

28 July 2020: West Berkshire and - Focus Group

Facilitator	John Boyman - Head of Public Relations - Strategic Projects	Engagement Team	SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Ben Creswell - Associate Medical Director for Workforce, Hampshire Hospitals NHS Foundation Trust		
Registered participants	46	Participants on Zoom	30

Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:

Put hospital easily accessible nearest the largest no of people but within reasonable travelling time of others and with ability to expand services with a science/medical park, accommodation and teaching facilities ie junction 7 on M3. Stop GP surgeries being private investments or doctor's pension funds, sort out how much can and should be done in the community and what really needs hospital care and then build appropriate and accessible facilities accordingly. Take adult social care away from local authorities and integrate with the NHS to give joined up care. Stop patting everyone on the back for the job done on Coronavirus, deserved though the praise may be, and recognize that management of NHS is very weak and needs to be improved from top to bottom.

Questions/Comments raised during online event:

QUESTION: I'm one of the governors for West Berkshire and North Hampshire. Listening to what Ben said, there's a huge menu of our aspirations. This is like a chicken and egg. Will the plot be large enough for all the services we want to put on it? Is the land identified yet - I don't think it is. So how can we match what we would like to have with what's available?

In addition, it has struck me that with Basingstoke and other hospitals, in the middle of a pandemic, architecturally a hospital should be built so it could be easily divided so it can still function to look after pandemic patients but also carry on the vital work they do for the community. Because what we've seen is a massive stalling in the service offering for operations particularly important surgery like cancer and heart disease.

ANSWER: In terms of the size of the plot we asked an expert company, to look around for a plot big enough to build a health campus but if they do come across something smaller that they think would be of interest, we've said to let us know. That has given us a list of 9 options, which are then put through a list of criteria - from flood plains to environmental stuff and accessibility, and most heavily weighted on how easy it is to get to for the population that we serve. That has got us down to a list of 5. Then we've given this list to another group of people who are talking to the owners to find out if they are interested in selling and what the likely price is. So by the time we come out with our options in September/October and

out to the public in January it will be down to one or two options. The reality is that land is not infinite and there are only a certain number of plots of land that are suitable. That's the process we're going through at the moment. We have tried to make sure it is big enough to do everything we have dreamed of but we may not be able to afford everything we want to do but let's not constrain ourselves. Flexibility is really important and we will take that into account.

ANSWER: You are so right about the hospital design and how important it is. I also work on the restoration team for our clinical services after Covid and trying to get back on track with our day-to-day care. You're right in that there's such a disparity in the UK in terms of what we're able to do and a lot is completely dictated by the design and geography of the hospital and those hospitals who have recovered quickly are the ones who have separate entrances, separate areas for operating theaters, and recovery and the level of detail that we have to go into for our restoration is even down to looking at the individual vents and seeing where they all interconnect. Needing to know that level of detail is going to have such an influence on design of the new hospital and there are a lot of lessons to learn from that. We have done OK - we have kept on going with our cancer operations and our cancer services haven't been affected but we are prisoners of our geography. We've learnt a lot of lessons

COMMENT: I listened to Ben talk about centralised services on one site. I can appreciate going to one site for very specialist services. The point at which I felt frightened is when he talked about centralising A&E in one place for the whole region because if you travel around this region, if you want to get from north west Hampshire to anywhere, there are a large number of snarl ups on the A34 or M3. I would be afraid of putting all the eggs in one basket. We're already 40 minutes away from the nearest hospital

ANSWER: We learn a lot from models elsewhere. There are some patients who are time critical and there are ways of transporting them which may not be by road. There is also really good evidence that we need to get the patient to the right place for the treatment they need. In London, you might be picked up in one area of London and travel past two or three different hospitals to take you to the hospital that will treat you the best. It might mean a longer travel time but it will get you the very very best treatment. Those time critical patients don't necessarily travel by road. So we have the Air Ambulance service for those crucial patients to be taken very quickly to A&E. But it's getting you to the right person for treatment. All A&Es aren't equal and we want you to get the best care when you walk in through the door.

QUESTION: Are you anticipating a very large A&E then, in one hospital?

ANSWER: We are anticipating pooling our resources. It's not the A&E, it's what's behind the A&E. If you're taken to A&E with a heart attack, the casualty doctors are not going to treat your heart attack, it's what's behind the front door. We need to make sure you get to the right place to see the right people at the right time.

ANSWER: A&E does a lot of different things. It's also minor injuries, it's also mental health crisis support. One of the things when we talk about modernising our health services is saying for some of those things you don't need to come to hospital but how do we provide these things near your home, working with local

GPs, with GP same day services - how can we make that a more resilient service for a lot of things that instead of going to A&E they could go to a doctor's surgery.

