the question:

“What are your views on the challenges faced by the local health system?”

The following themes were generated through analysis of the submissions:

- The challenges to local hospitals;
- The challenges of a growing, ageing and changing population;
- The lack of an integrated care system (primary, acute, social);
- Health inequalities;
- The challenges of Staffing;
- The challenges of Covid-19;
- The challenge of a care system under pressure; and
- The challenges of current hospital ‘stock’ in North and Mid Hampshire

Each of these are discussed in more detail below.

#### 3.3.1 Local Hospitals

There is a clear concern over the potential loss of local hospitals, which are valued by respondents

- **Retain the existing small/cottage hospitals**

Respondents felt that the existing small hospitals in Mid and North Hampshire should be retained in any future service reconfiguration, with thought given to repurposing them as a complementary element within the system.

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The loss of small cottage hospitals which could have been used for rehabilitation and releasing bed blockers is regrettable, so some provision for a half-way house rehab centre & respite care should be retained as the existing hospitals close down.

---

Respondents also highlighted the benefit of retaining these local sites in terms of reduced travel demands.

---

Maybe more could be done to use local hospitals like Alton by bringing the medical staff to the patient rather than the patient to the Doctor.

---

There is no public transport easily available to any of these locations, and far more use should be made of the existing Petersfield, Chase and Haslemere Hospitals for routine clinics, even if it means the doctors have to travel out to them - that is one or two people against 10 to 20 - and for offering convalescent care, as used to be the case.

- **The importance of a hospital in Winchester to local residents**



Respondents were very clear in their desires for Winchester to remain as a hospital site with A&E facilities.

---

I think keeping A&E open at Winchester hospital is vitally important.

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Please save Winchester hospital.

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There may be challenges for the local health system however the solution is not to close local facilities offered by RHCH (Royal Hampshire County Hospital, Winchester).

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---

We agree that hospitals need to improve but we do need to make sure that we have local facilities especially A & E. There have already been some building and improvements made at RHCH in Winchester which would be wasted if all treatments were moved to another location such as Basingstoke.

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However, respondents also identified weaknesses in the current provision at Winchester.

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Also the building from outside (Winchester hospital) is beautiful, but once inside you feel like you have stepped back in time.

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Winchester hospital seems to be a weekday only hospital (not many services at weekends)

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- **The importance of a hospital in Basingstoke to local residents**

There was an equally strong case put forward for a new hospital in Basingstoke to meet the current challenges in North and Mid Hampshire.

---

The demography of Basingstoke as the 'Listening' document identifies is changing and the need for a local hospital based on the model proposed is growing.

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...We have seen too many family emergencies taken to Winchester when they should have been dealt with by Basingstoke unless Basingstoke gets overcrowded. If no suitable site IN Basingstoke is found for a new hospital then refurbish the existing hospital...

---

### 3.3.2 Population

Respondents recognised the importance of the changes in the local population in challenging the delivery of MOHHS' objectives.

- **An ageing population.**

Respondents recognised the likely impact on future services through the ageing population in Hampshire.

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Ageing population is certainly a big challenge as there are already difficulties faced by older people in relation to health care and these will only increase as demand increases.

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We have an aging [sic] population with complex social needs with multiple pathologies who require a specific new way of working.

---

- **Increasing Population/Future population growth**

It was also recognised by respondents that the Hampshire population was likely to increase in the future due to planned house building and new development, again likely to impact on services in the future.

---

...an increasing population what with all the new houses being built in the area; and budget constraints.

---

- **Changing Population**

Respondents also identified the issue articulated in the Listening Document highlighting the changes in the overall Hampshire population over the coming years which would again impact on services delivered by the partners in Hampshire Together.

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I also feel that the challenge raised in the listening document relating to the changing population should also take into consideration the younger population.

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Lack of long term planning to prepare for population changes - volume and age profiles Falling back on wordy documents with worthy rhetoric and smiling faces which dodge real issues.

---

- **Disparate population**

However, it was also recognised that population issues were not homogenous, with a varied and disparate population across Mid and North Hampshire, each with their own challenges which needs to be recognised in future service redesign.

---

...the large and disparate population you serve... The population is ageing in some of these areas, but others – such as Winchester – are popular with families with school-age children and also with students. There are two distinct groups that must be catered for with all services (i.e. not just health, but other services important to people's well-being and livelihoods), therefore: neonates, infants, children, adolescents and young adults, AND older people (i.e. over 60s). Creating a health service that can cater for these population 'bulges' is not easy.

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### 3.3.3 Lack of an Integrated Care System (Primary, Acute, Social)

Respondents identified concerns over an overall lack of integrated care across all sectors.

- **Lack of coordination in the health and social care system**

Respondents identified a key challenge in the current system in the lack of coordination in the health system. This was highlighted in the transition from acute to primary/social care and the need for closer working and information exchange between the component parts in the system.

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Hospitals, GP surgeries and care services all have a part to play and the better coordinated these are (across the whole county), the better a wide range of health needs can be met.

---

The challenges I see for management of long term health conditions are: poor communication and coordination between local services and hospitals, particularly GP and consultant; when I was an inpatient for 2 weeks my care was poor as there was no consistency

---

## ■ **Insufficient Mental Health Care Provision**

Respondents highlighted the challenges of mental health care, which is seen as an increasing priority, through both volume and awareness of the issues. There was also the issue of a lack of joined up services highlighted, both in terms of patient records and continuity of care, as well as the lack of resources provided to support delivery of mental health services.

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insufficient 'joining up' of mental health (which is becoming an increasingly significant issue and is hugely under-resourced) ...with hospital services.

---

This was also felt to be an increasing pressure on the service due to the COVID-19 pandemic, with people coping with unusual pressures, with concerns that this will lead to an increase in demand for mental health services.

---

Mental health is a growing concern especially during this pandemic.

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Respondents also identified concerns around specific mental health services, most notably in relation to perinatal care.

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I think that community mental health services need some serious work, particularly perinatal mental health.

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## ■ **Competition and lack of collaboration in acute care**

Respondents identified the challenge to the health and social care system in Mid and North Hampshire from perceived competition from services provided by other Trusts, particularly those adjacent.

---

Competition for services from surrounding hospitals, particularly Southampton and Frimley.

---

This competition was also identified as an issue within Mid and North Hampshire, with a perception of competition rather than cooperation between the two major hospitals within the Hampshire Hospitals Foundation Trust.

---

...not enough collaboration between Basingstoke and Winchester to provide joined up service

---

---

None of these hospitals liaise with each other in any useful way in relation to the patient's health needs.

---

### 3.3.4 Health Inequalities

The issue of lack of formal consideration of health inequalities in the listening phase was highlighted as an issue that should be addressed in further work.

---

There is no mention in the document about health inequalities, and how any investment will tackle those inequalities... a more detailed assessment is needed to know whether any investment will make an impact on the outcomes identified

---

Respondents also highlighted the importance of addressing health inequalities in the overall system.

---

Many of the health needs of the population result from lifestyle choices (e.g. poor diet, inadequate exercise, smoking, excess alcohol), social isolation, poverty, and air pollution.

---

people are living longer with multiple health conditions

---

### 3.3.5 Staff

#### ■ Staffing issues

Respondents identified as a key challenge the issue of staffing, in terms of the general levels at main services and specifically at the Emergency Department and Maternity Services.

---

I feel staffing issues are the main concerns regarding A&E and maternity services.

---

#### ■ Ability to attract and retain qualified staff

The issues around availability of staff on a day-to-day basis is felt to be compounded as a challenge by the difficulty in both attracting and retaining staff.

---

Attracting and retaining staff is a massive challenge given the current climate and it will be important to ensure that a positive environment is established to attract good quality staff.

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Inability to man the institutions with appropriately trained staff and the difficulties of recruiting.

---

However, respondents recognised that Hampshire Together is not alone in this and there is a general shortage of health and social care staff throughout the UK.

---

The NHS in general have a short fall in nursing staff.

---

- **Over paid staff at the top**

Respondents identified issues around parity of pay, with senior staff felt to be overpaid in relation to the effort and responsibility of their juniors.

---

It has too many over-paid staff at the top and too many staff at the bottom who are underpaid.

---

- **Staff shortages resulting in over work**

Building on the issues of disparities in pay and rewards respondents felt that the situation was compounded by overworked staff, however, this was recognised as being at all levels in the organisation.

---

Over worked staff.

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### 3.3.6 COVID-19

One of the prominent challenges identified by respondents is dealing with the current pandemic, and the pressures it puts on staff, infrastructure, and resources.

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Given the Coronavirus pandemic this has increased the challenges that were already being faced by the local health system.

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Current challenge is COVID

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### 3.3.7 A Care System Under Pressure

Respondents identified significant pressure in social care and other areas, including palliative care and maternity services.

- **Perceived Pressure on Acute Care from Care Homes**

The first cause of pressure was felt to be the transfer of patients from care homes requiring emergency nursing care to acute care, which sometimes justified is felt to be abused resulting in frail elderly patients being bundled into hospital needlessly.

---

This includes care homes and primary care where there is often uncontrolled use of secondary care facilities wasting; resources, staff, and patient time.

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- **Social Care**

There was a corresponding view that much of this so called waste of hospital resources was as a result of lack of funding in social care, which put the whole system under strain.

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So social care needs sorting out.

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However, even a fantastic new, high-tech hospital could be left to pick up the pieces for other underfunded services – such as Child and Adolescent Mental Health Services (CAMHS), or adult social care – if you are not careful.

---

This was felt to be further exacerbated by the lack of integration between social and NHS care, with the former means tested and the latter free at the point of care. This was felt to leave social care as the poor relation, struggling with lack of resources and staff to deliver effective care.

---

... with the whole issue of the care sector not being part of the NHS, being poorly funded, not effectively managed and with poorly paid staff - a revolution, not evolution, is needed.

---

The view was also that the social care infrastructure, particularly care homes, was lacking, with too few and too low quality facilities in Mid and North Hampshire, which has a negative 'knock on' effect.

---

there are too few care homes locally, which must have an impact on the NHS with bed blocking.

---

The suggestion was made that hospital services should be integrated with social care and particularly domiciliary services to prevent admissions where possible and to provide a seamless return to home (where possible) for the frail and elderly as well as other vulnerable groups.

---

social care and domiciliary care with hospital services.

---

#### ■ **Palliative Care**

Respondents pragmatically pointed to the need for a seamless transition through services with a particular emphasis on providing care and dignity at end of life ensuring appropriate palliative care is integrated in the plans for Hampshire Together and not an afterthought.

---

Palliative care should be monitored as part of the health and wellbeing service.

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Challenge will be working together with all parts of the health service, so the patient has a seamless transition from GP to Hospitals to social services to **palliative care**.

---

#### ■ **Emergency and Maternity Care**

Respondents identified their concerns that emergency and maternity care could be relocated to the north of the county, which was felt to put an unfair burden on Winchester residents in particular.

---

You cannot expect people who live in South Winchester to travel North of the city, almost to Basingstoke for emergency care and other essential care offered at RHCH.

---



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At present the 'listening document' reads as if Basingstoke has already been prioritised with closure of maternity and emergency care in Winchester likely (for example providing statistics on Basingstoke demographics whilst not including the rapid growth forecast in Winchester and the local area).

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### 3.3.8 The Current Hospital ‘Stock’ in North and Mid Hampshire

Respondents identified significant challenges arising from the buildings that currently house acute care services, which included:

- **Facilities not fit for purpose**

Respondents recognised that one of the main challenges was the state of the current facilities, reaching the end of their useful lives and built in a manner incompatible with twenty-first century care, particularly acute care.

---

Rambling buildings often with narrow access and improvised facilities

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- **Population pressure on existing facilities and an ageing hospital infrastructure**

Recognition that the changes and growth in the local population will put increasing pressure on hospital infrastructure, which is at the end of its useful life resulting in increasingly poor service to patients, staff, and others.

---

Over the coming years the local health system faces major challenges due the planned growth in the population, an aging (sic) population, aging (sic) hospital infrastructure and the development of new medical technologies

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Additionally, the increasing and ageing population of Hampshire will put further pressure on what will become increasingly inadequate facilities.

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## 3.4 Opportunities

In response to the question:

What are your views on the opportunities that Hampshire Together offers for the area?

The following themes were generated through analysis of the submissions:

- |                                                    |                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------|
| ▪ Improved Local services                          | ▪ Enhanced care for the elderly                                           |
| ▪ Integration between acute and community services | ▪ Hospital services coping with increased and changing population density |
| ▪ Designs built around patient need                | ▪ Involving patients and service users                                    |
| ▪ Enhanced Emergency Services                      | ▪ Single patient rooms                                                    |
| ▪ Diagnostic services                              | ▪ Exciting Opportunity for Integrated Working                             |
| ▪ The Chance to get the Timing Right               | ▪ Addressing the right priorities                                         |
| ▪ Reduced Waiting times                            | ▪ Proximity of services                                                   |
| ▪ COVID-19 Inspired Innovation                     | ▪ Travelling times and distances                                          |
| ▪ Patient care                                     |                                                                           |
| ▪ Patient records                                  |                                                                           |

### 3.4.1 Improved Local Services

Respondents identified a significant opportunity to improve the provision of local services as a key opportunity to arise from the Hampshire Together programme as described in the listening document and other sources such as presentations at deliberative events.

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The Hampshire Together proposals offer a chance to improve local services and meet demographic changes across the area.

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The opportunities I see for Hampshire Together for people like me are: focus on improving local services and delivering care outside of hospital, and more coordinated care

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Inject money into new projects involving existing hospitals and improving already functioning local services.

---

### 3.4.2 Integration Between Acute and Community Services

The potential to provide greater integration between acute and community services was identified as a key opportunity. This included:

- Enhanced and improved communications between services.

---

This can only be better for our patients who often complain of a lack of communication between acute and community services.

---

- Enhanced integration across all sectors leading to innovation.

---

Having attended the listening event this morning I am excited by the opportunities to redevelop health care by integration of hospital and community services around the new build, and the desire to work across organisations to achieve an innovation.

---

- Integration through the better use of technology.

---

Any change that better integrate community and hospital services have to be welcomed, better communication, infrastructure and technology is required to make this happen.

---



---

So we have a more streamlined health service alongside a new Hospital, triage embedded in 111 has shown what is possible

---

### 3.4.3 Designs Built Around Patient Need

Starting from scratch in a new hospital provided by the opportunity offered by the HIP2 programme provides opportunities to design the services around patient need from the ground up.

---

The main opportunities seem to be: designing a modern hospital that is welcoming and can be kept clean easily, with other innovations that maximise patient safety, and with the latest technology built into it.

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---

A modern state of the art facility to provide coordinated patient outcomes

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---

I feel a new hospital is a fab idea, incorporating a modern hospital utilising technology to improve working standards for staff and therefore patients

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---

I think it is an opportunity to use new ways of e.g. monitoring symptoms using digital technology including patients doing...themselves.

---

#### 3.4.4 Enhanced Emergency Services

There was a potential negative opportunity identified related to emergency services through an implied lack of thought by Hampshire Together of the real need as experienced by patients and others.

---

I view any diminishment of the present facilities which are now available would add to the stress on patients and load unnecessary and avoidable pressure on the emergency services.

---



---

Joining maternity and emergency services will limit birthing and emergency care available for certain areas and increase demand on the remaining services.

---

However, positive opportunities were also identified to enhance emergency care.

- Enhanced Gateway to Emergency Care: The Hampshire Together programme offers real opportunities for a real enhancement to existing emergency care for all in Mid and North Hampshire.

---

111 is providing a great entrance into emergency care, and clinical  
**Addressing the needs of different areas in Hampshire**

I am concerned that different areas will become centres of excellence and we will have to travel further afield for facilities that are currently available locally.

---



---

A more sustainable equipped accident and emergency department more up to date medical equipment if necessary Winchester has good transport links and is accessible for people from different areas of Hampshire

---

### 3.4.5 Diagnostic Services

The Hampshire Together programme offers the potential for real improvements in diagnostic services, including building a resilient and rapid response for any future pandemics or other infectious disease outbreaks.

---

Fast access to diagnostic services...

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For example, a full range of microbiology and other diagnostic services, which could then generate timely local data and link into local public health services in the event of a future infectious disease outbreak.

---

### 3.4.6 The Chance to Get the Timing Right

The Hampshire Together programme offers a real 'blank sheet of paper' opportunity, allowing developments to be brought to fruition within a supportive framework that will allow developments to take place at the right time.

---

... previous attempts at joint working, service redesign and some integration either came at the wrong time or were not truly bought into by some parts of the organisations which blocked and wrecked the process.

---

However, respondents were also pessimistic that external factors seeking to drive the timeline may result in the potential opportunity of timeliness to be squandered.

---

All of my experience shows that in achieving the vision, time/expertise/experience spent during a project is inversely proportionate to risk and failure as the project proceeds i.e. unfortunately the 'norm' is insufficient time/expertise/experience is spent in the early stages which results in poor decision making, and subsequently a greater amount of time/expertise/experience is spent in the latter stages and after completion mitigating and hiding the impacts of poor decision making - you spend the same amount of time/expertise/experience, but at the wrong time with a poorer outcome!

---

### 3.4.7 Reduced Waiting Times

The programme was felt by respondents to offer the potential opportunity to reduce overall waiting times for care in Mid and North Hampshire, with particular reference to elective surgery and cancer care.

---

Maybe with another hospital there could be shorter waiting times for non-emergency surgery and cancer care

---

However, this was balanced with a good dose of scepticism from respondents who felt reduced waiting times will be difficult to achieve within the timeframe of the programme which will see changes and increases in demand through the population changes highlighted in the listening document.

---

It sounds good in theory, but the practical side is always difficult to achieve, not enough hospitals lack of trained staff, long waiting times for treatment will never in my opinion go away.

---

### 3.4.8 COVID-19 Inspired Innovation

Whilst the COVID-19 pandemic has placed huge burdens on the health and social care system in Mid and North Hampshire, the view from many is that the innovation in working practices, care and other areas should be embedded in the system and built on for the future. An opportunity arising from extreme circumstances.

---

The COVID 19 pandemic has created new ways of working, some of which have the benefits of being less challenging in terms of clinician and patient time, parking, they are greener, and services have been quicker and more patient focused.

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---

COVID -19 has shown one aspect how integrated multi-organisational working and doing things differently using technology can make an enormous difference to patient safety and quality of care.

---

### 3.4.9 Patient Care

The Hampshire Together programme was viewed by respondents as providing a significant opportunity to enhance the continuity of care through all elements of the local health and social care system. By working as an integrated partnership all the elements can provide a seamless cradle to grave service, providing the right care, at the right time in the right place.

---

The opportunities are great in regarding to receiving continuity of care from primary, in between to secondary care, enabling working together as one unit in providing patient care.

---

### 3.4.10 Patient Records

Working as an integrated partnership the Hampshire Together programme is felt to offer the opportunity for a truly integrated and universally accessible patient record, avoiding the need for repetition on the patients part and providing healthcare professionals with a full view of patient need.

---

the chance to bring it all together coherently to really, really, build an IT system that enables all parts of the system to speak to each other and pass on patient records when required

---



---

I like the idea of joined up services using up to date technology which can access patients records more easily and potentially reduce risk of missing opportunities in diagnosis.

---

### 3.4.11 Enhanced Care for the Elderly

The opportunity offered by the Hampshire Together programme of care closer to home, particularly for the frail and elderly, was felt to be very positive. The potential to return people to their own home and provide them with personal care to support their continued independence was felt to be a particular benefit.

---

Having more beds for frail elderly patients in the community and quick communication between these centres and the hospitals to ensure swift discharges for these patients would help flow in the hospital and would also be better for the patients so they are not in hospital for longer than they need to be and they get instead the appropriate more personal care in the right place.

---

---

I can also see how you might undertake certain surgical procedures in the new hospital and support immediate recovery there, but then elderly patients that require some ongoing support could transfer to Winchester for convalescence.

---

### **3.4.12 Hospital Services Coping with Increased and Changing Population Density**

The Hampshire Together programme provides the opportunity for a planned and appropriate service response to the challenge of a changing and growing population in Mid and North Hampshire.

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Winchester is also now a University City- with student numbers increasing the demand for hospital services- we need and must retain Winchester Hospital to serve this increasing population.

---

### **3.4.13 Involving Patients and Service Users**

The approach of listening to the views of patients and service users and providing the potential for future involvement in the development of services based on input from experts by experience is seen as an opportunity for the future of care in Mid and North Hampshire.

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Hampshire Together provides the patients and all service users with the opportunity to be part of the development of a first class service to suit the ever changing population.

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### **3.4.14 Single Patient Rooms**

Respondents viewed the opportunity of building a new hospital as the ideal chance to provide single patient rooms, providing enhanced privacy and dignity as well as supporting clinical need such as infection control.

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Will you take advantage of this opportunity to build single patient rooms with their own toilet facilities or at worst two patient rooms with their own toilet facilities.

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### 3.4.15 Exciting Opportunity for Integrated Working

The Hampshire Together programme provides an exciting opportunity for integrated working across all partners in health and social care, even if some were cautious about the way it will work practically ‘on the ground.’

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an exciting time if uncertain as to how this would work across partner organisations.

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### 3.4.16 Addressing the Right Priorities

The programme provides an opportunity to work as an integrated partnership ensuring resources are invested in the right areas, avoiding the mistakes of the past and meeting system wide priorities rather than sub-optimal goals.

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This is largely as money has not been invested in the right areas.

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### 3.4.17 Proximity of Services

Hampshire Together is felt to provide an opportunity to provide services in the right place to meet need. However, respondents were also concerned that this will mean changes to the way current services are delivered, changing the familiar local service, a factor for consideration in future discussions.

---

There are health issues that can't be predicted or planned, it is why we need an A&E close by and maternity services close by and it concerns me that this consultation appears to be saying that having hospitals in Basingstoke, Winchester, Andover, & Southampton are too many hospitals too close together.

---

- Travelling times and distances

The potential for changes in familiar local service, while seen as a potential opportunity also led to the expression of concern over a consequential potential for additional travel for some in Mid and North Hampshire. Again, a factor to be considered in future discussions.

---

...concerned about the potential long distances patients will need to travel from their homes to access their health care.

---



## 3.5 Meeting challenges and making the most of opportunities

In response to the question:

What are your views on how we should go about meeting the challenges and making the most of the opportunities?

The following themes were generated through analysis of the submissions.

- Meeting the challenges for care in Mid and North Hampshire;
- Opportunities for a rethink;
- Promoting the role and importance of staff to meet the challenge;
- Responding to transport challenges;
- Developing opportunities for Mental Health services;
- Providing attractive hospital setting and addressing the challenge of local demand; and
- Responding to the challenges of a growing and changing population.

Each of these is discussed in turn below.

### 3.5.1 Meeting the Challenges for Care in Mid and North Hampshire

#### ▪ Social care

Maximising the opportunity for partnership working across health and social care to ensure social care does not remain the poor relation in the process.

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Joined up working between health and social care is the biggest advantage I see.

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Pending any government plans on social care and coping with the elderly then it is essential that all health care providers are part of the process

---

Involving people on the frontline of social care delivery in developing solutions for integrated working through the Hampshire Together programme.

---

Involve people who work in social care in your discussions.

---

This includes making the most of the lessons learned through the current pandemic in involving people through technology in the development process to minimise disruption in already stretched workplaces (particularly social care settings.)

---

Using technology to allow experts to be involved in care/treatment in real-time (acute, primary, community and social care services)

---

- **Holistic care**

Adopting a whole person care approach in developing new services, not just thinking of the impact on the service are, using design principles that put the user at the centre of the process.

---

There are improvements which could be made, more holistic care would go a long way to solving some of the issues.

---



---

There are improvements which could be made, more holistic care would go a long way to solving some of the issues.

---

- **Tertiary care**

Ensuring the principles of user based design to ensure that all specialist care with the new hospital is designed with their needs at the heart of any process.

---

Examples in tertiary care include prehab interventions before surgery and chemotherapy, creating the right environments for active recovery in hospital, and maximising the 'teachable moments' that occur in people's lives when they undergo surgery or acute illness.

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- **Local care**

Ensuring the Hampshire Together programme does not overlook the strongly stated desire from people responding to this listening exercise for care in their locality and the interface with primary care is not lost in favour of the capital build proposals for a new hospital.

---

I understand that there is evidence that care in a primary care setting results in less no shows as a pre-existing care/patient relationship exists and people feel more comfortable with localised care.

---



---

You need to consider the actual needs of patients, and increase their access to local care, as is mentioned in your document.

---

### 3.5.2 Opportunities for a rethink

The Hampshire Together programme offers the opportunity for a ‘blank sheet of paper’ approach to develop:

- New patient pathways;
- The right facilities in the right place; and
- Involved experts by experience.

#### ▪ **New patient pathways**

To maximise the opportunities offered by the programme requires a radical rethink of the way in which patients access services that are standard across the region, ensuring a consistent patient experience irrespective of the geography of entry.