ANSWER: The ambulance is also being included in this.

COMMENT: On the question of staff and staff retention. I know it was raised years ago about having a creche or nursery attached to the hospital for staff members and the creche working within the times of nursing shifts. Would that be a way to attract and keep staff? Could that also be used with training the nursing staff?

ANSWER: I think the creche is a really good suggestion. We've done this session with staff and this comes up a lot. We have nurseries in Basingstoke and Winchester but not in Andover, although we are in conversations about that. The hours don't always work.

QUESTION: With more things moving out into the community and community staff are thin on the ground. Community staff I know don't like it and don't want to do it any longer. This could be a major problem.

ANSWER: What we want to do is support our community colleagues and not just shove our work out into the community. We're trying to put ourselves into the community, for the hospital to go out into the community to run the clinics. For example you might see your diabetic specialist nurse rather than coming into the hospital. We're not trying to off load, we're trying to take ourselves out.

COMMENT: This has been going on for so long. There's a better chance of this happening than it did before as we have genuine will from the government. A lot of the blocks along the way were blocks within the NHS rather than from the government. The NHS is one of the worst organisations we have in the country. It's a great idea, have every confidence that you will be successful. It must be sited somewhere where people who don't have cars can access it. It has to be on a bus route and easily available and quick. To be useful this site has to be big enough to take on accommodation for staff and the education side of it. Because that's where you get a good ground swell of young people coming into the hospital. Don't underestimate the importance of research as you can attract people from the private sector to sponsor. While doing the Critical Treatment Centre, we had several people approaching us wanting to put science parks around it so the money is out there to be able to develop it. It does require people to think outside the box.

There's a major worry, getting services out into the community. That requires having the facilities in the community to prove that care. A lot of the GP practices are the GPs' retirement funds. There are a lot of practices with a great deal of unwillingness to invest in doing anything else and they were the major block last time. A lot of GP practices are owned by third party companies who not only don't invest in them but don't run decent GP practice.

All of us are getting older, the percentage of people getting older is growing yet care of that population is being run by someone totally different with a totally different budget. County council has to balance that budget against keeping libraries going and building roads. That cannot be the right way to operate. How do we get a properly integrated budget with integrated care? A big challenge I wish you well.

ANSWER: I feel like we're standing on the shoulders of giants. You paved the way for this project and it's frustrating it's taken this long to get to fruition. We're in a different place with the CCGs and GPs. We're working very differently with them.

The Case for Change is obvious. I do think we stand a good chance of making it work this time

We talked to Romsey residents this morning. They said they went to Winchester because the bus goes directly to the front door in Winchester. To get to Southampton we have to change buses. We in health care can think it's all about the quality of services, but very often it comes down to public transport. It's been a helpful reminder of that.

I wish we had an integrated budget for health and social care. I completely agree. One thing during Covid is that the split of the budget has gone away, and particularly on discharge from hospital there have been no delays because we're no longer arguing over who is going to pay once they leave hospital.

COMMENT: I think these centres of excellence of A&E are superlative. 6 years ago I was air-ambulanced to Southampton and they had all the specialist teams waiting to operate on me. Having a specialist already waiting was amazing. I would like to reassure you that when they have the right people together when it really matters - it's absolutely life saving and life changing.

Our daughter has left the health service as a nurse because of childcare. It's a really important point about childcare. It was a major disappointment that she couldn't pursue her nursing career and she would have been a brilliant nurse, just because of incompatibility with her home life.

COMMENT: How do we work with cross-border services? Will you be working with the GPs and services across the borders?

ANSWER: We do get up to 25% of the people who use Basingstoke are registered in GP surgeries in West Berkshire. We work closely with the GPs. Our midwives also go out to Newbury hospital so they can meet mums there for continuity of care. We are linked with West Berkshire. Through this process we have developed better relationships with Healthwatch in West Berkshire, scrutiny folk and the council in West Berkshire where perhaps historically we haven't had such strong links.

The issue about IT has come up in every one of these calls. Even though we see a light at the end of the tunnel in Hampshire it's connecting that with West Berkshire that's important.

COMMENT FROM CHAT: Collaboration with community hospitals is o be important. RBH is also going through a similar process and it makes sense for good collaboration. it is unlikely that all proposed hospitals will be funded and it would strengthen the Hants and W Berks proposals for there to be collaboration for some services and/or sharing of staff

ANSWER: We are aware that the Royal Berkshire are going through this too and we have been talking to them and making sure that we don't do anything to create a conflict in the middle.