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Region wide healthcare pathways that are standardised across the region endorsed and implemented by all providers, primary and tertiary care.

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Changing how we work and changing care pathways to better meet a high demand with limited resources.

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#### ▪ **Right facilities, right place**

Equally, it is important to maximise the opportunities through a review not predicated on ‘this is what we’ve always done’ but on the best location for services, equipment, and facilities to meet user needs instead of seeking to meet service need.

---

Other challenges include ensuring that the hospitals and primary care have the correct facilities to treat patients e.g. MRI scanners at A&E departments to ensure they can take the whole range of patient conditions.

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This can be further enhanced by utilising new technologies e.g. ear canal examinations at local primary care organisations and reviewed by secondary care consultants to review and advise on treatment as well as training local staff on specific treatments, reducing non-essential pressures in secondary care.

---

- **Involving experts by experience**

Opportunity will be maximised by engaging with and listening to those with most experience of the patient experience, this not only includes service users who are adept at identifying previously unthought of approaches, but those professionals involved directly in delivering services.

---

please ensure plenty of clinical input from medical/nursing/allied health care staff as to the design and size of new hospital working areas as they are the ones who have to provide patient care in the new locations

---

### 3.5.3 Promoting the Role and Importance of Staff to Meet the Challenge

A key factor in maximising the potential benefits of the Hampshire Together programme will be ensuring existing staff are retained and the health and social care system in Mid and North Hampshire becomes an attractive place to work. The key issues identified in this respect through the listening exercise were:

- Morale
- Future role of staff in any further consultation
- Hospital staff
- Community staff
- Ambulance staff
- Attracting quality staff

- **Morale**

To maximise the opportunities offered by the programme, design consideration should be given to the following to encourage enhanced morale amongst staff:

- Green space, trees, and gardens;
- Evidence based care bundles; and
- Training and research.

---

The new hospital should be built to ensure patients and staff have views of green spaces including trees and gardens which is proven to be beneficial to wellbeing, staff morale and promote quicker patient recovery times.

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Coupled with utilising the introduction of care bundles which are based on evidenced based knowledge using research, this can have a massive positive impact on finances but more importantly staff morale and ownership.

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---

With regards to the working environment promoting and supporting training and research is a good way of improving staff morale.

---

- **Future role of staff in any further consultation**

Following this listening engagement, should the programme embark on formal consultation, to ensure any new services and facilities are attractive to new staff and likely to retain existing staff they should be involved right from the beginning with recognition of the importance and value of their contributions.

---

put the front line staff at the focus of any decision making

---

- **Hospital staff**

Ensuring that hospital staff within the Hampshire Together programme are all working to the same standards and procedures supported by state of the art technology.

---

All units/hospitals using the same SOPs and the same technology/equipment and are linked via high-speed connectivity to assure that clinical staff can work confidently and supported in all settings and the equipment used is understood

---

Additionally, provide support to ensure resources are available to ensure all clinical conditions are supported and staff are not put under undue pressure.

---

Currently considerable pressure and staff resource seems to be taken up by dealing with medical outliers in surgical and family wards.

---

- **Staff re-integration**

The programme offers the opportunity for staff to be re-integrated working in functional rather than organisational team, going beyond a multi-disciplinary approach to a truly system wide integration of purpose and structure.

---

Re-integrate paediatric therapies with hospital based staff, other community staff and relevant bodies delivering services to families and children at home and in schools, including looked after children.

---

- **Ambulance staff**

Working as an integrated system with cross functional working has the potential to allow ambulance staff to discharge patients they have transported to the Emergency Department more rapidly allowing more capacity to respond to other emergencies.

---

Also there needs to be better ability to release ambulance staff at A&E and health care assistants either employed by SCAS or the hospital or the community could then release paramedics and ambulance staff to deal with more critical cases.

---

- **Attracting quality staff**

Providing a system wide staffing approach has the potential to make the working environment more appealing to attract new staff.

---

Attracting good quality staff is possibly the most important issue and ensuring the local and working environment is optimal is crucial.

---

### 3.5.4 Responding to Transport Challenges

Transport has been identified as a potential issue which the programme can respond to effectively to maximise the opportunities for any future considerations. Identified opportunities to address the issues are:

- Public transport
- Ethical transport options
- Multi-mode transport
- **Public transport**

In parts of Mid and North Hampshire where public transport is not available to any potential new hospital site, consideration should be given to the provision of parking which is affordable to all.

---

... public transport is virtually non-existent around Liphook at least, so whatever facilities are developed need to have adequate car parking provision at reasonable or no cost.

---

However, rather than just providing parking that encourages car use, any new hospital site must be served by easily accessible public transport from all parts of Mid and North Hampshire, this is of vital importance for those who do not have access to a car.

---

The site for any new hospital should be carefully considered so that it is accessible for both those travelling by car and public transport - not everyone drives or has access to a car.

---

---

You will need to provide hospital facilities in a location that is convenient for access by older people who will require good public transport.

---

## ▪ **Ethical transport options**

Further developing the theme of avoiding overt encouragement of car use many respondents are keen to see any new hospital built to incorporate ethical transport issues.

---

Good public transport is critical, particularly as environmental issues are high on people's agendas

---

This includes secure cycle parking, electric vehicle charging points, a site minibus (preferably electric) and even park and ride to improve air quality on the hospital site.

---

Also to provide green infrastructure such as electric car parking spaces with charging points, lots of cycle parking and cycle paths and access to public transport.

---

I realise that specialist facilities cannot be available on every site, but have you considered park and ride or minibus access for ethical transport and an increasingly older population.

---

Provide better, sustainable options for hospital transport.

---

## ▪ **Multi-mode transport**

Irrespective of arguments for ethical transport, which are important, the new hospital site must be located in an area which allows for multiple modes of transport for easy access, including:

- Cars (any form of propulsion);
  - Public transport; and
  - Walking and cycling.
- 

Identify potential sites quickly, ensuring that they have excellent public and private transport links and above all will provide free parking for staff, patients, and visitors.

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---

The new clinical facilities needs to be centralised somewhere, which must be on the M3, with good transport links to all 3 towns.

---

### 3.5.5 Developing Opportunities for Mental Health Services

The opportunities for providing an enhanced mental health service through the Hampshire Together programme have been identified by respondents, through:

- Engaging with experience
- Focus on support
- Local support
- Specific support

- **Engaging with experience**

The opportunity to maximise the impact of the programme in terms of mental health services can be significantly enhanced by involving those with experience of providing support in this area, often third sector groups. Involving them at an early stage in any further consideration of service redesign has the potential to reap significant rewards.

---

Is there going to be engagement with groups who support the mental health of local people, as mental services across Hampshire (especially for children) is woefully under sourced and under financed.

---

- **Focus on support**

Adopting a population level approach to mental health services and involve all partners in a public health promotion activity to encourage uptake.

---

Get a focus on what have traditionally been called health promotion and reach out to other partners in housing, education, and mental health

---

- **Local support**

Maximise opportunity by recognising that people who are struggling with their mental health, or desperate are unlikely to be able to travel to services in 'corporate' settings and consideration should be given to local services, perhaps working in partnership with third sector providers.

---

Focus on mental health services in communities, not expecting vulnerable people to travel long distances to intimidating large buildings.

---



- **Specific support**

Consider using the opportunities afforded by the Hampshire Together programme to explore the provision of specialist mental health care provision, such as learning disabilities or autism spectrum disorder (to name a few).

---

...wish there was more care for people with autism who also have specific mental health issues.

---

### 3.5.6 Providing Attractive Hospital Setting and Addressing the Challenge of Local Demand

The specifics of the proposal for a new hospital offered through the government's HIP2 programme led respondents to identify some specific opportunities to maximise the benefit to Mid and North Hampshire, specifically through:

- Localities: maintaining local provision; and
- Making all settings attractive to work in.

- **Localities: maintaining local provision**

Respondents felt it important to consider the benefits the existing local hospitals provide to their local communities and urged consideration of maintaining this local presence.

---

They serve vital role to local residents which cannot be replaced by having to use a Basingstoke hospital.

---



---

We should improve local hospitals in Hampshire so that people don't have to travel too far for treatments.

---



---

Here in Alton we have a small hospital which is well liked, but often we have to travel to Basingstoke which is two bus rides away if you haven't got a car, or impossible to park if you have.

---

- **Making all settings attractive to work in**

Consideration should be given to the extent to which any changes in service provision delivered through the Hampshire Together programme makes some local sites unattractive to work in for healthcare professionals. This is felt to run counter to the desire to maintain local services.

---

Even distribution of specialities if you are splitting sites for 'other things' then the service provided should not leave one site 'unattractive to work in' urgent care centres or not?

---

### 3.5.7 Responding to the Challenges of a Growing and Changing Population

The Hampshire Together programme provides the opportunity to maximise benefit through responses to the challenges of:

- Local population;
- Population needs;
- Providing a population representative response; and
- A changing/growing population.

- **Local population**

Any potential new hospital site should be located in a position to serve the maximum local population. The quote below provides support for this for Basingstoke, but equally strong arguments are made for a Winchester location. In further consideration the programme should look at this factor along with local opinion in determining that part of the Hampshire Together system wide offer.

---

If you decide that some services need to be provided in one place only, surely it would be best for that to be in Basingstoke, the centre of the area where you identify that a large population increase is expected.

---

- **Population needs**

The programme, alongside consideration of maximising service to the local population through the location of any new hospital, should develop a system wide population level approach to local health, considering the wider determinants and the impact the partners can have through a cohesive patient focused approach.

---

Their families require midwives, and usual child injuries, illnesses etc. The service population is comparatively young and important to get them urgent treatment and back into the workplace quickly.

---

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These are the magic bullets to improve population health and wellbeing, which will lead to reduced demand on services and increased wellbeing and health of staff.

---

- **Population representative**

The process in this listening phase has set a foundation for further developments of potential solutions, which can be built upon to ensure the views of all are heard in any further considerations.

---

I believe that the proposal to obtain the views of medical providers, social services, care homes and the local population is an excellent way forward.

---

Local radio stations, polls, PPGs from GP practices - but must bear in mind often these groups are not truly representative of the patient population and tend to be retired people who have the time to dedicate and this can bias views.

---

- **Changing/growing population**

The 'blank canvas' offered through the Hampshire Together programme is felt to provide a significant opportunity to maximise the overall benefit by ensuring any new hospital and services are capable of responding to the predicted changes in local population, as a minimum.

---

How are we going to make sure that the services provided are future-proofed for not only an aging population but an expanding population through migration and births.

---

With regards to the growing population I think ensuring the new hospital has the ability to be extended/capacity for more beds will ensure we can meet the demands in the future of the local people in Hampshire.

---

## 3.6 Anything else?

In response to the question:

Is there anything else you would like to tell us in relation to the programme?

The following themes were generated through analysis of the submissions:

- Integration of Services
- Transport, Accessibility and Location
- Existing Hospitals and the Importance of Local Hospitals
- Competing Priorities for the Location of any New Hospital
- Services for the Future
- Funding
- Staff
- Land Values
- Mitigating Environmental impact
- Further involvement
- Concerns
- A pathway to a future career
- Comments on the programme and process

### 3.6.1 Integration of Services

Respondents were clear in their responses that they wanted to see a coherent move towards integrated services, namely:

- Clarity of purpose for integration,
- Trade-off between integrated service and the location of a new hospital; and
- Closer links with all parts of the health and care system.

#### ▪ **Clarity of purpose for integration**

Respondents were concerned that the listening document and the overall programme to date had not clearly explained the rationale for the integration, or that a clear explanation was given as to how building a new hospital would act as the catalyst for this.

---

Be precise and clear about how the acute service redesign (MOHHS) and the social care, community and primary care services are going to be developed hand in hand so that there are no omissions, duplications, or barriers to seamless integrated care.

---

#### ▪ **Trade-off between integrated service and the location of a new hospital**

Respondents also expressed concern over any potential trade-offs implicit in the location of any hospital and consequential distances to new and existing health and social care services.

---

Without this part of the integrated health and social care services design it will be hard for people to judge if it is an adequate or

---

acceptable trade-off for a hospital that may be considerably further away than now.

---

- **Closer links with all parts of the health and care system**

However, respondents saw the benefits of an integrated health and care system as described by the Hampshire Together programme. This, however, included the caveat that all players in the sector should be included particularly existing health charities.

---

How will relevant health charities be included in plans for closer links between different parts of the NHS and social care

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---

I do, however, agree that things should be more joined up, especially with the connection to social care.

---

### 3.6.2 Transport, Accessibility and Location

Respondents returned to the issue of transport accessibility and location when considering anything else they wish to tell the program, namely:

- Access to public transport at any future hospital site;
- Access to the motorway network;
- Minimising travel; and
- Public transport infection risks.

- **Access to public transport at any future hospital site**

There was a clear call from respondents that any plans for a new hospital in the future wherever it is located should take account of existing public transport ensuring is able to cope with increased demand.

---

What public transport currently exists and how it will be improved to manage greater user numbers and ease of use e.g. frequency

---

There were also concerns that little attention was paid in the listening exercise to issues of public transport and how any new hospital site would be connected to enable or including those without access to a car to be able to get there.

---

Wherever it is placed, access and public transport will be major issues, but this receives scant attention.

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---

The location must be well served by public transport so staff, patients and visitors can get there easily at any time.

---

- **Access to the motorway network**

The respondents to the listening exercise were equally clear that the location of any new hospital site must be conveniently located for access to the local motorway network.

---

Access to the new site is important - near M3 J7 seems best for those by car and public transport with Winchester and Basingstoke can be provided, possibly via a rapid transport system eventually.

---

However, it was also pointed out that locating any new hospital immediately next to a motorway junction could present transport issues for those reliant on public transport, particularly the elderly.

---

...you will be misled into thinking that locating a new hospital next to a motorway junction will be the best solution, completely ignoring the fact that the older people who will actually be using its services will, by definition, want to access it by public transport.

---

Concerns were also expressed that the listening exercise appeared not to have taken consideration of the impact of centralising services in one location and travel times particularly for emergency services. This is highlighted as an issue for future consideration.

---

If emergency services are to be centralised, it is vital that accurate calculations are made as to the travel times from every part of the area for every identified potential site, so as to assess the best location - I have had the experience of emergency ambulance travel up the M3 to Winchester on an early Sunday evening in late summer, and it wasn't good.

---

- **Minimising travel**

Respondents were clear that the siting of any new hospital site should take into consideration the need to minimise travel requirements for all accessing the site from patients to staff and including supplies and other services.

---

Priority given when new deciding on any new build for minimization of travel requirements for staff, patients, hospital services and ambulances in order to avoid traveling long distances to get to hospitals, further congestion of roads, cut air pollution, reduce stress to patients, staff, local communities, countryside, and wildlife.

---

- **Public transport infection risks**

A slightly outlying concern, but of particular relevance in the current pandemic, was the potential for spreading infection and contagious diseases through the use of public transport. Again, a point for consideration in the future.

---

The COVID pandemic has shown how public transport systems are wholly inappropriate for travel for health care due to the suspension or reduction in public transport services, and the increased infection risks associated with them.

---

### 3.6.3 Existing Hospitals and the Importance of Local Hospitals

Respondents identified the importance they felt local hospitals had both emotionally and practically, namely:

- A plea for local hospitals;
- Alton community hospital;
- Too much disruption;
- Strain on the staff by a fourth hospital; and
- Assumptions.

- **A plea for local hospitals**

Respondents consistently identified the benefits they felt that having a hospital local to them provided under the current circumstances, particularly small community hospitals in areas of relatively low population density.

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People need to have a local hospital.

---

Do not close small community hospitals..

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- **Alton community hospital**

Alton community hospital was given particular mention as a valuable

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Alton community hospital is too important to lose It could have its services expanded and really makes difference

---



- **Too much disruption**

Respondents were also concerned that the Hampshire Together programme would be disruptive to NHS services and expressed the feeling that investment in existing capital stock would need requirements and go a long way to retaining staff teams.

---

Admit your existing hospital stock is fine and your staff teams need to be retained and strengthened rather than disrupted and moved.

---

- **Strain on the staff by a fourth hospital**

Concern was expressed, as a result of either misunderstanding or lack of clear explanation of the new hospital proposals, that an additional, fourth, site would place undue strain on existing staff through further travel requirements. This is a point for future consideration and clarification.

---

These staff currently work across site and with a third/fourth hospital to work between will be difficult to maintain good patient contact and care, they will be expecting to drive between the hospitals which is not good for the environment and could cause delays in patient care.

---

- **Assumptions**

Respondents pointed out that a large part of the Hampshire Together programme is predicated on service change and investment to retain existing and attract new staff. There was some concern that any new hospital site outside of the existing urban settings of current provision may not achieve this.

---

You seem to assume that staff will be attracted to a large hospital that may not be urban.

---

### 3.6.4 Competing Priorities for the Location of any New Hospital

A clear theme throughout submissions to the Hampshire Together website has been the tension between supporters of Winchester as the site for any new hospital and from those in Basingstoke. These are in summary:

- Support for Winchester;
- Support for Basingstoke: and
- Discussions of the variations between Basingstoke and Winchester.

- **Winchester**

Respondents in support of Winchester as either the site of any new hospital or making the case for the retention of the existing hospital provided the following, making reference to:

- Winchester's growing population;

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Please don't close Winchester hospital; this is a vital service to our growing city.

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There are hundreds of new houses being built in the Winchester area.

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- The impact on those with existing conditions;

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A new hospital in Basingstoke designated as my nearest A&E and other vital services would be a great deterioration of my health provision.

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---

I rely on the hospital in Winchester - the emergency department, x-ray, blood, and dermatology services are needed.

---

- Appeals for the retention of existing services at Winchester; and

---

Please, please, please, don't reduce any of the hospital services in Winchester.

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We want Winchester E D and maternity services

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---

I am concerned to hear about the potential 'downgrading' of maternity services in Winchester.

---

- A call for recognition of the impact of moving hospital services from Winchester to another location in Mid and North Hampshire.

---

Has thought been given to the population of the Winchester area who do not have transport?

---

## ■ **Basingstoke**

Respondents in support of Basingstoke as either the site of any new hospital provided the following, making reference to:

- The poor condition of the existing hospital estate in Basingstoke;

---

Basingstoke hospital is tired and old and should be replaced.

---

- The growing population in Basingstoke which is likely to require access to a new hospital site in the near future.

---

In my view, due to the population growth projected for Basingstoke between now and 2050, a town of up to 250,000 people is projected, the new acute hospital should be located in the Basingstoke area.

---

- The benefits of connectivity to the local road network affording easier access both by public transport and car.

---

I would suggest a new hospital nearer a more efficient road network as access to Basingstoke hospital used to be much easier

---

- However, there were some reservations about Basingstoke as the location for any new hospital site location based on past promises which have never materialised.

---

The programme seems to be predicated on delivering a new facility in the Basingstoke area which is the echo of schemes that have rumbled around for many years.

---

## ■ **Variations between Basingstoke and Winchester**

Respondents were also clear that both Basingstoke and Winchester have differing populations and demands on hospital services and any new site and the reconfiguration of the wider health and social care system in Mid and North Hampshire should take account of these differences.

---

Winchester has good public transport access and an older population so their core services should reflect this while Basingstoke has a younger demographic and their specialisms should similarly reflect this

---

### 3.6.5 Services for the Future

Respondents were supportive of the aims of Hampshire Together to develop an integrated health and social care system fit for the future for the citizens of Mid and North Hampshire, focusing on:

- Support for the programme and the offer of services for the future;
  - Mental health services; and
  - Palliative care services.
- **Services for the future**

Respondents were supportive of the overall programme aims to develop services for the future and see it as a duty to generations to come to ensure that this opportunity is 'grabbed with both hands.'

---

I think we owe it to ourselves and future generations to create an amazing service which supports the communities and health service providers in North Hampshire.

---

- **Mental health services**

The programme is viewed as offering a really important opportunity to address the shortcomings in existing mental health services that many expressed concerns about.

---

The mental health services are very poorly served.

---

- **Palliative care services**

Equally, the programme also offers the opportunity to provide a real 'is cradle to grave' integrated service providing palliative care in all settings alongside existing services.

---

I suggest you hold an event focused on palliative care services in all situations, hospital, hospice, and home.

---

### 3.6.6 Funding

Respondents were concerned that the Hampshire Together programme is predicated on the promise of funds which are not yet secure.

---

The previous attempt at building a new hospital cost millions of pounds and was ultimately abandoned due to unrealistic costs.....

---

There also concerns that any new hospital site will be a huge drain on resources to the detriment of existing health and social care services across Mid and North Hampshire.

---

I am worried that building one mega centre will take funding away from the outlying areas...

---

### 3.6.7 Staff

Respondents were focused on ensuring the needs of staff are met through the activities of the Hampshire Together programme, giving specific consideration to:

- The provision of appropriate facilities for staff; and
- Ensuring that the programme is clear on the assumptions being made to attract new healthcare staff.

#### ▪ Facilities

Respondents identified the need for excellent resources for staff in any new hospital site including recreational, break and parking facilities to ensure staff morale is high and consequential enhanced retention.

---

Good break area/clean and fresh look, lots of staff parking for shifts throughout day

---

#### ▪ Attracting quality healthcare staff

Respondents were of the view that the programme was placing heavy reliance on a new hospital site as a means to attract new staff to Mid and North Hampshire, particularly in terms of availability of qualified staff in the Emergency Department. It was felt that there is a need to develop these arguments further and to clarify the assumptions made.

---

For example: “Hampshire Hospitals often struggles to fully staff two relatively small Emergency Departments at both Royal Hampshire County Hospital (RHCH) and Basingstoke and North Hampshire Hospital (BNHH)” followed by “In addition, the new build will attract more high quality healthcare staff to come and work in the area” You do not say why you cannot get staff, leaving us to assume it is because of the buildings.

---

### 3.6.8 Land Values

Respondents were of the view that the value of the current hospital sites was a significant opportunity for the Hampshire Together programme, with the view that any funds achieved through the sale of this land should be applied to the new build. This is a matter for future consideration.

---

Ensure that the realised land value of the current hospital sites is invested in the Hampshire NHS services.

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---

There is a large development site that is in the local plan, has good walking/cycling connections to Winchester and the nearby South P&R. In either option the current Winchester hospital could be redeveloped either for the university or new homes; the value of land is very high in Winchester so this could part-fund any hospital construction.

---

### 3.6.9 Mitigating Environmental impact

Respondents are keen that the Hampshire Together programme develops any new hospital in a manner that fully mitigates the impact on the environment of its construction and operation. This includes consideration by the programme of the impact of travel to any new hospital on the environment and air-quality on site.

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Both Basingstoke and Winchester councils have also committed to being net zero by 2030 so having any new hospital facilities being built to this standard and taking into account green methods of transport and maximising virtual services which don't involve travel will assist us to reach this target.

---

### 3.6.10 Further involvement

Respondents were keen to see the Hampshire Together programme continue involving the public and staff in further consideration of the proposals for both a new hospital and the wider integration of health and social care services across Mid and North Hampshire, specifically:

- Staff engagement; and
- Public engagement.

#### ▪ **Staff engagement**

Ensuring that the 'right' staff are involved in any further discussions ensuring that people with frontline responsibility or engaged in consideration of the development of services that affect them. There was a view that reliance on opinion from managers, whilst representing NHS views, did not fully reflect the reality of the situation and it was important that this was not the only input into the process.

---

Talk to clinical staff (doctors and nurses) that work within these services regarding certain day to day services NOT managers that do not appreciate certain aspects and daily running of specific services.

---

Equally, the involvement of staff needs to start early both in terms of ensuring buying by those likely to be affected by the changes but also to provide a realistic sounding board of the likelihood of proposals being successful from an operational perspective.

---

Staff engagement right from the start - as many staff have worked in various healthcare environments and have seen what can and also what does not work well.

---

#### ▪ **Public engagement**

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Please add information to make this understandable to the general public.

---

### 3.6.11 Concerns

Respondents also raised concerns over the conduct and content of the engagement listening phase conducted by Hampshire Together, specific concerns were:

- The advisability of engaging during the Covid-19 pandemic;
- Views of unrealistic service plans contained within the listening document; and
- Ensuring the focus of the programme is actually on the entire system, not just a new hospital.
- **Engaging during the Covid-19 pandemic**

Respondents raised concerns over whether it was sensible to run an engagement during the pandemic lockdown, citing apprehension over the low visibility of the exercise and a view that more time could have been allowed to ensure wider participation.

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...the consultation (*sic*) period is too short and the minimal publicity for this has been overshadowed by the pandemic (more time should be allowed).

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The midst of a global pandemic is not an appropriate time to be doing a public consultation (*sic*) on a health programme as important as this!

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- **Unrealistic service plans**

There was also concern that the Hampshire Together programme was, perhaps, setting unrealistic expectations for both service and outcomes which will be difficult to deliver.

---

I am concerned that these wonderful plans are aiming for unrealistic services and outcomes, and appear to mean an increase in managerial staff, at the cost of the final service provided.

---

- **Ensuring the focus is on the entire system, not just a new hospital**

respondents were also concerned that despite the conversation in the listening document around a holistic and integrated care system the discussions focused too heavily on a new hospital and did not appear to recognise the contribution of others, most notably Southern Health.

---

Have I missed any reference to Southern Health FT being a contributor to this exercise? I understand that it administers Community Care in the region through a team of Community Nurses.

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### 3.6.12 A pathway to a future career

On a positive note respondents highlighted that the development of a new and modern hospital will provide new opportunities for careers for the next generation, not just clinical, but in administration, building services, hotel services and catering, and support services.

---

A new modern hospital with state of the art facilities/technologies/services etc might generate interest amongst the next generation to think about a career in health/social care?

---

### 3.6.13 Comments on the programme and process

Whilst mostly outliers and number of comments were made on the overall programme and the listening phase itself.

- Respondents had clearly misinterpreted intent of the listening phase, offering criticism of what they thought was a consultation process. Whilst an outlier opinion it is perhaps worthy for future consideration that the process of listening is undertaken at a stage where no decisions have been made nor will they.

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This is not a consultation

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Just how many and what nature of responses are you expecting to receive with this vague travesty that you're calling a consultation. You should know, and present scenarios and proprieties so people can respond meaningfully. The attrition rate on this woolly open-ended approach will, I suspect be extremely high. Shame on you for not thinking this through intelligently.

---

- Equally respondents felt that there was a hidden agenda to get rid of local hospitals and build a mega hospital at the expense of local residents.

---

Stop grandiose schemes and the concept of "let's build a massive hospital complex somewhere in the centre of the County and make everyone travel into it"- then we can get rid of the local hospitals such as Winchester -and think how much we can sell the local hospital site for.....

---

- Finally, a minority of respondents felt that the listening exercise had not been publicised in proportion to its importance to the local community.

---

You have kept this quiet and as such few people will get a chance to have their say. Need to advertise in supermarkets, GP practices etc as not everyone uses social media, and certainly some elderly, English as a second language, and disabled people will be unable to access this as you failed to provide alternative language or braille versions of this consultation

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## 4 VIRTUAL DELIBERATIVE EVENTS

### Key themes emerging from the discussions

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#### 4.1 Introduction

In total 54 virtual listening events were hosted on Zoom, with 1,137 people taking place in these sessions. There was a pre-registration process for the majority of these events using Eventbrite, in total 1,686 registered giving an approximate 66% attendance rate overall. A full list of the events is included at Appendix One of this report, the category of participants in the discussions were broadly:

- Public discussion groups open to all, including special focus on localities;
- Stakeholders;
- Politicians;
- Staff from HHFT;
- Staff from other NHS organisations;
- Staff from partner organisations; and
- Specialist discussion groups (Cancer, Maternity, Stroke and Elderly Care, Diabetes, Neonatal, Child Health)

The following themes were generated through analysis of the event records:

- |                               |                                                               |
|-------------------------------|---------------------------------------------------------------|
| ▪ Recognised Need             | ▪ Co-location and technology Transition to Community Services |
| ▪ Transport and Accessibility | ▪ Coordinating Community Services                             |
| ▪ Inclusions                  | ▪ North and Mid Hampshire is not an island                    |
| ▪ Staff                       | ▪ Ensuring Flexibility for the Future                         |
| ▪ Mental Health               | ▪ Financial Sustainability                                    |
| ▪ New Hospital Facilities     | ▪ Environmental Sustainability                                |
| ▪ Patient Experience          | ▪ All the Partners?                                           |
| ▪ Care                        | ▪ Specialist Areas of Hospital Care                           |
| ▪ Location of New Hospital    |                                                               |
| ▪ Integration                 |                                                               |
| ▪ Right Care, Right Place     |                                                               |

#### 4.2 Recognised Need

Participants in the deliberative events were clear in their recognition of the need for a new hospital in North and Mid Hampshire, regardless of any improvements or integration of the wider health and social care system.

---

We do need a new hospital facility because regardless of how much primary prevention is in place there will be conditions which will need hospital care.

---

## 4.3 Transport and Accessibility

Participants in the groups highlighted the importance of transport and issues of wider accessibility in their discussions, specifically:

- Patient transport.
- Accessibility; and
- Enabling visitors.

### ▪ Patient transport

Many participants reported bad experiences with patient transport and would like to see this improved as part of the Hampshire Together programme.

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Patient Transport is theoretically available for patients, although my Dad and I had two very poor experiences of Patient Transport last year.

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...our experience of patient transfer was absolutely horrendous.

---

### ▪ Accessibility

Participants are keen to see improvements to parking and public transport and accessibility to the new hospital taken into consideration in the further development of the Hampshire Together programme.

In particular, participants were keen to see free, low cost or heavily subsidised transport options available for patients and other service users along with visitors accessing any new hospital site.

---

Will there be an investment in free public transport links to a new hospital?

---

### ▪ Enabling visitors

Participants placed particular emphasis on the importance of ensuring that visitors are able to access the hospital easily. This is not only in relation to transport but also covers issues such as visiting times, resources such as healthy and affordable food & drink and access to retail spaces to pick up gifts and sundries for patients.

---

I can't stress strongly enough how important it is, not just for the family but also for patients, that family members, friends and carers are able to visit their loved ones in hospital.

---

## 4.4 Inclusion

Participants raised concerns about the adoption of an online listening process in the form of 'Zoom' groups and consequential impact this has on the level of engagement with protected and hard to reach groups who either find it difficult to access this medium or fall in the category of digitally excluded.

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...some of our clients have such complex needs...

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Only 9 out of 60 of the people I work with can get onto a conference call.

---

## 4.5 Staff

Participants in the discussion groups highlighted the importance of staff to the health and social care system in Mid and North Hampshire, focusing on:

- Retaining and attracting new staff
- Staff wellbeing
- Childcare for staff
- Staff retention

### ▪ Retaining and attracting new staff

Participants were keen to provide suggestions on approaches to attract new staff including ensuring their working environment was state of the art.

---

we need to make this new site attractive for all ...

---

### ▪ Staff wellbeing

Participants also felt it important to consider the provision of facilities for staff to ensure that as well as their professional needs their emotional, social and spiritual needs are met as well as providing opportunities for continuous professional and personal development.

---

...include services such as library, gym, wellbeing centre, 24 hr kitchen facilities, creche etc" and "supporting our staff is really important. I would like to see significant investment in facilities for education and training.

---



---

Flexible spaces for staff that allows a break space for the teams to socialise together and learn together.

---

---

## health and fitness access for staff

---

Additionally, it was felt that specific consideration should be given to support the mental health needs of staff, particularly in light of the reported numbers who were off work with stress and other mental health issues.

---

In regard to mental health services, are you talking to them about the increasing number of staff going off with mental health issues and whether there can be provisions grouped with Southern health for staff who are having issues with mental health?

---

### ■ **Childcare for staff**

Again addressing the issues of staff needs participants felt it important to consider providing onsite childcare to fit in with rotas and holiday times at any new hospital site.

---

"Would it be possible that the trust would consider running something like holiday clubs, summer clubs and term time clubs to help support working parents with children

---

### ■ **Staff retention**

On a less positive note participants also expressed the view that some staff will not want to work in a large hospital, which may be counter to the overall aims of increasing staff retention.

---

"There may be some risks to staff retention if they are asked to work at a different, bigger hospital."

---

## 4.6 Mental Health

Participants felt very strongly that the inclusion of mental health services at a level that reflected the growth in need and the view that this was the 'Cinderella' service and should not be ignored.

---

I am a trans person and particularly interested in the provision of good mental health services in the new hospital.

---

In addition participants also felt that in addition to ensuring mental health services are represented in any new hospital, the view was that the wider integration of health and social care within Hampshire Together programme must include a recognition and provision commensurate with need in Mid and North Hampshire.

---

Mental health services are a poor relation within health services  
keeping local services surely has to be better.

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---

Mental health facilities have to be very high up on the agenda.

---

## 4.7 New Hospital Facilities

Participants spoke of their desire to

---

I just wonder, does this project aim to replace the demand that is current on Winchester and Basingstoke hospitals or is there an opportunity here to oversupply this new site and system in order to take the pressure off and to redraw boundaries?

---

---

Co-produced frailty hub changing/showering facilities for staff bays designed so that bay based nursing can be automatic ensuring same colour doors on toilets and bathrooms to aid access and identification

---

---

some heart failure and respiratory patients can't walk far and will also need access to lift (as can't always manage stairs).

---

---

The new site should incorporate other health facilities (either from within our HHFT trust or inviting other trusts/providers to co-locate), i.e. secure mental health units for children and adults, physiotherapy, GP surgery, rehab centre, respite care for children, leisure facilities...

---

### 4.7.1 Patient Flows

the design of the new build.... consideration to patient flow, improving Wi-Fi access for trust equipment..

---

---

12 years ago we tried to map chronic disease pathways differently with hospital consultants - it's a piece of work trying to reconfigure the

system and patient flows and to reduce some of the bed days of e.g. COPD patients.

---

#### 4.7.2 Paediatric Care

---

need to consider a separate part to the new hospital for paediatric care both emergency and regular so that have their own A&E separate from regular A&E

---

### 4.8 Prevention

- **Illness prevention**

The groups suggested that Hampshire Together should be investing in preventing ill health

---

"how can we collectively steer more investment toward prevention and early intervention"?

---

- **Social prescribers**

Many comment were made in the groups regarding how effective they are and that their numbers should be increased as part of the Hampshire Together programme.

---

"We could build on the great work on the social prescribers work. It is a very good platform and we need to do more to engage the sector and increase awareness"

---

- **Holistic care**

The desire to see more joined-up care across primary, secondary and the voluntary sector, and to consider the wellbeing of the patient as a whole

---

"I know a lot of people with co-morbidities. Would this mean they have a more holistic care package? Specialists working better together to enhance medication/ treatment/rehab etc. "

---

### 4.9 Local

- **Local services**

providing more appointments and facilities in the community - local councillors identify this as a key area of concern for their constituents



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"One of the messages I'm hearing is that there is a big move to provide services more locally."

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With the move in the past towards acute hospitals, the lack of the old cottage type hospital, to provide nursing care for those who don't require acute capability but are not well enough to return home is missing.

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- **Community hubs**

A lot of support for community hubs so long as GP services continue

---

"Consider more stand-alone units in areas of clustered populations e.g. Eastleigh."

---

- **Services closer to the community**

Agreement that more services should be out in the community, nearer to people's homes.

---

"I'm an outpatients care physio, we don't need to be sitting in acute settings. It would be much more beneficial for people to see us out in their own communities particularly for health promotion."

---

#### 4.9.1 Community/Cottage Hospitals

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Strengthen community hospitals to provide non urgent services, focus main hospital on trauma and specialised services.

---

As many elderly people are unfairly accused of bed blocking would it not be prudent to have a cottage hospital in Andover, Basingstoke, and Winchester where the vulnerable elderly can convalesce in a more homely and less frantic environment to free up valuable Hospital space?

---

Look at providing outpatient services, rehab, minor injury units, some minor procedures, hospice care in local communities so patients do not have to travel for these and have other more urgent care facilities in new hospital

---

## 4.9.2 Andover

Concern that there'll be a reduction in services in Andover

---

The provision of a wide variety of local services is required to meet the needs of the rapidly growing population of Andover, reducing the need to incur extra traveling costs.

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Transport Links to Winchester are really poor so more clinics at Andover would be very useful

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I would hope that most of the maternity care that a woman from Andover has is in Andover even if they give birth in Basingstoke or Winchester.

---

## 4.9.3 Alton

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It is essential Alton retains its community hospital and that the expansion to deal with the Covid-19 Crisis

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---

What are the thoughts about the programme being less say Basingstoke central, for example your thoughts on investment in something like Alton Community Hospital along the right care, right time, and right place thinking?

---

## 4.10 Patient Experience

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What weighting will you give to clinical, economic, patient experience - and the cost to patients (so economic factors may involve clinician time and travel, but do they include the patient's cost?)

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As for health inequalities, we need to really think about that warm neighbourhood depth of care and understanding about what people really value in terms of those care services, which often isn't about the more technical stuff, it's often about a broader scope of the patients experience and your lived experience.

---

## 4.11 Care

### 4.11.1 Paediatric Care

---

need to consider a separate part to the new hospital for paediatric care both emergency and regular so that have their own A&E separate from regular A&E

---

## 4.12 Location of New Hospital

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Centralising services such as maternity care and emergency care in a state of the art hospital would result in improved care, but some people would have to travel further to access this

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Centralised services always become detached from the people and develop a culture all of their own, which ultimately ends up serving the needs of the centralised service.

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---

Although the main hospital may be in a different area it also gives us the opportunity to do other things nearer home.

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---

Needs to be planned to be integrated with primary health care and social care services and provide a quality environment such as Southmead Hospital in Bristol.

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---

some services need to be present in the "new hospital" but also need to remain in the legacy sites, I am concerned that this will be very difficult with our limited number of staff and this makes working across several sites very challenging - we can already see this with our 2 sites Basingstoke and Winchester

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### 4.12.1 Has a decision been made on the location?

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It's all to be decided and depends on what people say and what the clinical review says.

---

#### 4.12.2 A complementary location

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Should not be built to generate more demand, suck more NHS spend but should support the needs of the patients and should allow integration with the rest of the NHS health services not stand alone

---



---

A new hospital for specific services (e.g. oncology, paediatric care, or A&E and intensive care) to take the load off Basingstoke and Winchester hospitals, become a centre of excellence for the northern part of Hampshire as Winchester and Basingstoke and Andover hospitals are overwhelmed with patients and have run out of space as well as has old buildings and old equipment including temporary portacabins which have been used for many years.

---



---

Should not be built to generate more demand, suck more NHS spend but should support the needs of the patients and should allow integration with the rest of the NHS health services not stand alone

---



---

A new hospital for specific services (e.g. oncology, paediatric care, or A&E and intensive care) to take the load off Basingstoke and Winchester hospitals, become a centre of excellence for the northern part of Hampshire as Winchester and Basingstoke and Andover hospitals are overwhelmed with patients and have run out of space as well as has old buildings and old equipment including temporary portacabins which have been used for many years.

---

#### 4.12.3 Winchester

Many comments from participants regarding their desire to keep services at Winchester.

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"Winchester cannot lose emergency care, maternity care. It would be so wrong if the RHCH was downgraded given the demographics of the population it serves"

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I think any rumours about Winchester no longer having an A&E department is unsuitable - as a medium sized city Winchester should have a hospital fit to serve its citizens.

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Moving A&E and stroke care to Basingstoke would result in Winchester residents travelling an additional 30+ minutes (each way) to get care in emergency and 60+ minutes to visit in-patients after admission.

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...convert old Winchester hospital by removing outdated extensions and temp building and make into a purpose built paediatric hospital thereby utilising and re purposing the main building.

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#### 4.12.4 Basingstoke

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Basingstoke is an ideal place for a new hospital, with the M3 and B roads

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Basingstoke needs a hospital fit for the size of the town.

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The main tower block at the Basingstoke hospital couldn't survive another 40 years.

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Hospital should be sited where the best rail and road links are which in my opinion should be close to Basingstoke due to excellent road and rail networks there should also be good car parking perhaps through building a multi storey car park which sufficient space for staff and patients, staff should NOT have to pay parking and those with Cancer and other illnesses requiring long term treatment or long term hospital admission should not

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---

The New Hospital must be close to Basingstoke if it is to provide continued good service to Basingstoke.

---

## 4.13 Integration

**Integration:** Support for more integrated ways of working

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"I do wonder why this [way of working together] isn't happening already. This is really positive."

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Investment in linking primary, secondary & social care services to meet the demands of an aging population which is patient- centred.

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### 4.13.1 Social Care

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All services working together - if we're in the situation where patients' discharges are delayed because there isn't enough social care, what is the issue that causes this?

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I thinking that the division between care homes, social care, and domiciliary care makes it very difficult for the average punter to understand what's really going on.

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### 4.13.2 Palliative Care

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Interested in the development of community palliative care

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### 4.13.3 Right Care, Right Place

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It's the smaller things that help to have the right care, in the right place, in the right time, as near to my home as possible with limited travel and same care services.

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---

Providing the right care in the right place is absolutely key and using community services and making sure we're feeding patients into the right place rather than the emergency department being the default because it's the most accessible.

---

---

Providing the right care in the right place is absolutely key and using community services and making sure we're feeding patients into the right place rather than the emergency department being the default because it's the most accessible.

---

#### 4.13.4 Co-location and technology

- **Closer working / co-location of services**

with other organisations/bodies outside the NHS

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" working with industry to develop new technology and innovation and the close cooperation with education to provide the next generation of clinical manpower."

---

- **Technology:**

opportunities to make health services more efficient using digital technology: e.g.

---

"it's not just bricks and mortar but it's also about digital technologies. I'm wondering whether all those things will be integrated"

---

- **Frustration with IT systems**

the lack of communication between systems is discussed a lot

---

"Lots of our electronic records don't talk to one another"

---

#### 4.13.5 Transition to Community Services

- **Community care**

Highlighting the need to join up inpatients and outpatient care, and post-treatment services e.g.

---

"Will you consider any changes to ensure that there is a smoother transition from inpatient care to outpatient care, or community services?"

---

#### 4.13.6 Coordinating Community Services

---

...with an expansion in community facilities including using voluntary services, how will GPs keep up with what is provided where?

---

---

...looking at working more closely with 111 services so they can be signposted to community and voluntary services.

---

- **Connecting with the community sector**

Ways to strengthen the links between primary, secondary, and voluntary

---

"You need to think about how the community sector engages with the primary sector and secondary sector".

---

It means more reliance on voluntary services.

---



---

...management of patients outside hospital; what is your vision for having community, fitness, and 3rd sector organisations on site to support patients and share where appropriate facilities with the local community.

---

The presence of organised voluntary groups and local churches and the support that they offer to the local community and our healthcare system is often taken for granted by the Government (other faith groups and other faith leaders may feel the same way too).

---

#### 4.13.7 North and Mid Hampshire is not an island

- **Working with surrounding trusts**

Comments that this programme must work with neighbouring trusts to ensure they are aligned.

---

...to what extent are you working together with the hospital trust in Southampton?"

---

"To what extent is this programme going to interact with the neighbouring acute trusts?"

---

- **Social care and rehabilitation**



- The need for integration with social care and increased rehabilitation, and comparisons with the social care services provided by other trusts.

---

“I had 6 weeks of integrated social and rehabilitation care provided by Southampton. That’s not available in north Hampshire.”

---

## 4.14 Ensuring Flexibility for the Future

- **Continuing the good work that came from COVID**

a lot of recognition that teams are working better as a result of COVID and desire to see this continue

---

the breaking down of silos and collaboration have been amazing...  
Many departments are trying to maintain this.

---

- **Future-proofing**

ensuring that the hospital being built is going to be able to serve future generations and changing issues

---

Will our new hospital plans plan for today or plan for our potential future population?

---

- **Flexibility**

ensuring that the hospital will be flexible to be reactive to any changes

---

...be a building that is completely flexible and responsive, that can expand and contract.

---

- **Positive response**

Keen to ensure the opportunity is maximised.

---

This could be a significant moment in the history of healthcare delivery...

---

## 4.15 Financial Sustainability

- **Finances**

Needing reassurance that the money is there and is sufficient

---

"Are we certain we can build this hospital and run it within the resources?"

---



---

One of the problems we had in the old hospital proposal was that it fell at the hurdle of sufficient running expenses.

---

## 4.16 Environmental Sustainability

- **Environmental sustainability**

Many participants want to ensure the environment is considered

---

"Climate change must be a major consideration in everything."

---

## 4.17 All the Partners?

Are all the partners who should be involved at the table in this engagement?

---

we are working better with Southern Health (provider of mental health services) and primary care.

---

We don't provide eating disorder mental health services as a Trust, but we are working very closely with Sussex (children) and Southern Health (adults).

---

## 4.18 Specialist Areas of Hospital Care

### 4.18.1 Emergency Departments

- **Reducing attendance at EDs**

reducing the amount of non-emergency people going to A&E

---

"Would it still be an option to put a minor injury unit somewhere else to take the pressure off the new hospital?" and "there needs to be a filter outside A&E to stop people getting to A&E if they don't need to be there."

---

- **Special needs & disabilities**

ensuring those who have special needs are in the right environment for them with trained staff

---

It is about consistency around who has done the training and has awareness." and it would be useful to have a designated station/unit focussing on disability. Even during COVID those with disabilities have felt neglected.

---

- **Mental health**

dealing with mental health issues appropriately away from hospital rather than ending up at and ED

---

...currently too many people experiencing a mental health crisis end up going to Emergency Dept. due to lack of community support, especially out of hours.

---

- **Child emergencies**

ensuring ED is safe for children attending.

---

...seeing small children having to be brought into that environment, is clearly not suitable.

---

- **A&E appointment system**

providing a phone consultation first and an appointment time to avoid long waits in populated waiting rooms

#### 4.18.2 Focus on Cancer

---

To ensure that we have a centre located where people can get to readily and have many supportive services alongside treatment. Empowering people with cancer is essential and combating misinformation is crucial to achieve this.

---

- **Support**

Facilities for families and children of those being treated. Places for them to stay and to get support.

---

"It must include facilities for psychological support," and "I would also really hope in the new facility that there was some sort of provision for patients' families, particularly for people with long-standing treatment

as you only feel properly managed if your family members are looked after. "

---

- **Travel**

Discussions around how far people are willing to travel and how frequently

---

"Travelling long distances for regular treatment over extended periods adds to the burden and prolongs recovery time."

---



---

"We need to send our services into the community to fit the demographic."

---

- **Parking**

Ensured parking and free for those who are long-term patients

---

"staff should NOT have to pay parking and those with Cancer and other illnesses requiring long term treatment or long term hospital admission should not" and "If you have to travel, then make it really easy for the patient when they get there. "

---

- **Keep the pieces that work**

A lot of praise for the existing teams and departments and fear that the parts that work really well will disappear

---

"Your emergency line for the emergency questions was absolutely brilliant - you are treated very well. Please don't lose that."

---

- **Facilities**

Desire for a separate building with direct access and on the ground floor.

---

Access to open green spaces and fresh air.

---

- **Consistency of care**

Having the same team to look after you as you develop a relationship with them.

---

"To have new people all the time who are asking you the same basic questions again and again and again, is wearing."

---

### 4.18.3 Diabetes

- **Bigger picture**

Ensuring the population is preventing diabetes in the first instance

---

“In the long term, remaining fit and keeping our weight down is an important strategy to reduce reliance on health care. How are you integrating this with the vision?”

---

- **Current service**

Many complimentary comments about the current service

---

“I am looked after very well by West Hampshire Diabetes Service. They have been amazing with me.”

---

- **Frequency of monitoring**

Varied thoughts on how frequently patients should be assessed and whether the current system is working

---

“I think that if you wish to prevent complications that would need more frequent monitoring”

---

### 4.18.4 Maternity

- Lack of communication and understanding that the women have a choice in where they want to give birth

---

...need greater communication on the ground so people know what their choices are.

---



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There is a divide about the convenience of a local service, but I think diabetes care in women is undervalued and under researched, and it is a massive growing area of maternity care which needs specialist involvement.

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- Lack of mental health support

---

The cost of a lack of mental health care during pregnancy is ultimately picked up at a later date.

---

- Dedicated facilities

---

A breast feeding support room on post-natal ward maybe - with a range of chairs, a bed, to support different positions

---

---

Alternatively creating a completely midwife led unit separate but right next to Basingstoke hospital would be great too (and probably more realistic than having a proper hospital in Andover)

---

---

Maternity facilities and neonatal facilities to be close but separate from main hospital site.

---

---

Separate wards for people being induced I was put on the antenatal ward after a C section and there was a lack of privacy for women undergoing induction.

---

---

I think arriving by a door to the maternity unit that doesn't go through the whole hospital would be so good.

---

## 4.19 Staff Engagement

A separate staff engagement exercise was conducted by a lead member of HHFT who visited wards, and other locations and in the Trust. In total 237 members of staff and 21 members of the public were engaged through this exercise.

The summary outcomes as shown below.

### 4.19.1 Areas Visited: ED/AAU/Outpatients/Management Offices/D Floor (Half)

**Staff Numbers:** 45 Approximately

**Views:**

- **95%** of those spoken to had heard of the Hampshire Together Programme
- **75%** of them had either been on an engagement call or had a team member who had and have discussed
- **50%** of them believe the hospital is coming to Basingstoke
- **15** Posters were left on desks/departments and advised to follow the social media pages

#### 4.19.2 Areas Visited: Butterfield Reception/Special Surgery Office/Colebrook Children's Outpatients/Orthodontics Dept./Nick Jonas Homecare/Victoria Ward/Clarke Ward/Northbrook/CPASS

**Staff Numbers:** 75 Approximately

**Views:**

- **80%** of those spoken to had heard of the Hampshire Together Programme
- **15%** of them had either been on an engagement call or had a team member who had and have discussed
- **90%** of them believe the hospital is coming to Basingstoke and thought “why should I bother”
- **40** Posters were left on desks/departments and advised to follow the social media pages
- Staff members said that they had been told by senior staff (unidentified) that BNHH was getting the investment

#### 4.19.3 Areas Visited: Domestic Team Meeting, Stores, Estates, SDEC, Project Wingman Lounge, Canteen Queue, Florence Portal (50%), Twyford Ward

**Staff Numbers:** 60 Approximately

**Views:**

- 75% of those spoken to had heard of the Hampshire Together Programme
- 20% of them had either been on an engagement call or had a team member who had and have discussed
- MOST who spoke to me believe the hospital won't happen at all (like CTH)
- Members of staff mentioned ED closure and risk of job losses
- Posters were left on desks/departments/notice boards and advised to follow the social media pages
- Staff members said they weren't allowed to log on to the calls during work time

#### 4.19.4 Areas Visited: Domestic, Estates/Portering, Catering, Outpatients Department, Kingfisher Wards, Countess of Brecknock Staff Huddle, Chaplain, Patients, Families

**Staff Numbers:** 45

**Public Numbers:** 15

**Views:**

- **50%** of those spoken to had heard of the Hampshire Together Programme
- **100%** of them had either been on an engagement call or had a team member who had and have discussed
- The MIU was mentioned (what's happening with the MIU)

- Posters have been emailed to Donna McCormack as whilst walking round the site only SIX were on display. Commitment to have all areas covered by COP tomorrow.
- A5 Posters have been left with the matrons to keep staff aware to get involved. BIG push needed for upcoming staff events as they didn't even know.

#### 4.19.5 Areas Visited: Florence Portal House Walk-round

**Staff Numbers:** 12

**Public Numbers:** 6



## 5 STAKEHOLDER FEEDBACK

### The views of stakeholders and other considerations

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#### 5.1 Introduction

To ensure as fair an opportunity as possible was given for everyone to provide a contribution to the “Modernising our Hospitals and Health Services” listening exercise, direct communications were actively encouraged, and correspondence was received from:

- NHS organisations;
- Local Authorities;
- Elected representatives, Members of Parliament (MPs), council officials and political parties;
- Voluntary, community and charitable sector organisations; and
- Patients and public.

The following sections present the summary themes from stakeholders, for full details of their responses, see Appendix Four of this report. These themes have been generated from responses to the following questions.

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?
- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

#### 5.2 NHS Organisations

Responses from NHS organisations were received from.

- Ron Shields, Chief Executive, Southern Health NHS Foundation Trust
- GP, Charlton Hill Surgery, Andover
- Mike Evans PCN Clinical Director (and previous locality lead for Winchester practices)

##### 5.2.1 Challenges

The challenges identified were:

- Inequality and inequity in health outcomes for the most vulnerable and 'seldom heard voices' in our society
- Current variation in provision / models of care & fragmentation of care provision
- Delivering the investment needed for our vision of proactive, preventative care closer to home
- Parity of esteem for mental health & joining up mental health with physical health care

- Sustainable & affordable health and care system
- • COVID impact & increased acuity | delayed access to care
- • Staff shortages and development of roles to meet changing needs
- Reconfiguration of patient pathways and fitting service reconfiguration around them integrating primary and secondary care and the community services into a system sustainable model (rather than independent silos at times preoccupied with their own needs and agendas).
- Lack of money and COVID have stressed the systems further and will remain a challenge but this is also an opportunity for some radical thinking and a shift in the silo cultures that will need to also change

## 5.2.2 Opportunities

Opportunities arising from the Hampshire Together programme are identified as:

- Design more inclusive services to engage elements of the population that have suffer largest inequalities in health outcomes on their terms
- Align patient centred services around a shared vision
- Deliver the vision for preventative, proactive care, closer to home
- Accelerate digital care & digital integration
- Change the way we think about the hospital, e.g. NHS 111 first, digital outpatients, community specialist provision rather than coming to an acute, urgent care with home first & strong admission avoidance, greater support to care homes etc. Only attend hospital when absolutely necessary.
- Develop joint workforce roles
- Great opportunity to have an aligned mental health specialist centre serving north, mid, and southwest Hampshire
- Previous attempts at joint working, service redesign and some integration either came at the wrong time or were not truly bought into by some parts of the organisations which blocked and wrecked the process.

## 5.2.3 Meeting the Challenges and Making the Most of the Opportunities

- Key is 'right sizing' the hospital based on a different model of care - to ensure that this is sustainable for the system and supports the delivery of the vision for proactive care closer to home
- Opportunity to drive a conversation with the public about a new model for hospital delivery that connects the access to specialist support into a community focused model.
- • Opportunity to start to address health inequalities across Hampshire and the IOW in a fundamentally different way
- There now seems a real need and greater energy to achieve this with the opportunity of some proper if rapid planning. We will need to work with partner organisations to map the overall strategy.

- This needs honest conversations about the risks and opportunities and some good linking to engage everyone necessary. Delegating Some initial views and questions could be delegated to contributors to get their constituencies to feedback and be taken forward. Openness and honesty will be required to allay fears of the trust taking over.
- Who will do the system mapping of needs and opportunities?

#### 5.2.4 Anything Else

- It has had a positive start and the initial work Nicola Decker has done linking primary care in N & Mid has helped and can be built on.
- One of our biggest challenges is that we don't have a rapid access community bed for patients who are temporarily at increased risk (e.g. risk of falling due to UTI) and just need 2-3 nights in hospital while they recover. We need access to this 'same day' otherwise they just end up being sent to hospital.
- Direct public transport to the new hospital is an absolute priority. Our most vulnerable and comorbid patients are those that don't drive, can't afford taxis, and don't have a family network to rely on.
- Prioritise getting diagnostic services in Andover then patients could attend for scans etc in Andover and have a video or phone call with their consultant. Video booths for patients in the communities so that elderly/socially deprived patients can travel locally to a booth to have a video consultation with a consultant or send photos from there.

### 5.3 Local Authorities

- Basingstoke and Deane Borough Council
- Test Valley Borough Council
- Winchester City Council

#### 5.3.1 Challenges

- **COVID-19:** The Council fully recognises the challenges that the National Health Service is facing especially post COVID 19 and the trigger for reviewing health provision in north and mid Hampshire.

At present, and possibly into the future, the public won't 'bother the doctor' because they feel either that medical centres are too dangerous, or that their concern isn't important for the stretched NHS. This may be leading to presentation of cases which are more serious and will need more expensive and intensive care

COVID-19 has highlighted the need for virus and germ control to be higher up the agenda for all sites. It is difficult to predict what this means for any health system in future, but we should expect COVID-21 etc and plan for it.

- **Hospital Estates:** Without doubt the estate is, in places, at the end of its useful life. Although some capital investment has been made across the estate and this

is welcomed, cost is incurred 'patching up' poor physical infrastructure which does not enable a step change improvement in service provision.

- **Services:** waiting times are long; both at primary care and for planned operations. Whilst care in hospital is commented on as excellent, post attending care (operative and accident) is considered poor. Mental Health services are mainly by referral rather than for immediate need: this could change in any new arrangements.
- **Multiple Sites:** A particular challenge is a local system offers services at multiple sites, but Winchester, and Basingstoke hospital buildings are in poor condition and need structural work.
- **The Role of Charities:** Many vital support roles are within charities; these may be lost now and need to be re-established and funded appropriately or provided direct by the NHS.
- **Health inequalities:** there are significant areas of deprivation in Mid and North Hampshire where life expectancy is lower than average, people live with multiple conditions, obesity is rife in children and adults, smoking, alcohol, and substance use are high and there is a substantially ageing population.
- **Transport:** All sites are dependent on private transport for most people attending. There is very poor public transport linkage between all of them, and any staff shortages are exacerbated by splitting across sites.

### 5.3.2 Opportunities

Each of the councils made a convincing case for the location of a new hospital within their local authority boundaries.

#### Basingstoke:

- Should the hospital in Basingstoke be downgraded, should it not be modernised or renewed, or if services are moved out of Basingstoke then this would significantly undermine place-making programmes and lead to a worsening of health outcomes for people across the borough, and a worsening of the inequality that already exists, not just for people living in Basingstoke town but across the wider rural area, market towns and villages. The economic impact on jobs and local businesses would be very damaging.
- There is a strong tradition of successful partnership working and community engagement in the borough. This will support the planning and delivery of a new hospital and outreach and community based health care services that meet the needs of communities and residents.
- Basingstoke town's position on the strategic road and rail network mean that a Basingstoke based hospital is easily accessible for people across north and mid Hampshire and would serve and support people across the sub-region not only in Basingstoke and Deane.

## Test Valley:

- It is important that the ability of our communities to access the health services they require is considered as part of this review. The listening document asks for suggestion where a future hospital could be located. The decision on the location of such a facility is a complex one with obvious sensitivities wherever it is to be located. The Council would welcome the provision of such a facility at Andover.

## Winchester:

- We particularly strive for a guarantee of services locally, including cancer appointments, post treatment check-ups, ante and post-natal check-ups, heart and diabetes services, ICU, and high dependency units.
- We also seek a guarantee of high quality public transport options to health care for patients, families, and staff.

### 5.3.3 Meeting the Challenges and Making the Most of the Opportunities

- The Covid-19 crisis has shown that 'all things are possible' and that the NHS could reconfigure to deliver services that are timelier and customer centric in 'normal times'
- The new hospital estate must not only plan to reduce the Trust's Carbon footprint, but also to manage the average temperature increase of 4 degrees that we anticipate in the lifetime of the buildings.
- Work closely with the council not just in times of need but in 'normal operational times' to improve long term health outcomes and support those who have health problems.
- Work together: at every stage looking at the impact: will this make it better for patients, for relatives, for staff?
- Always question ... How does this affect our BAME staff, recruitment, wellbeing, carbon footprint?
- Look again at continuity of care with charities- many of whom are seriously struggling for money to deliver and volunteers that are able to mix confidently.
- Look at set up of treatment and support rooms within site to reduce need for travel to other hospitals when very ill: use of telemedicine in a supported environment. (e.g.: remote heart pre op appointments, using a local health professional as go between in the tele-meeting)
- But do not ignore face to face contact- it can tell the physician so much more.
- It is essential that we continue to work collaboratively to create the best health care system for the people we serve. There are regular announcements from Government regarding the potential reshaping of public sector, but we must not be deterred or delayed by these and continue to work at pace towards this common goal.

- War Memorial Hospital Andover also serves people of Winchester district and this should be considered in service mapping and transport options.

#### 5.3.4 Anything else

Basingstoke and Test Valley provided statements of support to the Hampshire Together programme:

- **Basingstoke and Deane Borough Council:** We support the need for a new hospital serving the residents of North Hampshire and delivered in Basingstoke. The existing hospital provides excellent services to our residents, but the campus buildings are now not of a standard suitable for the health needs of a growing 21<sup>st</sup> Century population. Delivering a new hospital is a priority and we will work constructively and strenuously with central government, Hampshire Hospitals NHS Trust, the clinical commissioning group, Hampshire Health and Wellbeing Board and other partners to take this project forward, including the provision of a research centre and health satellite education centre.
- **Test Valley Borough Council:** It is in this context that the Council wishes to support the NHS moving forward. This can be achieved through facilitating the delivery of new and improved health infrastructure which our communities, both now and in the future, will require. In addition as you move forward through the Hampshire Together programme the Council is happy to use its network of partnership working to help facilitate discussions with local community groups.

### 5.4 Elected Representatives, Members of Parliament (MPs), Council Officials and Political Parties.

In this section, the responses provided to the listening exercise are presented thematically considering in turn submissions:

- Elected representatives and councils officials;
- Members of Parliament; and
- Political parties.

#### 5.4.1 Elected representatives and council officials

Direct responses were received from:

- Nick Tustian - Chief Exec Eastleigh Borough Council
- Cllr Dr Alan Warnes, Councillor, Test Valley

##### 5.4.1.1 Challenges

- The over-riding issue is that the model for health care is irreparably broken both in terms of the complex and confusing structure and inadequate and misplaced funding. The challenge is how therefore to deliver an ambitious programme of integrated and sustainable health care within a system that simply does not work. There are the inevitable resource issues in terms of the staffing and funding but even resolving these will not address the fundamental problem.

- Given the Coronavirus pandemic this has increased the challenges that were already being faced by the local health system. The main initial issue will be focused on dealing with the huge backlog of ongoing clinical cases e.g. cancer, heart and chronic diseases as well as helping those in pain waiting for basic operations e.g. hip and knee replacements.
- Attracting and retaining staff is a massive challenge given the current climate and it will be important to ensure that a positive environment is established to attract good quality staff.
- Pre-existing challenges prior to the pandemic in trying to link up services from the home to secondary care using different methodologies are an ongoing issue. This includes care homes and primary care where there is often uncontrolled use of secondary care facilities wasting; resources, staff, and patient time. Mechanisms and processes to reduce access to Secondary Care for appropriate treatments is key to improving patient care.
- Other challenges include ensuring that hospitals and Primary Care have the correct facilities, processes, and staff to treat patients.

#### **5.4.1.2 Opportunities**

- I sense a real ambition to do things differently and I am impressed by the vision that is already embodied within this project. There really is the opportunity to actually develop an integrated health system and to ensure that resources are utilised effectively to address the real need. This integration needs to work across all areas of health provision that includes local authorities and the very important role played the voluntary sector
- The area offers great opportunities especially attracting staff being located so near to London, coupled with ensuring the correct working environment is organised, while using publicity to promote such a wonderful location.
- There are also opportunities to overhaul processes and the working environment to optimise performance and increase staff moral especially when thinking about the working processes across the primary/secondary care divide and the use of new technologies where appropriate.

#### **5.4.1.3 Meeting the Challenges and Making the Most of the Opportunities**

- We need to be very clear and realistic about what can be actually achieved but also be prepared to make some very brave decisions. At a recent presentation to elected councillors in Eastleigh there was admiration for the ambition and vision but total scepticism as to what will actually be achieved. In their view the reality of the lack of finances and lack of willingness to break down sovereignty barriers will ultimately mean it's going to be more of the same. No doubt the building will be wonderful and win loads of awards but the health care provided that won't really address the day to day needs of the community which is often more about prevention than cure. So it would be helpful to have the realistic



conversation now about what can really be achieved so we can manage expectations

- Attracting good quality staff is possibly the most important issue and ensuring the local and working environment is optimal is crucial. Fortunately, the local environment has often been quoted as being one of the best areas to live in the UK, this just needs to be further promoted especially as the area is within easy reach of London. With regards to the working environment promoting and supporting training and research is a good way of improving staff morale. Coupled with utilising the introduction of care bundles which are based on evidenced based knowledge using research, this can have a massive positive impact on finances but more importantly staff morale and ownership.
- Linking services through patient homes, care homes and Primary Care to Secondary Care using remote technology has already been practiced in a number of clinical specialties. Mobile Apps can also be used instead of paperwork, GUM clinics have already shown positive impacts using this technology. Trips and falls and medicine management are other good examples where care bundles across the Primary Care/care home to Secondary Care can ensure treatments are managed effectively. This can be further enhanced by utilising new technologies e.g. ear canal examinations at local primary care organisations and reviewed by secondary care consultants to review and advise on treatment as well as training local staff on specific treatments, reducing non-essential pressures in secondary care.
- Other challenges include ensuring that the hospitals and primary care have the correct facilities to treat patients e.g. MRI scanners at A&E departments to ensure they can take the whole range of patient conditions.

#### 5.4.1.4 Anything Else

- There is a fantastic opportunity to review all existing clinical practices and to understand how other organisations have not only improved processes with regards to patient management but have also sustained these positive changes. Sustaining change is the real issue and understanding how this can be achieved through the introduction of factors such as care bundles that are implemented and supervised by the right staff is key to a successful future. Finally, it is vital to understand the importance of recognising and supporting research across the healthcare sector, it is a core standard of all NHS organisations and is important to attracting clinical services into the area.

#### 5.4.2 Members of Parliament

Responses were received from the following Members of Parliament:

- Maria Miller MP for Basingstoke
- Steve Brine, MP for Winchester, and Chandlers Ford



### 5.4.2.1 Challenges

It needs to rapidly expand to cater for a growing and ageing population and replace a hospital that was built in the 1970s and is beyond its sell by date; staff deserve better and patients too.

### 5.4.2.2 Opportunities

Hampshire Together could get all parts of the NHS to work together on this. So we have a more streamlined health service alongside a new Hospital. Rather than fragmented and disconnected organisations delivering primary care and acute care.

### 5.4.2.3 Meeting the Challenges and Making the Most of the Opportunities

Get the NHS to work together at Primary and acute levels. Take up the Government's announcement of a new Hospital for Basingstoke

### 5.4.2.4 Anything Else

Most people don't get involved in "local healthcare systems". Many may not know what is meant by that even after reading the document. Perhaps talk about modernising GPS and the Hospital? That's what people understand?

### 5.4.3 Political Parties

A direct responses was received from The Women's Equality Party, Basingstoke Branch, summarised below.

#### 5.4.3.1 Challenges

- Representing over half the population, women are the single largest group suffering from inequality on the basis of a protected characteristic. We believe this warrants women having their own advocate group or role. It is also worth noting that there are myriad ways in which being a women intersects with other forms of inequality and that these intersections require understanding and focus, too.
- Will there be examination of the gender and inclusivity policies currently in place, or will they be incorporated in their present form into the new trust?

#### 5.4.3.2 Meeting the Challenges and Making the Most of the Opportunities

- **Medical research:** Will there be scope, within a new set-up, to review procurement procedures for drugs that have been adequately tested on females or, in the event that these do not exist, to require labelling of products to make it clear if testing and analysis has taken account of sex differences.
- **Pain and treatment:** Studies have shown that women's pain is dismissed and disbelieved; women are less likely to be prescribed opioid painkillers and that, after they are prescribed, receive them less quickly.

Women are also more likely to receive anti-anxiety medication and be written off as psychiatric patients. Diagnostic criteria for issues such as heart disease and

heart attacks emphasise symptoms experienced by men, so women's diagnoses are delayed.

These are the sorts of implicit biases that are impossible to combat with equality policies alone because service providers will not necessarily be aware they have them. How can current equality training be bettered? Does it already include an emphasis on these sorts of inequalities and teach medical staff to be aware of their own implicit bias?

- **Workforce recruitment:** What strategies are in place to ensure a representative balance of women, BAME people and disabled people among senior managers, directors, consultants, specialists, etc? Are there also aims to increase the number of male nurses and care assistants? We have seen, during COVID, the importance of a flexible work force and availability of part-time hours. How will the future workforce be structured to accommodate the necessary flexibility? What strategies will be put in place to achieve equal pay?
- **Building a new hospital:** Contractors' records on equal employment and their codes on harassment from their workers should be taken into account during the tender process. Women's safety should be considered in building design; e.g. appropriate lighting, long dark external corridors.
- **Management culture:** What will a new hospital culture do to prevent bullying and protect whistleblowers? We support "no blame" investigations to improve learning and evaluation when things go wrong.
- **Mental health and social care:** Attention should be paid to the growing calls for integration of health and social care services within the hospital infrastructure. Once the building is created, the culture tends to be determined by it. What flexibility is there for future integrations within the hospital as well as in the home? How will the mental health services provision join up with the physical, and treat the whole person?
- **Training and CPD:** We understand that medical professionals undergo considerable training and, there are already equality aspects to this. Again, this has not entirely prevented age-old misconceptions around women's bodies, their pain, and their symptoms. Training syllabi should be examined to move away from using the white male organism as the default and specific learning around how medical issues present differently in women emphasised.
- **Maternity:** How will maternity provision be measured and provided for our growing town? Can a midwife bursary be reinstated? We were pleased to hear plans for supporting more births in the community, thereby hopefully giving women more choice. A new hospital is an opportunity to focus on woman-centred care, reducing medical interventions, and increased support for breastfeeding. We would like to see a family-integrated care model in neonatal

services so that mothers are not separated from their premature or sick babies. As pregnant women are at an increased risk of domestic abuse (which also increases the risk of premature and underweight babies) the model should incorporate prioritisation of mothers' agency and wellbeing. Black, Asian, and ethnic minority women, working class and poor women are also more likely to die in childbirth than white wealthier women; there should be provision for outreach programmes to ensure early access to maternity services for these women.

- **Procurement:** We have spoken above of drug procurement as relates to inequality in women's treatment. The other huge issue here, as has been magnified by COVID, is PPE. Current "universal" sizes put female medical workers at a far higher risk. We hear regularly that PPE is simply not made in smaller sizes; we think an organisation shake-up of this size warrants demanding more from suppliers.
- **Staff care:** This was covered in some detail last night and understand that you are already aware of many of these points, so we won't belabour them, but considerations we want to see include:
  - Childcare provision on site
  - On site respite care for staff with caring responsibilities
  - Affordability of access; parking costs, local transport.
  - Crew rooms with space to eat, rest and have access to natural light and air
  - Showers and change facilities
- **Appropriate separate spaces:** What provision will there be within the new infrastructure for separate space and dedicated care for trauma and abuse victims? What considerations will there be for abortion care? These are examples of women for whom privacy is vital and often life-saving; will there be consideration for this in the new building?

## 5.5 Voluntary, Community and Charitable Sector Organisations

Direct responses were received from:

- Ark Cancer Centre Charity
- Chandlers Ford Good Neighbours
- Trustees of RadCan Registered Charity No. 1140906

### 5.5.1 Challenges

A much larger NHS transport service would be needed for the future.

### 5.5.2 Opportunities

The opportunities are to:

- Build a wonderful new hospital on a site that is near a motorway and has good public transport links
- Extend GP surgery services so that less travel to hospitals is required, i.e. environmentally sustainable too
- Optimise what we now know works best e.g. to revamp and integrate care for the elderly, especially after failures during COVID-19 (not all the blame by any means lies with central bodies)

### 5.5.3 Meeting the Challenges and Making the Most of the Opportunities

Meeting challenges and maximising opportunities can be done by:

- Staffing: a range of nurses from the old style SEN and SRN to the practitioner, super qualified ones
- Recruitment: it follows that pay may be important
- Extra income tax or similar tax to be raised and ringfenced for health costs
- Incorporating care homes and retirement villages into new housing estates. This could help the elderly continuing as part of a community, having friendly neighbours, visits, help with shopping and transport, their mental and overall health would benefit.
- Ark and its trustees have always supported the aspiration and ambition to build a new cancer treatment centre on land near to Junction 7 of the M3 on the outskirts of Basingstoke. This would put the cancer centre in the heart of the HHFT area, making it accessible to the 600,000-plus population, including those people from our largest population centres of Andover, Basingstoke, and Winchester.

### 5.5.4 Anything Else

- Thank you for consulting the public, I really hope you are truly listening.
- I find the above questions vague and I have not attempted to answer them.
- In recent years we have been presented with expensively drawn up proposals for a major trauma centre and a state of the art cancer centre neither of which have materialised.

## 6 APPENDIX ONE: DETAILS OF VIRTUAL DELIBERATIVE EVENTS

### Dates and descriptions

#### 6.1 Introduction

In total 54 virtual events were held via the Zoom video conferencing platform as in response to the Covid-19 pandemic, face to face engagement meetings were not possible due to the requirement for social distancing.

Details of the dates each was held on and a brief description are shown below, along with numbers registered and actual attendance.

#### 6.2 Event Details

Event	Registered	Attended	% Attendance
12 June 2020: Patient Participation Groups	39	13	33%
13 June 2020: Staff Engagement Session	49	32	65%
17 June 2020: Maternity focus group	15	11	73%
18 June 2020: Governors	28	27	96%
19 June 2020: Maternity and Neonatal Public Session	69	31	45%
22 June 2020: Basingstoke Voluntary Action Groups	11	7	64%
23 June 2020: Community First (Winchester)	7	5	71%
24 June 2020: One Community (Eastleigh)	17	13	76%
25 June 2020: Unity Council for Voluntary Service (Andover and Test Valley)	10	7	70%
26 June 2020: NHS Staff	45	17	38%
27 June 2020: Public & Staff - Child Health	30	19	63%
29 June 2020: Basingstoke GP and Patient group	12	11	92%
30 June 2020: NHS Staff	36	20	56%
30 June 2020: Basingstoke Elected Members	20	15	75%
1 July 2020: Basingstoke Primary Care Network	5	5	100%
1 July 2020: Hampshire Hospitals Clinical Matrons		19	
2 July 2020: Online Engagement Session for the people of Basingstoke	65	44	68%
3 July 2020: NHS Staff	102	58	57%

Event	Registered	Attended	% Attendance
4 July 2020: Emergency care - public	40	23	58%
6 July 2020: Winchester GP Patient groups	21	13	62%
7 July 2020: Winchester Elected Members	11	8	73%
7 July 2020: Healthwatch Staff and Volunteers	18	15	83%
8 July 2020: Primary Care Network (Winchester)	7	8	114%
9 July 2020: Band 7 Forum		13	
9 July 2020: Community First (Winchester)	13	11	85%
9 July 2020: Online Engagement session for the people of Winchester	231	141	61%
10 July 2020: NHS staff	48	14	29%
11 July 2020: Stroke and Elderly Care	25	25	100%
13 July 2020: Andover GP Patient Groups	3	2	67%
14 July 2020: Andover Elected Members	4	2	50%
15 July 2020: Andover Primary Care Network	4	4	100%
16 July 2020: NHS Staff	37	22	59%
16 July 2020: Maternity Focus Group	12	10	83%
16 July 2020: For the people of Andover	29	24	83%
18 July 2020: Cancer services	61	36	59%
20 July 2020: Eastleigh GP Patient Group	5	3	60%
20 July 2020: Breathe Easy Andover	4	5	125%
21 July 2020: Cancer Services Partnership	19	11	58%
21 July 2020: Eastleigh MP/Councillors	6	6	100%
23 July 2020: Focus on Eastleigh Public Session	69	48	70%
24 July 2020: NHS Staff	85	47	55%
25 July 2020: Public and staff Diabetes	28	21	75%
27 July 2020: Liberal Democrats	53	37	70%
27 July 2020: Faith Groups	19	17	89%
27 July 2020: Focus on East Hampshire	52	32	62%
27 July 2020: Patient Voice	9	8	89%
28 July 2020: Focus on Romsey	12	6	50%
28 July 2020: Focus on West Berkshire and North	46	30	65%

Event	% Registered    Attended    Attendance		
West Hampshire			
29 July 2020: Partner NHS Staff	64	42	66%
30 July 2020: Trinity (Homeless charity)		5	
30 July 2020: Parish Councils		43	
31 July 2020: Staff from partner organisations	19	17	89%
4 Aug 2020: Maternity	18	10	56%
6 Aug 2020: Final Public Session	54	24	44%
<b>TOTAL</b>	<b>1,686</b>	<b>1,137</b>	<b>67%</b>

## 7 APPENDIX TWO: DEMOGRAPHICS

### Data where provided

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#### 7.1 Introduction

Every effort was made to collect demographic data in order to analyse themes and trends in responses in order to give due regard to the Public Sector Equality Duty. Participants are not required to provide this information about themselves and therefore, analytics are provided in accordance with the data provided.

#### 7.2 Virtual Events (Expressions of Interest)

The virtual deliberative events and focus groups were managed through the Eventbrite website where participants register to take part. The registration process included the following compulsory questions.

- Q1. What is the first half of your postcode? e.g. RG24 or SO22
- Q2. Do you work for the NHS in Hampshire? (Q3 to Q6 NHS staff only)
  - Q3. Which division do you work in?
  - Q4. Which of these best describes your role?
  - Q5. If you are a member of staff at Hampshire Hospitals, which hospital do you work at?
  - Q6. If you are a member of staff at Hampshire Hospitals, are you...?
- Q7. How old are you?
- Q8. What gender do you identify as?
- Q9. Does your gender match your identity at birth?
- Q10. Which of the following terms best describes your sexual orientation?
- Q11. Are you currently...?
- Q12. Are you currently pregnant or have you been pregnant in the last year?
- Q13. Do you have a disability, long-term illness, or health condition?
- Q14. Please can you tell us what your disability, long-term illness or health condition relates to?
- Q15. Do you have any caring responsibilities? Please tick all that apply
- Q16. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?
- Q17. Have you ever served in the UK Armed Forces?
- Q18. Are you a member of a current or former serviceman or woman's immediate family / household?
- Q19. What race or ethnicity best describes you?
- Q20. What do you consider your religion to be? (Please select only one)

Respondents were also asked to **'...leave a comment or question or how you think we should go about meeting the challenges ahead.'**



In total 1,156 people, staff, stakeholders and public, registered for the events. Set out below are the responses from the demographic questions they were asked.

The questions directed to NHS staff returned a lower base than the overall sample and are reported accordingly.

The responses to these initial registration questions are shown in turn below.

## 7.2.1 Postcode Data

What is the first half of your postcode? e.g. RG24 or SO22

Post Code	Count	Post Code	Count	Post Code	Count	Post Code	Count	Post Code	Count
BA14	1	GU35	1	RG4	1	RH26	1	SO27	1
BH6	1	GU51	3	RG5	1	S021	2	SO30	6
BH24	4	GU52	2	RG7	7	S022	1	SO31	7
BH25	1	HP14	1	RG14	3	S023	2	SO32	9
BS1	1	HP20	1	RG17	2	S051	1	SO40	2
DL3	1	NG23	2	RG18	1	S40	1	SO41	3
DT11	1	OX5	1	RG19	2	SL2	1	SO45	1
GU9	1	OX11	1	RG20	6	SN10	1	SO50	32
GU10	4	PO2	3	RG21	41	SN25	1	SO51	25
GU11	1	PO3	2	RG22	44	SO15	6	SO52	5
GU12	2	PO6	3	RG23	18	SO16	10	SO53	77
GU14	1	PO10	1	RG24	87	SO17	1	SP1	2
GU18	1	PO12	1	RG25	9	SO18	2	SP2	1
GU21	1	PO13	2	RG26	37	SO19	3	SP4	2
GU30	3	PO14	3	RG27	19	SO20	11	SP10	41
GU31	3	PO15	2	RG28	6	SO21	61	SP11	23
GU32	3	PO16	4	RG29	5	SO22	143	Not Answered	151
GU33	2	PO17	1	RG31	2	SO23	86	<b>Grand Total</b>	<b>1156</b>
GU34	51	RG2	3	RG41	2	SO24	21		

## 7.2.2 Staff Demographics

### 7.2.2.1 Number of respondents working for the NHS in Hampshire

Do you work for the NHS in Hampshire?

Response	No	%
Prefer not to say	14	1.4%
Yes - member of staff at an NHS organisation not mentioned above	83	8.6%
Yes - member of staff at either the Hampshire and Isle of Wight Partnership of CCGs or West Hampshire CCG	40	4.1%
Yes - member of staff at Hampshire Hospitals NHS Foundation Trust	342	35.3%
<b>Grand Total</b>	<b>479</b>	<b>100.0%</b>

### 7.2.2.2 Division

Which division do you work for?

Division (Multiple responses allowed)	No	%
Central	21	5.8%
Corporate Division	87	24.2%
Corporate Division   Family and Clinical Support Division	1	0.3%
Family and Clinical Support Division	82	22.8%
Family and Clinical Support Division   Medicine Division   Surgery Division	1	0.3%
Family and Clinical Support Division   Surgery Division	1	0.3%
Medicine Division	87	24.2%
Medicine Division   Private Patients	1	0.3%
Prefer not to say	25	7.0%
Private Patients	2	0.6%
Surgery Division	51	14.2%
<b>Grand Total</b>	<b>359</b>	<b>100.0%</b>

### 7.2.2.3 Role

Which of these best describes your role?

Role	No	%
Additional Clinical Services (includes healthcare support workers)	15	3.2%
Additional Clinical Services (includes healthcare support workers)   Administrative and Clerical	1	0.2%
Administrative and Clerical	127	27.1%
Administrative and Clerical   Allied Health Professionals	1	0.2%
Allied Health Professionals	50	10.7%
Allied Health Professionals   Healthcare Scientists	1	0.2%
Allied Health Professionals   Nursing and Midwifery Registered	1	0.2%
Allied Health Professionals   Scientific and Technical	1	0.2%
Estates and Ancillary	9	1.9%
Healthcare Scientists	8	1.7%
Medical and Dental	104	22.2%
Nursing and Midwifery Registered	107	22.9%
Prefer not to say	29	6.2%
Scientific and Technical	14	3.0%
<b>Grand Total</b>	<b>468</b>	<b>100.0%</b>

### 7.2.2.4 HHFT Hospital

If you are a member of staff at Hampshire Hospitals, which hospital do you work at?

Hospital (multiple responses allowed)	No.	%
Andover War Memorial Hospital	9	0.8%
Andover War Memorial Hospital   Basingstoke and North Hampshire Hospital   Other (Alton Community Hospital, GP surgeries)	1	0.1%
Andover War Memorial Hospital   Basingstoke and North Hampshire Hospital   Royal Hampshire County Hospital	18	1.6%

Hospital (multiple responses allowed)	No.	%
Andover War Memorial Hospital   Basingstoke and North Hampshire Hospital   Royal Hampshire County Hospital   Other (Alton Community Hospital, GP surgeries)	2	0.2%
Andover War Memorial Hospital   Royal Hampshire County Hospital	10	0.9%
Basingstoke and North Hampshire Hospital	146	12.6%
Basingstoke and North Hampshire Hospital   Other (Alton Community Hospital, GP surgeries)	3	0.3%
Basingstoke and North Hampshire Hospital   Royal Hampshire County Hospital	33	2.9%
Basingstoke and North Hampshire Hospital   Royal Hampshire County Hospital   Other (Alton Community Hospital, GP surgeries)	8	0.7%
Not applicable	118	10.2%
Not applicable Andover War Memorial Hospital	7	0.6%
Not applicable Andover War Memorial Hospital   Basingstoke and North Hampshire Hospital   Royal Hampshire County Hospital	2	0.2%
Not applicable Andover War Memorial Hospital   Royal Hampshire County Hospital	1	0.1%
Other (Alton Community Hospital, GP surgeries)	10	0.9%
Prefer not to say	18	1.6%
Royal Hampshire County Hospital	83	7.2%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

#### 7.2.2.5 Employment basis

If you are a member of staff at Hampshire Hospitals, are you...?

Employment Basis	No.	%
Bank	15	4%
Full time	218	58%
Part time	100	27%
Part time   Bank	2	1%
Prefer not to say	42	11%
<b>Grand Total</b>	<b>377</b>	<b>100%</b>

#### 7.2.3 Age

How Old are You?

Age	No	%
16-17	3	0.3%
18-24	8	0.7%
25-34	76	6.6%
35-44	168	14.5%
45-54	237	20.5%
55-64	191	16.5%
65-74	151	13.1%
75+	80	6.9%
Prefer not to say	42	3.6%
Not Answered	200	17.3%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

## Gender Identity

What gender do you identify as?

Gender	No.	%
Female	577	49.9%
Male	317	27.4%
Male   Female	1	0.1%
Other	3	0.3%
Prefer not to say	45	3.9%
Not Answered	213	18.4%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

Does your gender match your identity at birth?

Response	No.	%
No	3	0.3%
Prefer not to say	52	4.5%
Yes	871	75.3%
Not Answered	230	19.9%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

### 7.2.4 Sexual Orientation

Which of the following terms best describes your sexual orientation?

Row Labels	No.	%
Asexual	3	0.3%
Bisexual	7	0.6%
Gay man	11	1.0%
Gay woman or lesbian	3	0.3%
Heterosexual or straight	775	67.0%
Other	2	0.2%
Prefer not to say	120	10.4%
Yes	1	0.1%
Not Answered	234	20.2%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

### 7.2.5 Living Circumstances

Are you currently...?

Status	No.	%
Cohabiting	55	4.8%
Cohabiting   Divorced or civil partnership dissolved	1	0.1%
Divorced or civil partnership dissolved	35	3.0%
In a civil partnership	4	0.3%
Married	614	53.1%
Married   Prefer not to say	1	0.1%
Prefer not to say	96	8.3%
Separated (but still legally married or in a civil partnership)	7	0.6%
Single (never married or in a civil partnership)	74	6.4%
Widowed or a surviving partner from a civil partnership	40	3.5%
Not Answered	228	19.7%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

## 7.2.6 Current or Recent Pregnancy

Are you currently pregnant or have you been pregnant in the last year?

Response	No.	%
No	739	64%
Not applicable	80	7%
Prefer not to say	64	6%
Yes	22	2%
Not Answered	251	22%
<b>Grand Total</b>	<b>1156</b>	<b>100%</b>

## 7.2.7 Disability or Long-Term Illness

Do you have a disability, long-term illness, or health condition?

Response	No.	%
No	595	51.5%
Prefer not to say	94	8.1%
Yes	229	19.8%
Yes   No	2	0.2%
Not Answered	236	20.4%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

Please can you tell us what your disability, long-term illness or health condition relates to?

Self-described condition (duplication of responses due to multiple responses allowed)	Count
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	2
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	120
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	5
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   Blind or have a visual impairment uncorrected by glasses   Deaf or have a hearing impairment	1
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	6
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)   Deaf or have a hearing impairment	1
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	2

Self-described condition (duplication of responses due to multiple responses allowed)	Count
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   An impairment, health condition or learning difference that is not listed above	3
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   Deaf or have a hearing impairment	3
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)   A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	1
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	18
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	2
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)   A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	1
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)   Blind or have a visual impairment uncorrected by glasses	1
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)   A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	1
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)   An impairment, health condition or learning difference that is not listed above	2
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)   An impairment, health condition or learning difference that is not listed above	1
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	1
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	19
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)   A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)   An impairment, health condition or learning difference that is not listed above	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)   Deaf or have a hearing impairment	3
A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	5
A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)   Blind or	1

Self-described condition (duplication of responses due to multiple responses allowed)	Count
have a visual impairment uncorrected by glasses	
An impairment, health condition or learning difference that is not listed above	9
An impairment, health condition or learning difference that is not listed above	1
Blind or have a visual impairment uncorrected by glasses	2
Blind or have a visual impairment uncorrected by glasses   Deaf or have a hearing impairment	1
Deaf or have a hearing impairment	5
Deaf or have a hearing impairment   An impairment, health condition or learning difference that is not listed above	1
I do not have a disability, long-term illness, or health condition	7
No	1
Not applicable	27
Prefer not to say	128
Not Answered	773
<b>Grand Total</b>	<b>1156</b>

## 7.2.8 Caring Responsibilities

Do you have any caring responsibilities? (Please tick all that apply)

Caring Responsibility (multiple responses allowed)	No.	%
None	420	36.3%
None   Prefer not to say	1	0.1%
None   Primary carer of a child or children (under 2 years)	1	0.1%
Prefer not to say	107	9.3%
Primary carer of a child or children (between 2 and 18 years)	161	13.9%
Primary carer of a child or children (between 2 and 18 years)   Primary carer of a disabled child or children	9	0.8%
Primary carer of a child or children (between 2 and 18 years)   Primary carer of a disabled child or children   Secondary carer (another person carries out main caring role)	1	0.1%
Primary carer of a child or children (between 2 and 18 years)   Primary carer or assistant for a disabled adult (18 years and over)	3	0.3%
Primary carer of a child or children (between 2 and 18 years)   Primary carer or assistant for an older person or people (65 years and over)	3	0.3%
Primary carer of a child or children (between 2 and 18 years)   Primary carer or assistant for an older person or people 65 years and over)	3	0.3%
Primary carer of a child or children (under 2 years)	16	1.4%
Primary carer of a child or children (under 2 years)   Primary carer of a child or children (between 2 and 18 years)	15	1.3%
Primary carer of a child or children (under 2 years)   Primary carer of a	1	0.1%



Caring Responsibility (multiple responses allowed)	No.	%
child or children (between 2 and 18 years)   Secondary carer (another person carries out main caring role)		
Primary carer of a disabled child or children   Primary carer or assistant for a disabled adult (18 years and over)	1	0.1%
Primary carer or assistant for a disabled adult (18 years and over)	10	0.9%
Primary carer or assistant for an older person or people (65 years and over)	12	1.0%
Primary carer or assistant for an older person or people (65 years and over)   Secondary carer (another person carries out main caring role)	2	0.2%
Primary carer or assistant for an older person or people <input type="checkbox"/> (65 years and over)	2	0.2%
Primary carer or assistant for an older person or people 65 years and over)	5	0.4%
Primary carer or assistant for an older person or people (65 years and over)	1	0.1%
Primary carer or assistant for an older person or people (65 years and over)	1	0.1%
Secondary carer (another person carries out main caring role)	43	3.7%
Not Answered	338	29.2%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

### 7.2.9 Armed Forces

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?

Response	No.	%
No	844	73.0%
Prefer not to say	47	4.1%
Yes	3	0.3%
Not Answered	262	22.7%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

Have you ever served in the UK Armed Forces?

Response	No.	%
No	783	67.7%
Prefer not to say	49	4.2%
Yes	61	5.3%
Not Answered	263	22.8%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

Are you a member of a current or former serviceman or woman's immediate family / household?

Response	No.	%
No	769	66.5%
Prefer not to say	51	4.4%
Yes	70	6.1%
Not Answered	266	23.0%



<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>
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### 7.2.10 Ethnicity

What race or ethnicity best describes you?

Response (multiple responses allowed)	No.	%
Arab   White – Irish	1	0.1%
Asian/ British Asian – Bangladeshi	1	0.1%
Asian/ British Asian – Chinese	3	0.3%
Asian/ British Asian – Chinese   Other	1	0.1%
Asian/ British Asian – Indian	14	1.2%
Asian/ British Asian – Pakistani	1	0.1%
Black/British Black – African	5	0.4%
Black/British Black – Caribbean	2	0.2%
Christianity	1	0.1%
Mixed Race – White and Black	2	0.2%
Mixed Race –White and Asian	1	0.1%
Other	19	1.6%
Prefer not to say	67	5.8%
White – British	745	64.4%
White – British   White – European	1	0.1%
White – British   White – Irish   White – Other	1	0.1%
White – European	27	2.3%
White – Irish	5	0.4%
White – Other	12	1.0%
Not Answered	247	21.4%
<b>Grand Total</b>	<b>1156</b>	<b>100.0%</b>

### 7.2.11 Religion

What do you consider your religion to be? (Please select only one)

Response	No.	%
Buddhist	4	0.35%
Christianity	402	34.78%
Hindu	14	1.21%
Jewish	5	0.43%
Muslim	4	0.35%
No religion	289	25.00%
Other religion	13	1.12%
Prefer not to say	104	9.00%
Sikh	1	0.09%
Not Answered	320	27.68%
<b>Grand Total</b>	<b>1156</b>	<b>100.00%</b>

## 7.3 Hampshire Together Data Monitoring: Deliberative Event Registration

Participants in the listening phase either through attendance at the virtual deliberative events (separate to their original expression of interest) and completing webform submissions were asked to provide their demographic information via a SurveyMonkey link.

In total 257 people provide their details in this way.

- Q1. How old are you?
- Q2. What gender do you identify as?
- Q3. Does your gender identity match your sex as registered at birth?
- Q4. Are you currently...?
- Q5. Are you currently pregnant or have you been pregnant in the last year?
- Q6. Do you have a disability, long-term illness, or health condition?
- Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)
- Q8. Do you have any caring responsibilities? (Please tick all that apply)
- Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?
- Q10. Are you a member of a current or former serviceman or woman's immediate family / household?
- Q11. What race or ethnicity best describes you?
- Q12. What do you consider your religion to be?
- Q13. Do you work for the NHS in Hampshire?
- Q14. Which division do you work in?
- Q15. Which of these best describes your role?
- Q16. If you are a member of staff at Hampshire Hospitals, which hospital do you work at?
- Q17. If you are a member of staff at Hampshire Hospitals, are you...?

The responses are shown in turn below.

### *How old are you?*

Age	No.	%
16-17	1	0.4%
18-24	2	0.8%
25-34	11	4.3%
35-44	19	7.4%
45-54	29	11.3%
55-64	48	18.7%
65-74	78	30.4%
75+	43	16.7%
Prefer not to say	7	2.7%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

### *What gender do you identify as?*

Gender	No.	%
Male	106	41.2%
Female	121	47.1%
Other	0	0.0%
Prefer not to say	11	4.3%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

What is the first half of your postcode? (for example, RG24 or SO22)							
GU10	2	PO13	1	RG23	6	SO23	17
GU14	1	PO14	1	RG24	22	SO24	3
GU31	1	PO16	2	RG25	7	SO30	5
GU32	2	PO17	1	RG26	13	SO31	2
GU33	1	PO30	1	RG27	5	SO32	3
GU34	13	RG7	13	RG41	1	SO40	2
GU35	1	RG14	4	SN15	1	SO45	1
GU51	1	RG17	1	SO15	1	SO50	14
HP14	1	RG18	1	SO16	2	SO51	9
OX5	1	RG20	10	SO20	8	SO53	28
PO9	1	RG21	16	SO21	18	SP10	15
PO12	2	RG22	18	SO22	47	SP11	9
<b>TOTAL</b>							<b>335</b>

Does your gender identity match your sex as registered at birth?

Answer Choices	No.	%
Yes	228	88.7%
No	0	0.0%
Prefer not to say	10	3.9%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

Are you currently...?

Answer Choices	No.	%
Single (never married or in a civil partnership)	22	8.6%
Cohabiting	9	3.5%
Married	160	62.3%
In a civil partnership	3	1.2%
Separated (but still legally married or in a civil partnership)	4	1.6%
Divorced or civil partnership dissolved	11	4.3%
Widowed or a surviving partner from a civil partnership	13	5.1%
Prefer not to say	16	6.2%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

Are you currently pregnant or have you been pregnant in the last year?

Answer Choices	No.	%
Not applicable	75	29.2%
Yes	7	2.7%

No	141	54.9%
Prefer not to say	15	5.8%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

Do you have a disability, long-term illness, or health condition?

Answer Choices	No.	%
Yes	72	28.0%
No	147	57.2%
Prefer not to say	19	7.4%
<b>TOTAL</b>	<b>238</b>	<b>92.6%</b>

Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

Answer Choices	No.	%
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	40	15.6%
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	10	3.9%
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	20	7.8%
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	2	0.8%
A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	2	0.8%
Deaf or have a hearing impairment	8	3.1%
An impairment, health condition or learning difference that is not listed above	11	4.3%
Prefer not to say	5	1.9%
<b>TOTAL</b>	<b>98</b>	<b>38.1%</b>

Do you have any caring responsibilities? (Please tick all that apply)

Answer Choices	No.	%
None	164	63.8%
Primary carer of a child or children (under 2 years)	6	2.3%
Primary carer of a child or children (between 2 and 18 years)	23	8.9%
Primary carer of a disabled child or children	1	0.4%
Primary carer or assistant for a disabled adult (18 years and over)	3	1.2%
Primary carer or assistant for an older person or people (65 years and over)	14	5.4%
Secondary carer (another person carries out main caring role)	16	6.2%
Prefer not to say	13	5.1%
<b>TOTAL</b>	<b>240</b>	<b>93.4%</b>

*Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?*

Answer Choices	No.	%
Yes	1	0.4%
No	224	87.2%
Prefer not to say	8	3.1%
<b>TOTAL</b>	<b>233</b>	<b>90.7%</b>

*Are you a member of a current or former serviceman or woman's immediate family / household?*

Answer Choices	No.	%
Yes	25	9.7%
No	208	80.9%
<b>TOTAL</b>	<b>233</b>	<b>90.7%</b>

*What race or ethnicity best describes you?*

Answer Choices	No.	%
Asian/British Asian – Indian	1	0.4%
Black/British Black – African	1	0.4%
Black/British Black – Caribbean	2	0.8%
Gypsy or Traveller	1	0.4%
White – British	201	78.2%
White – European	8	3.1%
White – Other	4	1.6%
Other	4	1.6%
Prefer not to say	11	4.3%
<b>TOTAL</b>	<b>233</b>	<b>90.7%</b>

*What do you consider your religion to be?*

Answer Choices	No.	%
No religion	79	30.7%
Buddhist	2	0.8%
Christianity	133	51.8%
Hindu	0	0.0%
Jewish	1	0.4%
Muslim	0	0.0%
Sikh	1	0.4%
Other religion	2	0.8%
Prefer not to say	15	5.8%
<b>TOTAL</b>	<b>233</b>	<b>90.7%</b>

*Do you work for the NHS in Hampshire?*

Answer Choices	No.	%
No	181	70.4%
Yes - member of staff at Hampshire Hospitals NHS Foundation Trust	35	13.6%
Yes - member of staff at an NHS organisation not mentioned above	10	3.9%
Prefer not to say	7	2.7%
<b>TOTAL</b>	<b>233</b>	<b>90.7%</b>

*If you are a member of staff at Hampshire Hospitals, which hospital do you work at?*

Answer Choices	No.	%
Andover War Memorial Hospital	2	0.8%
Basingstoke and North Hampshire Hospital	15	5.8%
Royal Hampshire County Hospital	15	5.8%
Prefer not to say	1	0.4%
<b>TOTAL</b>	<b>33</b>	<b>12.8%</b>

*If you are a member of staff at Hampshire Hospitals, are you...?*

Answer Choices	No.	%
Full time	24	9.3%
Part time	9	3.5%
<b>TOTAL</b>	<b>33</b>	<b>12.8%</b>

*Which division do you work in?*

Answer Choices	No.	%
Central	1	0.4%
Corporate Division	4	1.6%
Family and Clinical Support Division	10	3.9%
Medicine Division	6	2.3%
Private Patients	0	0.0%
Surgery Division	9	3.5%
Prefer not to say	3	1.2%
<b>TOTAL</b>	<b>33</b>	<b>12.8%</b>

*Which of these best describes your role?*

Answer Choices	No.	%
Additional Clinical Services (includes healthcare workers)	2	0.8%
Administrative and Clerical	6	2.3%
Allied Health Professionals	6	2.3%
Estates and Ancillary	2	0.8%
Healthcare Scientists	0	0.0%
Medical and Dental	6	2.3%
Nursing and Midwifery Registered	8	3.1%
Scientific and Technical	3	1.2%
<b>TOTAL</b>	<b>33</b>	<b>12.8%</b>

## 7.4 Hampshire Together Data Monitoring: Post Deliberative Event Feedback

The engagement team sent out a further request for information to the people responding to the listening exercise, asking:

- Q1. Which method did you use to give us your views?
- Q2. Please select the date and time when the focus group took place
- Q3. What is the first half of your postcode? (for example, RG24 or SO22)
- Q4. How old are you?
- Q5. What gender do you identify as?
- Q6. Does your gender identity match your sex as registered at birth?
- Q7. Which of the following terms best describes your sexual orientation?
- Q8. Are you currently?
- Q9. Are you currently pregnant or have you been pregnant in the last year?
- Q10. Do you have a disability, long-term illness, or health condition?
- Q11. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)
- Q12. Do you have any caring responsibilities? (Please tick all that apply)
- Q13. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?
- Q14. Have you ever served in the UK Armed Forces?
- Q15. Are you a member of a current or former serviceman or woman's immediate family / household?
- Q16. What race or ethnicity best describes you?
- Q17. What do you consider your religion to be?
- Q18. Do you work for the NHS in Hampshire?
- Q19. Which division do you work in?
- Q20. Which of these best describes your role?
- Q21. If you are a member of staff at Hampshire Hospitals, which hospital do you work at?
- Q22. If you are a member of staff at Hampshire Hospitals, are you...?

### 7.4.1 Giving Views

In response to the question;

Which method did you use to give us your views?

Opinion Provided Through	No	%
Focus group session	13	5.1%
Response	1	0.4%
Website comment form	243	94.6%
Grand Total	257	100%



## 7.4.2 Group time and date

In response to the question:

Please select the date and time when the focus group took place

Eight out of the thirteen who indicated they'd taken part in a group (deliberative event), as follows.

Focus Group	No
12/06/2020 10:00	1
17/06/2020 10:00	3
18/06/2020 11:00	1
19/06/2020 13:00	1
24/06/2020 14:30	1
30/07/2020 18:30	1
<b>Grand Total</b>	<b>8</b>

## 7.4.3 Respondent Postcode

In response to the question

What is the first half of your postcode? (for example, RG24 or SO22)

The following was provided.

POST CODE	No	POST CODE	No	POST CODE	No
BLANK	28	RG25	6	SO31	1
GU30	1	RG26	4	SO32	4
GU32	1	RG27	7	SO40	1
GU34	16	RG28	2	SO50	3
GU51	1	RG29	1	SO50	1
PO9	1	RG30	1	SO51	5
PO15	1	RH25	1	SO52	1
RG7	3	SO14	1	SO53	5
RG14	1	SO18	1	SO53	1
RG20	3	SO20	1	SP	1
RG21	6	SO21	27	SP6	1
RG21	1	SO22	46	SP10	6
RG22	10	SO23	27	SP10	1
RG23	6	SO24	7	SP11	4
RG24	8	SO30	1		
Grand Total					257

#### 7.4.4 Age

In response to the question:

How old are you?

Age	No	%
Blank	20	8%
16-17	1	0%
18-24	2	1%
25-34	11	4%
35-44	19	7%
45-54	28	11%
55-64	48	19%
65-74	78	30%
75+	43	17%
Prefer not to say	7	3%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

#### 7.4.5 Gender

In response to the question:

What gender do you identify as?

Response	No	%
Blank	20	8%
Female	121	47%
Male	105	41%
Prefer not to say	11	4%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

In response to the follow up question:

Does your gender identity match your sex as registered at birth?

Gender?	No	%
Blank	19	7%
Prefer not to say	10	4%
Response	1	0%
Yes	227	88%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

#### 7.4.6 Sexual Orientation

In response to the question:

Which of the following terms best describes your sexual orientation?

Sexuality	No	%
Blank	20	8%
Asexual	2	1%
Bisexual	1	0%
Gay man	1	0%
Gay woman or lesbian	1	0%
Heterosexual or straight	212	82%
Prefer not to say	20	8%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

#### 7.4.7 Domestic Circumstances

In response to the question:

Are you currently?

Response	No	%
Blank	20	8%
Cohabiting	9	4%
Divorced or civil partnership dissolved	11	4%
In a civil partnership	2	1%
Married	160	62%
Prefer not to say	16	6%
Separated (but still legally married or in a civil partnership)	4	2%
Single (never married or in a civil partnership)	22	9%
Widowed or a surviving partner from a civil partnership	13	5%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

#### 7.4.8 Current or Recent Pregnancy

In response to the question:

Are you currently pregnant or have you been pregnant in the last year?

Response	No	%
Blank	20	8%
No	140	54%
Not applicable	75	29%
Prefer not to say	15	6%
Yes	7	3%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

### 7.4.9 Disability

In response to the question:

Do you have a disability, long-term illness, or health condition?

Disability	No	%
Blank	20	8%
No	146	57%
Prefer not to say	19	7%
Yes	72	28%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

In response to the supplementary question:

Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

Response	No	%
A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	41	16%
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	11	4%
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	21	8%
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	3	1%
A specific learning difficulty (e.g. dyslexia, dyspraxia, or AD(H)D)	3	1%
Deaf or have a hearing impairment	9	4%
An impairment, health condition or learning difference that is not listed above	12	5%
Prefer not to say	6	2%
None	164	64%
Base 257		

### 7.4.10 Armed Forces

In response to the question:

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?

Response	No	%
Blank	25	10%
No	223	87%
Prefer not to say	8	3%
Yes	1	0%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

In response to the follow up question:

Have you ever served in the UK Armed Forces?

Response	No	%
Blank	25	10%
No	202	79%
Yes	30	12%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

In response to the further follow up question:

Are you a member of a current or former serviceman or woman's immediate family / household?

Row Labels	No	%
Blank	25	10%
No	207	81%
Yes	25	10%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

#### 7.4.11 Race or Ethnicity

In response to the question:

What race or ethnicity best describes you?

Row Labels	No	%
Blank	25	10%
Asian/British Asian Indian	1	0%
Black/British Black African	1	0%
Black/British Black Caribbean	2	1%
Gypsy or Traveller	1	0%
Other	4	2%
Prefer not to say	11	4%
White British	200	78%
White European	8	3%
White Other	4	2%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

### 7.4.12 Religion

In response to the question:

What do you consider your religion to be?

Response	No	%
Blank	25	9.7%
Buddhist	2	0.8%
Christianity	132	51.4%
Jewish	1	0.4%
No religion	79	30.7%
Other religion	2	0.8%
Prefer not to say	15	5.8%
Sikh	1	0.4%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

### 7.4.13 NHS Staff

In response to the question:

Do you work for the NHS in Hampshire?

Response	No	%
Blank	24	9%
No	181	70%
Prefer not to say	7	3%
Yes - member of staff at an NHS organisation not mentioned above	10	4%
Yes - member of staff at Hampshire Hospitals NHS Foundation Trust	35	14%
<b>Grand Total</b>	<b>257</b>	<b>100%</b>

Those who indicated they worked for the NHS in Hampshire were asked:

Which division do you work in?

Response	No	%
Central	1	0.4%
Corporate Division	4	1.6%
Family and Clinical Support Division	10	3.9%
Medicine Division	6	2.3%
Prefer not to say	3	1.2%
Surgery Division	9	3.5%
<b>Grand Total</b>	<b>33</b>	<b>12.8%</b>

Then the same group were asked

Which of these best describes your role?

Response	No	%
Additional Clinical Services (includes healthcare support workers)	2	0.8%
Administrative and Clerical	6	2.3%
Allied Health Professionals	6	2.3%
Estates and Ancillary	2	0.8%
Medical and Dental	6	2.3%
Nursing and Midwifery Registered	8	3.1%
Scientific and Technical	3	1.2%
<b>Grand Total</b>	<b>33</b>	<b>12.8%</b>

The same group were then asked:

If you are a member of staff at Hampshire Hospitals, which hospital do you work at?

Response	No	%
Andover War Memorial Hospital	2	0.8%
Basingstoke and North Hampshire Hospital	15	5.8%
Prefer not to say	1	0.4%
Royal Hampshire County Hospital	15	5.8%
<b>Grand Total</b>	<b>33</b>	<b>12.8%</b>

Finally the same group were asked:

If you are a member of staff at Hampshire Hospitals, are you...?

Response	No	%
Full time	24	9.3%
Part time	9	3.5%
<b>Grand Total</b>	<b>33</b>	<b>12.8%</b>

## 8 APPENDIX THREE: MEDIA CAMPAIGN DETAILS

### Media Monitoring Data

The table provides detail of all the media activity undertaken to publicise the listening phase.

Date	Publication	Type	Page	Notes	Link if available
02/06/2020	Basingstoke Gazette	Online		Trust seeks public's view on where new hospital should be build	<a href="https://www.basingstokegazette.co.uk/news/18490312.trust-seeks-publics-views-new-hospital-built/">https://www.basingstokegazette.co.uk/news/18490312.trust-seeks-publics-views-new-hospital-built/</a>
04/06/2020	Basingstoke Gazette	Print	7	Your say on how you want hospital to look	
04/06/2020	Basingstoke Gazette	Print	17	Advert	
04/06/2020	Hampshire Chronicle	Online		Health chief seeks views as new hospital plans emerge	<a href="https://www.hampshireChronicle.co.uk/news/18493075.health-chiefs-see-views-new-hospital-plans-emerge/">https://www.hampshireChronicle.co.uk/news/18493075.health-chiefs-see-views-new-hospital-plans-emerge/</a>
04/06/2020	Andover Advertiser	Online		Hampshire hospitals plan for new hospital in region takes step forward	<a href="https://www.andoveradvertiser.co.uk/news/18496838.hospital-plans-moving-forward/">https://www.andoveradvertiser.co.uk/news/18496838.hospital-plans-moving-forward/</a>
04/06/2020	Romsey Advertiser	Online		Hampshire hospitals plan for new hospital in region takes step forward	<a href="https://www.romseyadvertiser.co.uk/news/andover/18496838.hospital-plans-moving-forward/">https://www.romseyadvertiser.co.uk/news/andover/18496838.hospital-plans-moving-forward/</a>
04/06/2020	Romsey Advertiser	Online		Health chief seeks views as new hospital plans emerge	<a href="https://www.romseyadvertiser.co.uk/news/winchester/18493075.health-chiefs-see-views-new-hospital-plans-emerge/">https://www.romseyadvertiser.co.uk/news/winchester/18493075.health-chiefs-see-views-new-hospital-plans-emerge/</a>
05/06/2020	Andover Advertiser	Print	Cover	Plan for new hospital takes shape	
05/06/2020	Andover Advertiser	Print	5	Hospital plans moving forward	
05/06/2020	Andover Advertiser	Print	9	Advert	
08/06/2020	Basingstoke Gazette	Online		73 million cost to upgrade hospital buildings is unaffordable.	<a href="https://www.basingstokegazette.co.uk/news/18503955.73m-cost-upgrade-hospital-buildings-unaffordable/">https://www.basingstokegazette.co.uk/news/18503955.73m-cost-upgrade-hospital-buildings-unaffordable/</a>
08/06/2020	That's Hampshire TV	Broadcast		Alex Whitfield talking about programme	



Date	Publication	Type	Page	Notes	Link if available
10/06/2020	New Forest Post	Online		Health chief seeks views as new hospital plans emerge	<a href="https://www.newforestpost.co.uk/news/18507344.health-chiefs-see-views-new-hospital-plans-emerge/">https://www.newforestpost.co.uk/news/18507344.health-chiefs-see-views-new-hospital-plans-emerge/</a>
10/06/2020	Daily Echo	Online		Health chief seeks views as new hospital plans emerge	<a href="https://www.dailyecho.co.uk/news/18507344.health-chiefs-see-views-new-hospital-plans-emerge/">https://www.dailyecho.co.uk/news/18507344.health-chiefs-see-views-new-hospital-plans-emerge/</a>
10/06/2020	BBC South Today	Broadcast		Alex Whitfield talking about programme	
11/06/2020	Basingstoke Gazette	Print	53	Advert	
11/06/2020	Andrew Peach show - BBC Radio Berks	Broadcast		Alex Whitfield talking about programme	
13/06/2020	Hampshire Chronicle	Online		Health leaders back plans for new hospital	<a href="https://www.hampshireChronicle.co.uk/news/18511316.health-leaders-back-major-plans-new-hospital-serving-winchester/">https://www.hampshireChronicle.co.uk/news/18511316.health-leaders-back-major-plans-new-hospital-serving-winchester/</a>
13/06/2020	Heart radio	Broadcast		Lara Alloway talking about the programme	
16/06/2020	Daily Echo	Online		Hampshire residents can have their say on maternity services	<a href="https://www.dailyecho.co.uk/news/18519468.hampshire-residents-can-say-maternity-services-part-much-wider-programme/">https://www.dailyecho.co.uk/news/18519468.hampshire-residents-can-say-maternity-services-part-much-wider-programme/</a>
18/06/2020	Basingstoke Gazette	Print	9	Advert	
18/06/2020	Basingstoke Gazette	Print	12&13	revealed: Hospital plans	
18/06/2020	Basingstoke Gazette	Online		revealed: Hospital plans	<a href="https://www.basingstokegazette.co.uk/news/18516858.revealed-trust-looking-build-hospital---will/">https://www.basingstokegazette.co.uk/news/18516858.revealed-trust-looking-build-hospital---will/</a>
19/06/2020	Hampshire Chronicle	Online		Future of city's maternity services discussed	<a href="https://www.hampshireChronicle.co.uk/news/18525739.future-winchesters-maternity-services-discussed/">https://www.hampshireChronicle.co.uk/news/18525739.future-winchesters-maternity-services-discussed/</a>
19/06/2020	Andover Advertiser	Print	13	Hospital changes, Funding for new site	
19/06/2020	Andover Advertiser	Print	17	Advert	
22/06/2020	Andover Advertiser	Online		Hampshire hospitals seek views for child health services	<a href="https://www.andoveradvertiser.co.uk/news/18533650.hampshire-hospitals-see-views-child-health-services/">https://www.andoveradvertiser.co.uk/news/18533650.hampshire-hospitals-see-views-child-health-services/</a>

Date	Publication	Type	Page	Notes	Link if available
22/06/2020	Romsey Advertiser	Online		Hampshire Hospitals seek views on child health services	<a href="https://www.romseyadvertiser.co.uk/news/andover/18533650.hampshire-hospitals-seek-views-child-health-services/">https://www.romseyadvertiser.co.uk/news/andover/18533650.hampshire-hospitals-seek-views-child-health-services/</a>
25/06/2020	Basingstoke Gazette	print	25	Advert	
25/06/2020	Hampshire Chronicle	Online		Have your say on child health services	<a href="https://www.hampshireChronicle.co.uk/news/18538654.say-child-health-services-area/">https://www.hampshireChronicle.co.uk/news/18538654.say-child-health-services-area/</a>
26/06/2020	Andover Advertiser	Print	7	Share your views on child health services	
26/06/2020	Andover Advertiser	Print	17	Advert	
30/06/2020	Andover Advertiser	Online		Hampshire Together programme turns focus to emergency care	<a href="https://www.andoveradvertiser.co.uk/news/18550503.hampshire-together-programme-turns-focus-emergency-care/">https://www.andoveradvertiser.co.uk/news/18550503.hampshire-together-programme-turns-focus-emergency-care/</a>
30/06/2020	The Breeze East Hampshire	Broadcast		Views on emergency care	
30/06/2020	Romsey Advertiser	Online		Hampshire Together programme turns focus to emergency care	<a href="https://www.romseyadvertiser.co.uk/news/andover/18550503.hampshire-together-programme-turns-focus-emergency-care/">https://www.romseyadvertiser.co.uk/news/andover/18550503.hampshire-together-programme-turns-focus-emergency-care/</a>
01/07/2020	Basingstoke Gazette	Online		Focus on emergency care	<a href="https://www.basingstokegazette.co.uk/news/18553530.chance-say-future-emergency-care-hampshire/">https://www.basingstokegazette.co.uk/news/18553530.chance-say-future-emergency-care-hampshire/</a>
01/07/2020	Andover Advertiser	Online		Focus on emergency care	<a href="https://www.andoveradvertiser.co.uk/news/18553531.chance-say-future-emergency-care-hampshire/">https://www.andoveradvertiser.co.uk/news/18553531.chance-say-future-emergency-care-hampshire/</a>
01/07/2020	Hampshire Chronicle	Online		Focus on emergency care	<a href="https://www.hampshireChronicle.co.uk/news/18554386.chance-say-future-emergency-care-hampshire/">https://www.hampshireChronicle.co.uk/news/18554386.chance-say-future-emergency-care-hampshire/</a>
02/07/2020	Basingstoke Gazette	Print	9	Advert	
02/07/2020	Basingstoke Gazette	Print	49	Feedback on urgent care wanted at event	
02/07/2020	Hampshire Chronicle	Online		Winchester A&E could close	<a href="https://www.hampshireChronicle.co.uk/news/18554411.winchester-hospital-staff-warn-major-unit-closures/">https://www.hampshireChronicle.co.uk/news/18554411.winchester-hospital-staff-warn-major-unit-closures/</a>
03/07/2020	Basingstoke Gazette	Online		New hospital will be built in 2024	<a href="https://www.basingstokegazette.co.uk/news/18557939.trust-shares-vision-challenges-starting-build-hospital-2024/">https://www.basingstokegazette.co.uk/news/18557939.trust-shares-vision-challenges-starting-build-hospital-2024/</a>
04/07/2020	Basingstoke Gazette	Online		Huge moment for Ark campaign as work begins on Cancer centre	<a href="https://www.basingstokegazette.co.uk/news/18561968.huge-moment-ark-campaign-work-starts-new-cancer-centre/">https://www.basingstokegazette.co.uk/news/18561968.huge-moment-ark-campaign-work-starts-new-cancer-centre/</a>

Date	Publication	Type	Page	Notes	Link if available
07/07/2020	Andover Advertiser	Online		Focus on elderly care	<a href="https://www.andoveradvertiser.co.uk/news/18565756.share-views-future-care-elderly-hampshire/">https://www.andoveradvertiser.co.uk/news/18565756.share-views-future-care-elderly-hampshire/</a>
07/07/2020	Hampshire Chronicle	Online		Winchester residents urged to have their say on the future of their hospital	<a href="https://www.hampshirechronicle.co.uk/news/18566164.winchester-residents-urged-say-hospital-plans/">https://www.hampshirechronicle.co.uk/news/18566164.winchester-residents-urged-say-hospital-plans/</a>
07/07/2020	Basingstoke Gazette	Online		Is Basingstoke getting a new hospital: Explained	<a href="https://www.basingstokegazette.co.uk/news/18567545.basingstoke-still-getting-new-hospital/">https://www.basingstokegazette.co.uk/news/18567545.basingstoke-still-getting-new-hospital/</a>
07/07/2020	BBC Parliament	Broadcast		Steve Brine in Houses of Parliament	
07/07/2020	Romsey Advertiser	Online		Share your views on the future of elderly care	<a href="https://www.romseyadvertiser.co.uk/news/andover/18565756.share-views-future-care-elderly-hampshire/">https://www.romseyadvertiser.co.uk/news/andover/18565756.share-views-future-care-elderly-hampshire/</a>
08/07/2020	Daily Echo	Online		Winchester hospital staff warn of major unit closures	<a href="https://www.dailyecho.co.uk/news/18567928.winchester-hospital-staff-warn-major-unit-closures/">https://www.dailyecho.co.uk/news/18567928.winchester-hospital-staff-warn-major-unit-closures/</a>
09/07/2020	Hampshire Chronicle	Online		9 sites shortlisted for new hospital	<a href="https://www.hampshirechronicle.co.uk/news/18568918.hampshire-hospitals-shortlist-nine-sites-new-facility/">https://www.hampshirechronicle.co.uk/news/18568918.hampshire-hospitals-shortlist-nine-sites-new-facility/</a>
09/07/2020	Basingstoke Gazette	Print	9	Advert	
09/07/2020	Romsey Advertiser	Online		Hampshire Hospitals shortlist nine sites for new facility	<a href="https://www.romseyadvertiser.co.uk/news/winchester/18568918.hampshire-hospitals-shortlist-nine-sites-new-facility/">https://www.romseyadvertiser.co.uk/news/winchester/18568918.hampshire-hospitals-shortlist-nine-sites-new-facility/</a>
09/07/2020	Basingstoke Observer	Print	20	Focus on elderly care	
14/07/2020	Daily Echo	Online		Residents probe health bosses on future of city hospital	<a href="https://www.dailyecho.co.uk/news/18580617.winchester-residents-probe-health-bosses-future-citys-hospital/">https://www.dailyecho.co.uk/news/18580617.winchester-residents-probe-health-bosses-future-citys-hospital/</a>
14/07/2020	BBC Radio Berks	Broadcast		Lara Alloway talking about the programme	
14/07/2020	BBC Radio Berks	Broadcast		Philippa Aslet talking about the programme: Focus on Cancer	
15/07/2020	Hampshire Chronicle	Online		Focus on cancer	<a href="https://www.hampshirechronicle.co.uk/news/18584146.hampshire-hospitals-cancer-care-future-plans/">https://www.hampshirechronicle.co.uk/news/18584146.hampshire-hospitals-cancer-care-future-plans/</a>
15/07/2020	Romsey Advertiser	Online		Hampshire Hospitals cancer care future plans	<a href="https://www.romseyadvertiser.co.uk/news/winchester/18584146.hampshire-hospitals-cancer-care-future-plans/">https://www.romseyadvertiser.co.uk/news/winchester/18584146.hampshire-hospitals-cancer-care-future-plans/</a>
16/07/2020	Basingstoke Gazette	Print	9	Advert	

Date	Publication	Type	Page	Notes	Link if available
17/07/2020	Andover Advertiser	Print	9	Advert	
18/07/2020	Hampshire Chronicle	Online		Residents probe health bosses on future of city hospital	<a href="https://www.hampshirechronicle.co.uk/news/18586565.winchester-residents-probe-health-bosses-future-citys-hospital/">https://www.hampshirechronicle.co.uk/news/18586565.winchester-residents-probe-health-bosses-future-citys-hospital/</a>
18/07/2020	Romsey Advertiser	Online		Winchester residents probe health bosses on future on city's hospital	<a href="https://www.romseyadvertiser.co.uk/news/winchester/18586565.winchester-residents-probe-health-bosses-future-citys-hospital/">https://www.romseyadvertiser.co.uk/news/winchester/18586565.winchester-residents-probe-health-bosses-future-citys-hospital/</a>
23/07/2020	Basingstoke Gazette	Print	9	Advert	
23/07/2020	Basingstoke Observer	Print	20	Focus on diabetes	
23/07/2020	Basingstoke Observer	Print	21	Ark helps Trust enhance care for cancer patients	
24/07/2020	That's TV South	Broadcast		Lara Alloway talking about the programme: Focus on Diabetes	
24/07/2020	Winchester Radio	Broadcast		CCG/GP Point of view on the programme	
24/07/2020	Winchester Radio	Broadcast		Southern Health point of view on the programme	
24/07/2020	Andover Advertiser	Print	9	Advert	
24/07/2020	Andover Advertiser	Print	39	Focus on diabetes	
30/07/2020	Hampshire Chronicle	Online		Have more time to have your say	<a href="https://www.hampshirechronicle.co.uk/news/18614689.time-say-new-hospital-plans/">https://www.hampshirechronicle.co.uk/news/18614689.time-say-new-hospital-plans/</a>
30/07/2020	Basingstoke Gazette	Print	9	Advert	
30/07/2020	Romsey Advertiser	Online		More time to have your say	<a href="https://www.romseyadvertiser.co.uk/news/winchester/18614689.time-say-new-hospital-plans/">https://www.romseyadvertiser.co.uk/news/winchester/18614689.time-say-new-hospital-plans/</a>
31/07/2020	Andover Advertiser	Print	9	Advert	
03/08/2020	Hospital radio Basingstoke	Broadcast		Alex Whitfield talking about programme	

Date	Publication	Type	Page	Notes	Link if available
06/08/2020	Basingstoke Observer	Print	22	Hampshire together programme extended	
08/08/2020	Basingstoke Gazette	Online		Public question Trust over new hospital plans	<a href="https://www.basingstokegazette.co.uk/news/regional/andover/18637968.public-question-trust-new-hospital-plans/">https://www.basingstokegazette.co.uk/news/regional/andover/18637968.public-question-trust-new-hospital-plans/</a>
08/08/2020	Andover Advertiser	Online		Public question Trust over new hospital plans	<a href="https://www.andoveradvertiser.co.uk/news/18637968.public-question-trust-new-hospital-plans/">https://www.andoveradvertiser.co.uk/news/18637968.public-question-trust-new-hospital-plans/</a>
08/08/2020	Romsey Advertiser	Online		Public question Trust over new hospital plans	<a href="https://www.romseyadvertiser.co.uk/news/andover/18637968.public-question-trust-new-hospital-plans/">https://www.romseyadvertiser.co.uk/news/andover/18637968.public-question-trust-new-hospital-plans/</a>
TBA	BBC Radio Solent	Broadcast		Lara Alloway talking about the programme: Focus on Cancer	

## 9 APPENDIX FOUR: STAKEHOLDER RESPONSES (DETAIL)

### Full response

#### 9.1 NHS Organisations

##### 9.1.1 Ron Shields, Chief Executive, Southern Health NHS Foundation Trust



**NHS**  
**Southern Health**  
NHS Foundation Trust

5 August 2020

Ref: RS/as/401541

Alex Whitfield and Ruth Colburn-Jackson  
Hampshire Partnership of CCGs

**Via email to: [hh-ft.hampshiretogether@nhs.net](mailto:hh-ft.hampshiretogether@nhs.net)**

Trust Headquarters  
Tatchbury Mount  
7 Sterne Road  
Calmore  
Southampton  
SO40 2RZ

Tel: 023 8087 4101  
Email: [ron.shields@southernhealth.nhs.uk](mailto:ron.shields@southernhealth.nhs.uk)  
Website: [www.southernhealth.nhs.uk](http://www.southernhealth.nhs.uk)

Dear Alex & Ruth

**Re: Hampshire Together Modernising our Hospitals – Listening Document**

Thank you for sharing the listening document. As you know we are fully engaged as a key partner in the North and Mid Hampshire system and in developing and modernising our health services, and as such are active members of the modernising hospital programme.

We have learnt a lot in the past few months about how quickly we as a system can drive and transform services on the back of the Covid pandemic. We have also learnt how adaptable our population has been to new ways of accessing services, be it through primary care digital consultations, virtual outpatients or virtual iTalk.

The modernising our hospital programme provides our health system with a great platform to really engage the public in a new and different way of accessing care in our system, and to drive forward the community models of care, access to specialists in the community, urgent community response, NHS111 first and other innovations. We therefore need to ensure that we 'right size' the hospital to create the sustainable model of care which is envisaged in the NHS Long Term Plan and our local system plan.

Specifically in answer to your key questions:-

**What are your views on the challenges faced by the local health system?**

Key challenges:-

- Inequality and inequity in health outcomes for the most vulnerable and 'seldom heard voices' in our society
- Current variation in provision / models of care & fragmentation of care provision
- Delivering the investment needed for our vision of proactive, preventative care closer to home
- Parity of esteem for mental health & joining up mental health with physical health care
- Sustainable & affordable health and care system
- Covid impact & increased acuity / delayed access to care
- Staff shortages and development of roles to meet changing needs

**OUR VALUES**

 Patients & people first

 Partnership

 Respect

Trust Headquarters, Sterne 7, Sterne Road, Tatchbury Mount, Calmore, Southampton SO40 2RZ



What are your views on the opportunities that Hampshire Together offers for the area?

Key opportunities:-

- Design more inclusive services to engage elements of the population that have suffered largest inequalities in health outcomes on their terms
- Align patient centred services around a shared vision
- Deliver the vision for preventative, proactive care, closer to home
- Accelerate digital care & digital integration
- Change the way we think about the hospital, e.g. NHS111 first, digital outpatients, community specialist provision rather than coming to an acute, urgent care with home first & strong admission avoidance, greater support to care homes etc. Only attend hospital when absolutely necessary.
- Develop joint workforce roles
- Great opportunity to have an aligned mental health specialist centre serving north, mid and southwest Hampshire

What are your views on how we should go about meeting the challenges and making the most of the opportunities?

Main points:-

- Key is right sizing the hospital based on a different model of care – to ensure that this is sustainable for the system and supports the delivery of the vision for proactive care closer to home
- Opportunity to drive a conversation with the public about a new model for hospital delivery that connects the access to specialist support into a community focused model.
- Opportunity to start to address health inequalities across HIOW in a fundamentally different way

We look forward to working closely with you in developing further this exciting opportunity and are confident that in partnership we will be successful in reshaping the model of care to improve the health outcomes for the population of North and Mid Hampshire.

Yours sincerely



Ron Shields  
Chief Executive Officer

### 9.1.2 GP, Charlton Hill Surgery Andover

#### **Is there anything else you would like to tell us in relation to the programme?**

Things to consider from Primary Care:

- One of our biggest challenges is that we don't have a rapid access community bed for patients who are temporarily at increased risk (e.g. risk of falling due to UTI) and just need 2-3 nights in hospital while they recover. We need access to this 'same day' otherwise they just end up being sent to hospital.
- Direct public transport to the new hospital is an absolute priority. Our most vulnerable and comorbid patients are those that don't drive, can't afford taxis, and don't have a family network to rely on.
- Prioritise getting diagnostic services in Andover then patients could attend for scans etc in Andover and have a video or phone call with their consultant. Video booths for patients in the communities so that elderly/socially deprived patients can travel locally to a booth to have a video consultation with a consultant or send photos from there.

### 9.1.3 Mike Evans PCN Clinical Director (and previous locality lead for Winchester practices)

#### **What are your views on the challenges faced by the local health system?**

Reconfiguration of patient pathways and fitting service reconfiguration around them integrating primary and secondary care and the community services into a system sustainable model (rather than independent silos at times preoccupied with their own needs and agendas). Lack of money and COVID have stressed the systems further and will remain a challenge but this is also an opportunity for some radical thinking and a shift in the silo cultures that will need to also change

#### **What are your views on the opportunities that Hampshire Together offers for the area?**

As a PCN Clinical Director (and previous locality lead for Winchester practices) previous attempts at joint working, service redesign and some integration either came at the wrong time or were not truly bought into by some parts of the organisations which blocked and wrecked the process. There now seems a real need and greater energy to achieve this with the opportunity of some proper if rapid planning. We will need to work with partner organisations to map the overall strategy.

#### **What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

This needs honest conversations about the risks and opportunities and some good linking to engage everyone necessary. Delegating Some initial views and questions could be delegated to contributors to get their constituencies to feedback and be taken



forward. Openness and honesty will be required to allay fears of the trust taking over. Who will do the system mapping of needs and opportunities?

**Is there anything else you would like to tell us in relation to the programme?**

It has had a positive start and the initial work Nicola Decker has done linking primary care in N & Mid has helped and can be built on.

## **9.2 Local Authorities**

### **9.2.1 Winchester City Council**

FAO Alex Whitfield, Chief Executive  
Hampshire Hospitals NHS Foundation Trust

Via email: [hh-ft.hampshiretogether@nhs.net](mailto:hh-ft.hampshiretogether@nhs.net)

Your Ref :  
Our Ref :  
Contact : Maria Jones  
Direct Line : 01962 848 295  
Email: [mjones@winchester.gov.uk](mailto:mjones@winchester.gov.uk)

07 August 2020

Dear Alex

### **Hampshire Together: Modernising our Hospitals and Health Services**

Thank you for the opportunity to make an early response to the emerging work to redefine health care provision in Mid and North Hampshire. We understand part of this programme will involve the construction of a new hospital – but the programme's impact could reach far beyond the walls of this building, involving GPs, mental health, community care, social care and the wider voluntary sector, as well as acute hospital care.

We understand your central aim is to deliver a healthcare system that supports patients, their families and their carers to access the right care, in the right place, at the right time and for the city council, for long as is needed, in order to keep our residents healthy.

Both our officer and member team have contributed to sessions during this listening phase and we commend your efforts for holding such a far reaching engagement process during the COVID-19 pandemic. There are many challenging months in front of us and we urge you to continue with this high level of community engagement.

You ask three questions and we share our reflections at this early stage on the attached Appendix. These have been drawn together from across our council team along with feedback we have gained listening to our residents who have shared views with us.

We set out our key points below and our 'asks' for the process going forward. We would like to stress at this point that it is important for local democracy that the City Council has sufficient opportunity to make further formal responses which can be agreed in public on future phases of the programme.



## Comments from Winchester City Council on conclusion of the listening phase

Comments drawn from residents and the council team

### 1. What are your views on the challenges faced by the Local Health system?

#### Services

- Current perception is that waiting times are long; both at primary care and for planned operations. The Covid-19 crisis has shown that 'all things are possible' and that the NHS could reconfigure to deliver services that are timelier and customer centric in 'normal times'.
- Whilst care in hospital is commented on as excellent, post attending care (operative and accident) is considered poor: many respondents cited lack of local physiotherapy routinely offered locally as an issue. Mental Health services are mainly by referral rather than for immediate need: this could change in any new arrangements.
- At present, and possibly into the future, the public won't 'bother the doctor' because they feel either that medical centres are too dangerous, or that their concern isn't important for the stretched NHS. This may be leading to presentation of cases which are more serious and will need more expensive and intensive care.
- A particular challenge is a local system offers services at multiple sites, but Winchester, and Basingstoke hospital buildings are in poor condition and need structural work. Covid-19 has highlighted the need for virus and germ control to be higher up the agenda for all sites. It is difficult to predict what this means for any health system in future, but we should expect Covid-21 etc and plan for it.
- Social prescribing and other methods have placed many vital support roles within charities- (e.g.: speech therapy through Parkinson's, stroke support etc.) These may be lost now and need to be re-established and funded appropriately or provided direct by the NHS.
- Whilst care in hospital is commented on as excellent, post attending care (operative and accident) is considered poor: many respondents cited lack of local physiotherapy routinely offered locally as an issue. Mental Health services are mainly by referral rather than for immediate need: this could change in any new arrangements.

#### Transport

- All sites are dependent on private transport for most people attending. There is very poor public transport linkage between all of them, and any staff shortages are exacerbated by splitting across sites.
- War Memorial Hospital Andover, also serves people of Winchester district and this should be considered in service mapping and transport options.



**2. What are your views on the opportunities that Hampshire Together offers for the area?**

**We would like to see**

- A modern hospital that can deliver one to one care and telemedicine equally successfully and empathetically.
- Offer primary care: GP care as part of the walk in offer 24/7 not just out of hours
- Pathology, radiotherapy, physiotherapy, mental health treatments on site
- To accept that the hospital is an illness service, but...
- ....to work with the council on GP prescriptions for health, particularly as the new leisure centre opens in spring 2021.
- Offer a streamlined GP support service for care homes (as improving through Covid)
- Separate children's A & E- (so successful as reported by parents)
- Easy access for families and carers
- Hospice on all sites
- Elective Surgery near to home
- A clear pathway for Geriatric care, and Dementia care, as older population grows
- Close relationship with the council and voluntary sector on the wellness and support agenda, including methods of purchasing or commissioning from non -profit making organisations.
- Supporting the voluntary sector to deliver support holistically for as long as is needed.
- Provide opportunities for Biotech on same site -for jobs, innovation and inspiration.
- Better conditions for staff to support their health, fitness and wellbeing including Nursery and childcare facilities to support staff (and siblings of sick children?)
- Consideration to improve the health outcomes of those who are homeless, gypsy and traveller, asylum seeking, chronic conditions

**3. What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

- Work closely with the council not just in times of need but in 'normal operational times' to improve long term health outcomes and support those who have health problems.
- Social prescribing and other methods have placed many vital support roles within charities- (e.g.: speech therapy through Parkinson's, stroke support etc.) These may be lost now and need to be re-established and funded appropriately or provided direct by the NHS.
- Work together: at every stage looking at the impact: will this make it better for patients, for relatives, for staff?
- Always question ... How does this affect our BAME staff, recruitment, wellbeing, carbon footprint?
- Look again at continuity of care with charities- many of whom are seriously struggling for money to deliver and volunteers that are able to mix confidently.
- Look at set up of treatment and support rooms within site to reduce need for travel to other hospitals when very ill: use of telemedicine in a supported environment. (e.g.: remote heart pre op appointments, using a local health professional as go between in the tele-meeting)
- But do not ignore face to face contact- it can tell the physician so much more.

## 9.2.2 Basingstoke and Deane Borough Council



**Basingstoke  
and Deane**

Basingstoke and Deane Borough Council

Civic Offices, London Road,  
Basingstoke, Hampshire RG21 4AH

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Alex Whitfield  
Chief Executive  
Hampshire Hospitals Foundation Trust

31 July 2020

Dear Alex,

### **MOHHI Listening Exercise**

Basingstoke & Deane Borough Council welcomes the opportunity to contribute to Hampshire Together's listening exercise. The Council has worked with providers for many years to improve health provision in the Borough and secure investment, meaning that we are well placed to support the preparation an Outline Business Case for the Government's Health Infrastructure Plan 2 programme. We are active in encouraging residents and local groups to participate in the listening exercise and will do likewise throughout the lifetime of the project.

In the submission attached to this letter we set out contextual information regarding the Borough which we hope you will find useful for the Outline Business Case. The submission describes health challenges that exist in our area and which must be addressed to reduce the strain on the health service in a fast growing borough with a rapidly expanding population.

The Council supports Hampshire Together's vision for an integrated local health and social care system with services provided within people's homes or in local facilities wherever possible. The Council continues to work in partnership with the Clinical Commissioning Group to deliver new local health facilities within the Borough. There is however undoubtedly a requirement for a new major hospital to serve North and Mid-Hampshire. We support the vision for a hospital which is sustainable in terms of meeting the clinical needs of a growing and diverse population, achieving far higher environmental standards and providing greater financial resilience. It can also act as a catalyst for further economic development, growth and prosperity.

Chief Executive Melbourne Barrett MBA MRICS

Executive Director of Borough Development and Deputy Chief Executive Ian Boli



housing and maintaining and enhancing the natural environment, ensuring that the high levels of quality of life in the borough continue.

#### **Council Plan 2020-2024<sup>3</sup>**

The Council Plan underpins the 2050 ambition with explicit reference to securing a new hospital for the borough and for the people of north and mid Hampshire.

##### **Supporting initiatives for a new hospital**

"We support the need for a new hospital serving the residents of North Hampshire and delivered in Basingstoke. The existing hospital provides excellent services to our residents but the campus buildings are now not of a standard suitable for the health needs of a growing 21<sup>st</sup> Century population. Delivering a new hospital is a priority and we will work constructively and strenuously with central government, Hampshire Hospitals NHS Trust, the clinical commissioning group, Hampshire Health and Wellbeing Board and other partners to take this project forward, including the provision of a research centre and health satellite education centre".

#### **Basingstoke and Deane Council Plan 2020-2024**

The Council Plan has four priorities:

- Strengthening communities;
- Protecting and enhancing our environment;
- Improving safety; and
- Planning for the future.

Within these priorities, the Plan accords with the principles of accessibility of services, sustainability, and equality expressed by Hampshire Together as intrinsic and critical aspects of service delivery including how patients access facilities and services and the broad spectrum of health and wellbeing services on site and in the community. The council declared a climate emergency in 2019 and is committed to working with partners to support delivery of the highest sustainable design and operation standards into public sector estate, commercial estate and in residential. A new hospital in the borough provides opportunity for a hospital campus to be developed as regional and national exemplar in sustainable design.

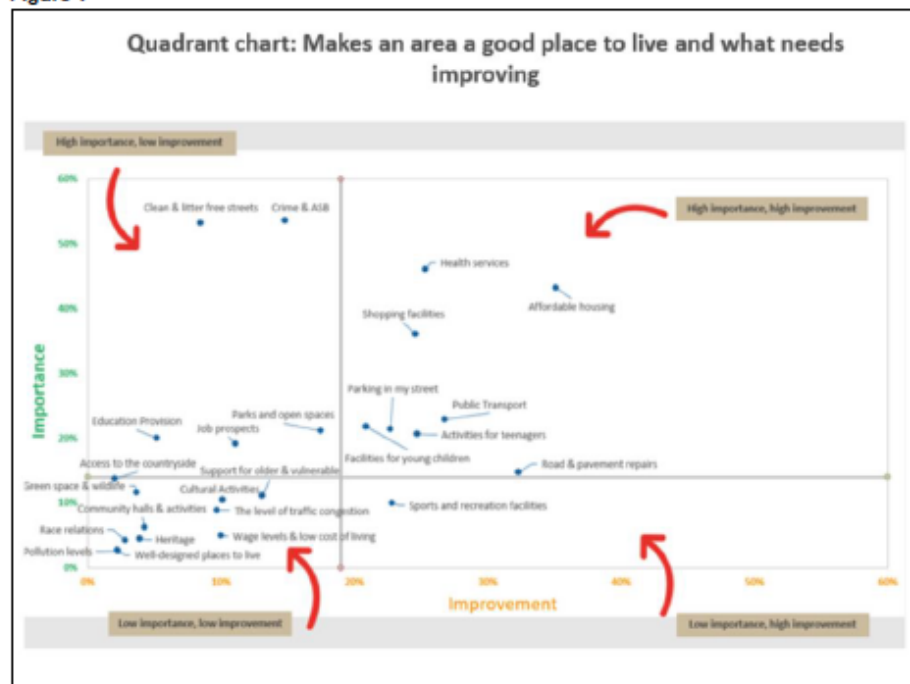
Residents' quality of life is a key priority and the council is committed to working with partners to ensure residents are healthy, safe and can access the services they need.

<sup>3</sup> <https://www.basingstoke.gov.uk/councilplan>

## Residents' views

Basingstoke residents have identified health services as being critically important in terms of making the borough a good place to live and much in need of improvement as shown in Figure 1, the outcome of the 2019 Residents Survey.

Figure 1



m.e.l research 2019

Further quantitative data illustrates why the need for better health services is acute and increasing.

## Socio-economic data for Basingstoke and Deane

### Population growth

Basingstoke and Deane is the largest district local authority area in the south east region, and the largest district in Hampshire. Basingstoke town is the largest settlement by population in the whole of the mid and north Hampshire area. The town has seen considerable population growth over the last 20 years and this is set to continue into the next decade. The population of Basingstoke town alone is 116,800 in 2020, rising to almost 120,000 (119,754) in 2026. The borough population is to grow from 181,960 currently (2020) to 192,595 in 2026, an increase of 10,635 people, with Basingstoke as the main service centre and home to 80% of the borough's jobs.



Basingstoke and Deane has the highest number of people over the age of 60 of all the Hampshire districts (with the exception of New Forest). By 2021, the borough's population aged 60 and over will be 44,153 increasing to 50,237 by 2026, an increase of over 6,000 people which is the highest increase in all the Hampshire districts and the cities of Portsmouth and Southampton. This means that by 2026, one in four of the borough's population will be over the age of 60.

Further growth is expected beyond 2026 increasing the population further by the time the new hospital is open in 2030 with large, brand new communities being created on the edge of Basingstoke town. The most significant in scale is Manydown Garden Community, a new community of up to 3,520 homes to be developed over the next decade. Into the even longer term, Horizon 2050 envisions a potential population in Basingstoke and Deane of between 235,000 and 248,000 by the year 2050. In order to serve a population of this scale, the borough's services and facilities must expand significantly and remain local, within the area of greatest population.

Basingstoke and North Hampshire Hospital already serves a wider catchment area than Basingstoke town and Basingstoke and Deane Borough. The hospital provides a full range of planned and emergency services including specialist services for rare or complex illnesses for patients across the UK. The hospital also has links with University Hospital Southampton NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Royal Surrey County Hospital NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust for some specialised services.

Thus a new Basingstoke town hospital will not only provide care for the growing population locally, but will also ensure the continuity of care for the wider population of north and mid Hampshire, and for the people it serves across the region and across the UK.

#### **Deprivation and disadvantage**

Although Basingstoke and Deane is relatively prosperous as a borough, there are pockets of deprivation and communities experiencing considerable deprivation. The Indices of Deprivation 2019<sup>4</sup> show that communities (Lower Layer Super Output Areas or LSOAs) in nine of the borough's 27 wards fall within the 30% most deprived in England for deprivation for health and disability.

People in these wards experience deprivation in a number of different ways, for example, income deprivation (and income deprivation affecting children, and the separate measure affecting older people), and in employment, and education, skills and training. There are 4,120 people receiving Employment Support Allowance or Incapacity Benefits in the borough, a relatively low percentage of the working age population (3.7%) but evidence of a disability employment gap where additional

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<sup>4</sup> <https://www.basingstoke.gov.uk/deprivation>

support may be needed, and / or more, long term care, and a higher number of people than in Rushmoor, Winchester, East Hampshire and Test Valley.

The Index of Multiple Deprivation shows that 8 LSOAs are within the 30% most deprived in England and one within the 20% most deprived in England and there is evidence that equality is becoming more polarised in the borough with a greater gap between the most and least deprived. Health is intrinsically linked to housing, environment, employment and education and the lack of a strong, modern health hub will limit the outcomes of these place-making programmes and limit the possibilities to transform the wellbeing of residents as well as places.

Basingstoke and Deane borough has a large rural hinterland outside Basingstoke town and the Indices of Deprivation show significant deprivation may be experienced by some communities facing barriers to housing and services, including health services. Out of the borough's 109 LSOAs, fourteen fall within the 30% - 20% most deprived in England for barriers to housing and services; a further 17 fall within the 20% to 10% most deprived in England; 11 fall within the 10% most deprived in England of which 3 fall within the 5% most deprived in England. Any removal of health services or relocation further away could have an extremely negative effect on the lives, health and wellbeing on rural communities especially people who are older or who do not have their own transport and have to rely on public transport. For these communities, to have to travel further than Basingstoke to attend hospital would be an impediment to receiving the care and treatment they need and a barrier to seeking help in the first place.

### **Specific health challenges**

The health of people in Basingstoke and Deane is generally better than the England average: a number of health indicators are "not significantly different to the England average" but need more focus and investment to improve beyond that<sup>5</sup>. There are also some significant challenges.

- Life expectancy for males is 80 years compared to female life expectancy of 83.8 years. There is evidence to suggest that the increase in male life expectancy may be slowing and even declining. This compares to the highest life expectancy in England of males 83.9 years and females 87.0 years;
- Life expectancy is 7.5 years lower for men and 4.7 years lower for women in the most deprived areas of Basingstoke and Deane than in the least deprived areas;
- Basingstoke and Deane's life expectancy tends to be similar to or lower than neighbouring authorities: Winchester - males 82 years and females 85.2

<sup>5</sup> Dates: life expectancy 2016-18; intentional self-harm 2018-19; hip fractures 2018-19; dementia diagnosis 2019; winter deaths index 2017-18; alcohol specific conditions for under 18s 2016/17 – 2018/19; smoking prevalence 2018; overweight or obese 2018-19; all-cause mortality, mortality from cardiovascular disease and mortality from cancer 2016-18.

years, Test Valley - males 81 years and females 84.9 years, East Hampshire - males 81.1 years and females 84.6 years, and Hart - males 82.9 years and females 85.1 years;

- The rate of under the age of 75 all-cause mortality in Basingstoke and Deane is 291 per 100,000 population; under the age of 75 mortality rate from all cardiovascular diseases is 58.6 per 100,000 population; and under the age of 75 mortality rate from cancer is 117.6 per 100,000 population. Rates have been improving in recent years;
- However, under 75 all-cause mortality rates and from all cardiovascular diseases for neighbouring authorities (Winchester, Test Valley, East Hampshire, and Hart) tend to be similar to or lower than in Basingstoke and Deane;
- The emergency hospital admission rate for intentional self-harm in Basingstoke and Deane is significantly worse than the England average at 245.6 per 100,000 compared to the England average of 193.4 per 100,000;
- The emergency hospital admission rate for hip fractures, the estimated dementia diagnosis rate, and excess winter deaths index in the borough are around the England average with indication of a marginal but not significant increase. These are features of an increasing older population;
- The rate of hospital admissions for alcohol-specific conditions (under 18s), smoking prevalence in adults, the percentage of adults classed as overweight or obese in the borough are all similar to the England average. 15.6% of Year 6 children are obese which is better than the England average of 20.2% but as these all have the potential to cause further health problems in later life there is still an urgent need to improve outcomes;

Social care need is expected to be driven by an increasingly older population with more complex care needs. Overall, there will be higher levels of dependency, dementia and multi-morbidity and the rate of increase in the older population of Basingstoke and Deane, even in the short term, has already been noted.

## **Communities and place-making**

### **Community planning**

The current Covid-19 pandemic has shown the impacts of deprivation and inequality on communities and households. The council is supporting communities to develop Community Plans and Neighbourhood Plans which show how vital the hospital is for the surrounding villages and market towns and the rural area of the borough. It is imperative that high quality, comprehensive, general and specialist health care and treatment remains in Basingstoke.

There are currently 10 Neighbourhood Plans adopted, four more being developed, six Community Plans in place and two more being developed. These plans show a common theme – that health services are highly valued and absolutely necessary but that there is need for improvement. The Plans identify need for dentists and optician's services, better care for the elderly, improvements to mental health care,



better access to the hospital (public transport and parking), improved access to physiotherapy, antenatal and postnatal care. There is also concern about the increasing elderly population, and the need for hospital services to expand to respond to population growth generally.

### **Place-making**

Six of the Borough's wards are subject of the council's place-making and regeneration programmes in conjunction with other partners including health services and providers.

Successful place-making relies on stability and sustainability of services and opportunity to enhance provision which a new hospital and related community care would provide. Loss or downgrading of Basingstoke hospital care would ultimately undermine the partnership programme of work in these areas. Upgrade and investment would, on the other hand, underpin the success of the place-making programme and be a catalyst for even greater change for the better. Basingstoke hospital is not only a centre for health care provision but part of the economic and social fabric of the borough's communities and part of the town's identity.

The borough has a strong network of community associations, neighbourhood groups, voluntary organisations, and the Basingstoke Area Strategic Partnership, a partnership consisting of public, private and voluntary sector partners operating within Basingstoke and Deane who focus on local issues in a strategic and coordinated way.

There is a strong history of community engagement and established and engaged community groups. These relationships will also be an asset in the planning, developing and delivery of a new hospital and new health services. This also helps tackle the wider determinants of health (education, income, housing, environment and work) in a coordinated way.

## **Economy, economic growth and the labour market**

### **The economic context**

The Enterprise M3 Local Enterprise Partnership's (LEP) Strategic Economic Plan<sup>6</sup> identifies Basingstoke as one of its 'dynamic and sustainable growth corridors'. Basingstoke is the only Hampshire town to be identified by the Enterprise M3 Local Enterprise Partnership as a "growth town" along with Woking, Guildford and Farnborough. It is also the largest town in the Enterprise M3 area as well as Hampshire.

The Enterprise M3 Towns Study<sup>7</sup> lists the priority sectors and key clusters in the borough as digital and ICT, advanced manufacturing, professional, financial, and business services, and chemicals and pharmaceuticals. There are 11,000 jobs in the

<sup>6</sup> <https://www.enterprisem3.org.uk/search/strategic%20economic%20plan>

<sup>7</sup> <https://www.enterprisem3.org.uk/local-industrial-strategy>

health and social work sector, evidence of the North Hampshire hospital presence and the network of primary care services and one of the highest numbers of workers in this sector of all the south east districts. Construction projects and established businesses are well served by a strong local supply chains and professional and technical services.

This has also led to significant infrastructure investment from EM3, from Hampshire County Council and from Government. The Council is in active discussions with a range of local and national partners to secure funding for a long term investment programme for strategic infrastructure

The Enterprise M3 area is home to the UK and the European headquarters of some of the world's most important and innovative companies in a range of technology-focussed sectors. The Enterprise M3 LEP have produced a Strategic Economic Plan which sets out ambitious plans for an average of 4% growth per year driven particularly through innovation in an advanced, knowledge based, digital economy. The Enterprise M3's ambition is to help enable our Med-Tech and life sciences firms, access and adopt digital enabling technologies in order to harness their full potential for innovation, growth and improved productivity. The LCP Board is also keen to build on these local assets and work with wider public and private sector partners to develop digitally enabled and personalised care.

The proposed Health Campus will benefit from these developments in the region and will be aligned with the LEP's strategy, this will benefit the population, workforce and the businesses in the area. The health campus will not only provide jobs to the community but also function as a community asset to improve the health and well-being of the wider workforce in the region.

#### **Labour market pool**

Basingstoke's position in north Hampshire means the town is ideally placed to attract a highly qualified, graduate workforce. There are six universities only a short distance away, including three Russell Group universities (University of Reading, University of Surrey, and University of Southampton). Other local universities include the University of Winchester, Solent University and University of Portsmouth. The breadth of different specialisms creates a highly qualified labour pool within Basingstoke's travel to work area. Basingstoke also benefits from two quality colleges in the town, Queen Mary's College, a highly regarded sixth form college and Basingstoke College of Technology, a regional further education college. Both have excellent links with businesses.

The town sits on the strategic road network at the intersection of the A303 and M3, can be accessed by both Junctions 6 and 7 of the M3. North and east Hampshire have excellent access to the town via the M3, A33, and the A339 provides access from Kingsclere and Newbury into the town and from Alton in the south east of the borough. Rapid access from Winchester is served by the A33 and M3 while the A303 connects Andover and towns and villages in west Hampshire with Basingstoke. Basingstoke's location has made it a service and transport hub providing quality services and facilities for the region, not just for the immediate or surrounding area.

Rail connections provide rapid access to London in 45 minutes, to the south coast and north to Reading, Oxford, the Midlands and beyond.

This location means that workers can commute easily into Basingstoke and Deane to work in addition to the borough being highly self-contained, residents providing over 60% of the workforce. In-commuters come from neighbouring districts, West Berkshire, East Hampshire, Test Valley and Winchester. For the south east, Basingstoke and Deane has relatively lower house prices than neighbouring Winchester and West Berkshire while residents and workplace based earnings are relatively high. This, combined with high quality of life, the diverse economy and sector clusters, and easy access to the south coast, London, major airports and surrounding countryside makes Basingstoke and Deane a key relocation destination for incoming businesses and for workers to relocate.

### **Basingstoke and Deane Borough Council**

**July 2020**

#### **Sources**

Indices of Deprivation 2019

<https://www.basingstoke.gov.uk/deprivation>

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Basingstoke and Deane Key Facts and ward profiles

<https://www.basingstoke.gov.uk/Basingstoke-and-Deane-key-facts>

<https://www.basingstoke.gov.uk/ward-and-borough-profiles>

Hampshire County Council Small Area Population Forecasts

<https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

Basingstoke and Deane Horizon 2050

<https://www.basingstoke.gov.uk/horizon2050>

2011 Census

<https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/2011-census>

Enterprise M3 Local Industrial Strategy and Towns Study

<https://www.enterprisem3.org.uk/local-industrial-strategy>

Labour market and employee jobs

<https://www.nomisweb.co.uk/>

Health profiles for England

<https://fingertips.phe.org.uk/profile/health-profiles>

### 9.2.3 Test Valley Borough Council



Sent via email

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Weyhill Road  
Andover, Hampshire SP10 3AJ  
Telephone 01264 368000  
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Web site [www.testvalley.gov.uk](http://www.testvalley.gov.uk)

**Contact:** Graham Smith  
**Telephone:** 01264 368141  
**E-mail:** [gsmith@testvalley.gov.uk](mailto:gsmith@testvalley.gov.uk)  
**Your ref:**  
**Our ref:**  
**Date:** 6 August 2020

Dear Sir / Madam

Thank you for the opportunity to comment on the Hampshire Together programme listening document. Much of the document and the questions posed are matters which health professional are better placed to respond so I have focused my response on the matters were the Council can assist.

The explanations within the document do help set the framework for the decisions that will need to be made and this is welcomed. The Council fully recognises the challenges that the National Health Service is facing especially post COVID 19 and the trigger for reviewing health provision in north and mid Hampshire.

It is in this context that the Council wishes to support the NHS moving forward. This can be achieved through facilitating the delivery of new and improved health infrastructure which our communities, both now and in the future, will require. In addition as you move forward through the Hampshire Together programme the Council is happy to use its network of partnership working to help facilitate discussions with local community groups.

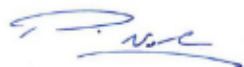
It is important that the ability of our communities to access the health services they require is considered as part of this review. The listening document asks for suggestion where a future hospital could be located. The decision on the location of such a facility is a complex one with obvious sensitivities wherever it is to be located. The Council would welcome the provision of such a facility at Andover.

As the review continues the Council would welcome continued engagement with yourselves to ensure that the range of services and supporting infrastructure that are to be provided meets the need of the Borough's growing and changing population. This is particularly with regards to the Andover War Memorial Hospital, which is referenced in the document. The Council would not wish to see a reduced level of provision that would disadvantage our residents.



Should you need to discuss the content of this response in more detail please do not hesitate to get in contact with the named officer.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'P. North', with a horizontal line underneath.

Phil North  
Leader of Test Valley Borough Council



### 9.3 Elected representatives, Members of Parliament (MPs), council officials and political parties.

In this section, the responses provided to the listening exercise are presented from:

- Elected representatives and councils officials;
- Members of Parliament; and
- Political parties.

#### 9.3.1 Elected representatives and council officials

Direct responses were received from:

- Nick Tustian - Chief Exec Eastleigh Borough Council
- Cllr Dr Alan Warnes, Councillor, Test Valley

- **Nick Tustian - Chief Executive, Eastleigh Borough Council**

**What are your views on the challenges faced by the local health system?**

The over-riding issue is that the model for health care is irreparably broken both in terms of the complex and confusing structure and inadequate and misplaced funding. The challenge is how therefore to deliver an ambitious programme of integrated and sustainable health care within a system that simply does not work. There are the inevitable resource issues in terms of the staffing and funding but even resolving these will not address the fundamental problem.

**What are your views on the opportunities that Hampshire Together offers for the area?**

I sense a real ambition to do things differently and I am impressed by the vision that is already embodied within this project. There really is the opportunity to actually develop an integrated health system and to ensure that resources are utilised effectively to address the real need. This integration needs to work across all areas of health provision that includes local authorities and the very important role played the voluntary sector

**What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

We need to be very clear and realistic about what can be actually achieved but also be prepared to make some very brave decisions. At a recent presentation to elected councillors in Eastleigh there was admiration for the ambition and vision but total scepticism as to what will actually be achieved. In their view the reality of the lack of finances and lack of willingness to break down sovereignty barriers will ultimately mean it's going to be more of the same. No doubt the building will be wonderful and win loads of awards but the health care provided that won't really address the day to day needs of the community which is often more about prevention than cure. So it

would be helpful to have the realistic conversation now about what can really be achieved so we can manage expectations.

- **Cllr Dr Alan Warnes, Councillor, Test Valley**

**What are your views on the challenges faced by the local health system?**

Given the Coronavirus pandemic this has increased the challenges that were already being faced by the local health system. The main initial issue will be focused on dealing with the huge backlog of ongoing clinical cases e.g. cancer, heart and chronic diseases as well as helping those in pain waiting for basic operations e.g. hip and knee replacements.

Attracting and retaining staff is a massive challenge given the current climate and it will be important to ensure that a positive environment is established to attract good quality staff.

Pre-existing challenges prior to the pandemic in trying to link up services from the home to secondary care using different methodologies are an ongoing issue. This includes care homes and primary care where there is often uncontrolled use of secondary care facilities wasting; resources, staff, and patient time. Mechanisms and processes to reduce access to Secondary Care for appropriate treatments is key to improving patient care.

Other challenges include ensuring that hospitals and Primary Care have the correct facilities, processes, and staff to treat patients.

**What are your views on the opportunities that Hampshire Together offers for the area?**

The area offers great opportunities especially attracting staff being located so near to London, coupled with ensuring the correct working environment is organised, while using publicity to promote such a wonderful location.

There are also opportunities to overhaul processes and the working environment to optimise performance and increase staff moral especially when thinking about the working processes across the primary/secondary care divide and the use of new technologies where appropriate.

**What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

Attracting good quality staff is possibly the most important issue and ensuring the local and working environment is optimal is crucial. Fortunately, the local environment has often been quoted as being one of the best areas to live in the UK, this just needs to be further promoted especially as the area is within easy reach of London. With regards to the working environment promoting and supporting training and research is

a good way of improving staff morale. Coupled with utilising the introduction of care bundles which are based on evidenced based knowledge using research, this can have a massive positive impact on finances but more importantly staff morale and ownership.

Linking services through patient homes, care homes and Primary Care to Secondary Care using remote technology has already been practiced in a number of clinical specialties. Mobile Apps can also be used instead of paperwork, GUM clinics have already shown positive impacts using this technology. Trips and falls and medicine management are other good examples where care bundles across the Primary Care/care home to Secondary Care can ensure treatments are managed effectively. This can be further enhanced by utilising new technologies e.g. ear canal examinations at local primary care organisations and reviewed by secondary care consultants to review and advise on treatment as well as training local staff on specific treatments, reducing non-essential pressures in secondary care.

Other challenges include ensuring that the hospitals and primary care have the correct facilities to treat patients e.g. MRI scanners at A&E departments to ensure they can take the whole range of patient conditions.

### **Is there anything else you would like to tell us in relation to the programme?**

There is a fantastic opportunity to review all existing clinical practices and to understand how other organisations have not only improved processes with regards to patient management but have also sustained these positive changes. Sustaining change is the real issue and understanding how this can be achieved through the introduction of factors such as care bundles that are implemented and supervised by the right staff is key to a successful future. Finally, it is vital to understand the importance of recognising and supporting research across the healthcare sector, it is a core standard of all NHS organisations and is important to attracting clinical services into the area.

### **9.3.2 Members of Parliament**

Responses were received from the following Members of Parliament: -

- Maria Miller MP for Basingstoke
- Steve Brine, MP for Winchester, and Chandlers Ford

#### **• Maria Miller MP for Basingstoke**

Along with several direct conversations with the programme team, the following direct submission was provided to the listening exercise via the Hampshire Together website.

### **What are your views on the challenges faced by the local health system?**

It needs to rapidly expand to cater for a growing and ageing population and replace a hospital that was built in the 1970s and is beyond its sell by date; staff deserve better and patients too.

**What are your views on the opportunities that Hampshire Together offers for the area?**

Hampshire Together could get all parts of the NHS to work together on this. So we have a more streamlined health service alongside a new Hospital. Rather than fragmented and disconnected organisations delivering primary care and acute care.

**What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

Get the NHS to work together at Primary and acute levels. Take up the Government's announcement of a new Hospital for Basingstoke

**Is there anything else you would like to tell us in relation to the programme?**

Most people don't get involved in "local healthcare systems". Many may not know what is meant by that even after reading the document. Perhaps talk about modernising GPS and the Hospital? That's what people understand?

- **Steve Brine, MP for Winchester, and Chandler's Ford**

Regular direct conversations were had between the Steve Brine MP for Winchester and Chandler's Ford and the programme team.

### 9.3.3 Political Parties

- The Women's Equality Party, Basingstoke Branch



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To: Hampshire Together Engagement Response  
From: The Women's Equality Party (WE), Basingstoke Branch

Following Hampshire Together: Session for the people of mid and north Hampshire, 6<sup>th</sup> August 2020.

Firstly, thank you again for the engagement meeting. I hope you found the contributions useful!

As I said at the meeting, there are myriad areas in healthcare in which service users experience inequality on the basis of gender. These are structural issues and do not reflect upon the dedication, talent and professionalism of the vast majority of NHS staff.

I also appreciate that there are baseline equality policies in place already. However, given everything we know about gender inequities in healthcare, it's reasonable to assume that existing policies are not working, and to ask what might bring their purpose to fruition.

The following list comprises our main healthcare concerns which are also, we hope you'll agree, areas in which huge opportunities are available to create a proactive, progressive, best-practice model for considering sex and gender in healthcare, not only along lines of absolute legal requirement, but in acknowledging and addressing current inequities to seek an equitable outcome for all service users.

#### Oversight

As we discussed last night, given all the ways in which sex and gender negatively affect women's health treatment and outcomes, it's clear that some form of role or body needs to exist to measure and monitor these affects and advocate for improvements. We are glad to hear that there are Champions to advocate for other marginalised groups and, indeed, that there are strong-voiced women among those groups. However, just as baseline equality policies have not conquered gender inequity, having a few women in other equality roles will not necessarily be effective either, unless there is a specific gender equality remit. At over half the population, women are the single largest group suffering from inequality on the basis of a protected characteristic. We believe this warrants women having their own advocate group or role. It is also worth noting that there are myriad ways in which being a women intersects with other forms of inequality and that these intersections require understanding and focus, too. With regards to these points, we ask if there will be

well as in the home? How will the mental health services provision join up with the physical, and treat the whole person?

#### Training and CPD

We understand that medical professionals undergo considerable training and, as was noted last night, that there are already equality aspects to this. Again, this has not entirely prevented age-old misconceptions around women's bodies, their pain and their symptoms. Training syllabi should be examined to move away from using the white male organism as the default and specific learning around how medical issues present differently in women emphasised.

#### Maternity

How will maternity provision be measured and provided for our growing town? Can a midwife bursary be reinstated? We were pleased to hear plans for supporting more births in the community, thereby hopefully giving women more choice. A new hospital is an opportunity to focus on woman-centred care, reducing medical interventions, and increased support for breastfeeding. We would like to see a family-integrated care model in neonatal services so that mothers are not separated from their premature or sick babies. As pregnant women are at an increased risk of domestic abuse (which also increases the risk of premature and underweight babies) the model should incorporate prioritisation of mothers' agency and wellbeing. Black, Asian and ethnic minority women, working class and poor women are also more likely to die in childbirth than white wealthier women; there should be provision for outreach programmes to ensure early access to maternity services for these women.

#### Procurement

We have spoken above of drug procurement as relates to inequality in women's treatment. The other huge issue here, as has been magnified by COVID, is PPE. Current "universal" sizes put female medical workers at a far higher risk. We hear regularly that PPE is simply not made in smaller sizes; we think an organisation shake-up of this size warrants demanding more from suppliers.

#### Staff care

This was covered in some detail last night and understand that you are already aware of many of these points, so we won't belabour them, but considerations we want to see include:

- Childcare provision on site
- On site respite care for staff with caring responsibilities
- Affordability of access; parking costs, local transport.
- Crew rooms with space to eat, rest and have access to natural light and air
- Showers and change facilities

#### Appropriate separate spaces

What provision will there be within the new infrastructure for separate space and dedicated care for trauma and abuse victims? What considerations will there be for abortion care? These are examples of women for whom privacy is vital and often life-saving; will there be consideration for this in the new building?

This list is not exhaustive, but we hope provides insight into our reasons for wanting women's health considered in its own right rather than as a subset of the default. We are happy to discuss any of the points herein further, and look forward to hearing how our input may be addressed within the future infrastructure.



## 9.4 Voluntary, Community and Charitable Sector Organisations

### 9.4.1 Ark Cancer Centre Charity



For the people, by the people

Dinwoodie Drive, Basingstoke  
Hampshire, RG24 9NN

01256 360419  
info@arkcancercharity.org.uk  
www.arkcancercharity.org.uk  
Twitter: @Ark\_Charity

#### **Ark Cancer Centre Charity's response to Hampshire Together consultation**

ARK Cancer Centre Charity launched in 2012 with the goal of raising £5million to help cancer patients and their loved ones by funding and providing supportive care, services, and complementary therapies, as well as an enhanced environment, within a much-needed local cancer treatment centre.

Thanks to the wonderful support of the public, Ark Cancer Centre Charity has so far raised nearly £2.5million – a tremendous achievement which proves how strongly the local community have got behind the campaign and project.

Ark's website – [arkcancercharity.org.uk](http://arkcancercharity.org.uk) – chronicles the journey of the charity and the cancer treatment centre campaign from its launch to the present day.

Ark is currently helping and supporting Hampshire Hospitals NHS Foundation Trust (HHFT) by funding a well-being centre, incorporating supportive therapies and counselling facilities, in the Radiotherapy Unit at Basingstoke hospital. The charity is also funding additional staff to enable HHFT to enhance its support and care of cancer patients and their loved ones.

The ultimate goal remains to provide cancer patients and loved ones with supportive care and services, complementary therapies, and an enhanced environment in a new cancer treatment centre. The location of this is part of the ongoing Hampshire Together: Modernising our Hospitals and Health Services (MOHHS) engagement and consultation about the new hospital/health campus that HHFT and associated health providers/stakeholders want to build.

Ark and its trustees have always supported the aspiration and ambition to build a new cancer treatment centre on land near to Junction 7 of the M3 on the outskirts of Basingstoke. This would put the cancer centre in the heart of the HHFT area, making it accessible to the 600,000-plus population, including those people from our largest population centres of Andover, Basingstoke and Winchester.

Trustees: Myrddin Rees MS FRCS, Sandra Fell MInstD MCIPD MInstM, and Robert Finlayson  
Registered Charity No. 1149758 Registered in England & Wales Company Limited by Guarantee No. 8240913  
Registered Office: The Ark Conference Centre, Dinwoodie Drive, Basingstoke, Hampshire RG24 9NN

Thank you for opting in to receive letters and updates from Ark Cancer Centre Charity. Should you wish to change your preference, please contact company secretary Michele Urry on [michele.urry@arkcancercharity.org.uk](mailto:michele.urry@arkcancercharity.org.uk) or write to Michele at the Ark office.





For the people, by the people

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The position of the trustees and the charity remains the same today as it did from the outset. A new cancer treatment centre next to, or part of a new HHFT hospital/health campus, on land near to Junction 7 would allow cancer patients and their loved ones to access the best possible care and support in the best possible location.

Ark and its trustees fully support, and endorse, the vision of the Hampshire Together: Modernising our Hospitals and Health Services programme – a vision that will deliver a new hospital/health campus to serve the people of north and mid Hampshire, as well as many other healthcare benefits, as part of the Government's Health Infrastructure Plan to modernise NHS hospitals.

The provision of a new cancer treatment centre has the potential to deliver a beacon facility for HHFT's population and also one that will help HHFT to retain, and attract, high-quality staff. This will build on HHFT's, and Basingstoke's, reputation as a hospital trust, and centre, of excellence when it comes to providing first-class cancer treatment, care and support.

Ark is delighted that HHFT chief executive Alex Whitfield and other healthcare leaders have confirmed that it remains the trust's long-term goal to deliver a cancer treatment centre as part of the new hospital/health campus project.

Ark Cancer Centre Charity's motto is 'For the people, by the people', and local people have really shown that they support the charity and the ultimate aim of HHFT to deliver a new cancer treatment centre in the right place – one that will make a massive difference by saving lives and improving the quality of life for all who are cared for, and supported, there.

#### *Ark Cancer Centre Charity Trustees*

*Sandra Fell MInstD MCIPD MInstM*  
*Myrddin (Meru) Rees MS FRCS DL*  
*Robert Finlayson*

Trustees: Myrddin Rees MS FRCS, Sandra Fell MInstD MCIPD MInstM, and Robert Finlayson  
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### 9.4.2 Chandlers Ford Good Neighbours

#### **What are your views on the challenges faced by the local health system?**

I am speaking for our voluntary organisation which has volunteers transporting people in private cars to GPs and outpatient appointments and accompanying them as far as the waiting area; or in some instances attending a consultation at the client's request.

A much larger NHS transport service would be needed for the future (but maybe only as a planned measure for future epidemics)

- a. Over 60% of our drivers are aged over 70 and are able or are not encouraged to drive right now so our service looks like being hugely constricted for months to come,
- b. To add to that, we cannot now take any cancer patient because of infection
- c. Lack of good public transport to the local hospitals is also key
- d. We transport many who cannot access public transport and do not drive
- e. The cost of private taxis is a problem for those elderly on a low income
- f. We cannot at present escort unsteady clients into hospital so a reliable porter "meet and greet" service at hospital doors should be planned for

#### **What are your views on the opportunities that Hampshire Together offers for the area?**

The opportunity [sic] as I see them are

- a. To build a wonderful new hospital on a site that is near a motorway and has good public transport links
- b. To extend GP surgery services so that less travel to hospitals is required, i.e. environmentally sustainable too
- c. To optimise what we now know works best e.g. the stroke treatment which was mentioned in the Zoom meeting on July 9th to re vamp and integrate care for the elderly, especially after failures during COVID-19 (not all the blame by any means lies with central bodies)

#### **What are your views on how we should go about meeting the challenges and making the most of the opportunities?**

1. Staffing: a range of nurses from the old style SEN and SRN to the practitioner, super qualified ones
2. Recruitment: it follows that pay may be important
3. Extra income tax or similar tax to be raised and ringfenced for health costs
4. The opportunity (as is being done already around here) to incorporate care homes and retirement villages into new housing estates. This could help the elderly continuing as part of a community, having friendly neighbours, visits,

help with shopping and transport, their mental and overall health would benefit.

**Is there anything else you would like to tell us in relation to the programme?**

Thank you for consulting the public, I really hope you are truly listening.

#### **9.4.3 Trustees of RadCan Registered Charity No. 1140906**

**Is there anything else you would like to tell us in relation to the programme?**

I find the above questions vague and I have not attempted to answer them.

RadCan is a local charity originally formed to raise awareness of the lack of radiotherapy treatment facilities for cancer sufferers in the Basingstoke area. In 2014 the Radiotherapy Unit in Basingstoke was opened although limited by only having one LINAC machine. RadCan and others continue to raise money to support the Unit.

In recent years we have been presented with expensively drawn up proposals for a major trauma centre and a state of the art cancer centre neither of which have materialised.



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# Thank You

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**asv**

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