COMMENT: I live in Hampshire but within a mile of the West Berks border. Both my wife and I have been treated in Basingstoke hospital and our experience has been absolutely first rate. It's a really good hospital. Some points: first, do I assume that the hospitals that are going to be replaced are Basingstoke, Winchester and Andover and secondly which towns are going to be included in the catchment area?

ANSWER: We are looking at what services we want to leave in existing sites. So we may not replace any hospitals. We might look at moving some more services to Andover. The Case for Change says that the Basingstoke main tower block is irreparable so whatever we build will replace that tower block. In terms of whether we leave services on existing sites, that's all part of this conversation - what do people want.

Geography - the catchment area of people who currently use our hospitals. We've left the borders quite fluid.

QUESTION: Would that include Eastleigh?

ANSWER: Yes we'd want to include provision for those in Eastleigh. If the new site was north of Winchester, and you look at the travel distances, would that mean people would go to Southampton instead. A lot depends on public transport and parking.

For a long time we've been trying to build a hub in Eastleigh as it's one of our more deprived socio-economic areas and it currently doesn't have much in the way of healthcare facilities. Part of it might be pushing things out of the hospital and into Eastleigh so it gets some benefit locally but then it would demand longer travel for the more specialist services.

COMMENT: I'd like to include the topic of communication during this phase and when the new hospital is established. Coming from east of Hook we consider ourselves very much on the fringe in terms of communication through the media. We have poor readership of the local newspapers and I'm sure the same applies to people in Berkshire. Can I suggest that the communications departments look to other media vehicles both in communicating the plans and once the new hospital is established to make sure the people in those fringe areas who don't read the papers are served through other means. Sitting in village halls for instance so they are kept up to date and up to speed with developments. There's always competition from other surrounding hospitals and I think it's important to keep the fringe public well-informed.

ANSWER: We want to reach the fringe areas, and if you have any suggestions on how we could be doing that better please get in touch.

ANSWER: Our intention when we drafted the plan in January was that we were coming out to village halls. It's not been possible but hopefully when we come back out to consultation in January we'll be able to meet you in church halls.

COMMENT: It has been done before, we did hold events in the fringe areas and generally the attendance is good. It does take organisation and time and staff out of hours. We found numbers in relation to opportunity was very cost effective.

COMMENT: I am one of the army of volunteer drivers. What we lack is adequate parking spaces. I've been to all of the local hospitals and it's not easy. Perhaps the new hospital can have more spaces.

There should be a separate drugs and alcohol unit to deal with people brought into the hospital and usually dumped in A&E and causing chaos and upset to patients waiting for genuine A&E reasons. I think they should be syphoned off as soon as they get to the hospital and treated separately.

I think there should be a unit that promotes healthy-living and provides routine health checks and promotes preventative medicine. At the moment we have a national sick service not a national health service and we need to do a lot more on that side of things. There should be off site accommodation for patients recovering from operations hospital beds can be freed up for more patients.
There should be a shuttle service provided for staff from train stations, park and rides so they don't have to park in the car parks.
The new hospital should not employ anybody who is clinically obese. It gives a very bad image to people coming into the hospital and others having a fag around the corner.
GP surgeries: where I am, the two GP surgeries I have experienced have a very poor reputation. They appear to be a law unto themselves. They are private doctors and are not part of the national health service.
Less admin staff.

COMMENT: Thank you for an opportunity to voice our contributions. I am a non-native speaker. I have lived in West Berkshire for 15 years and I can say through personal experience working with refugees at my current post at Community United that there is a huge gap in interpreters attending and the private sector being outsourced and not caring for the mental health of traumatised, specifically refugees. If they are assigned an interpreter, it's not a rotation, it's not a business case, it's a human that we're dealing with. Even if it's private or national people from within the community as volunteers, we as Community United are very happy to collaborate with you.
The other thing is to treat these individuals who are attending with a lot of pain or who have come here for safety, they should not be treated as 'you get the interpreter we give you' because with an interpreter they build trust like a key worker.
I have been outsourced with Syrian refugees and I have seen them distressed and they were not granted it. They refused to go to the surgery.
We are not benefitting from wanting to provide for the most marginalised, whether they are black and Asian or have mental health issues.
My plea is to see how we can cater for these and treat them with the respect they deserve and give them confidence through the services you are able to provide.

ANSWER: The people you are in touch with are very important for us so I shall be in touch. I would like to pass your details onto the our Head of Patient Experiences

Chat download anonymised

It is important that systems, particularly across the South have integrated technology. There are real difficulties for us in West Berkshire where we us North Hants, Wiltshire and Oxford hospitals

For example, the Thames Valley and Surrey Care records

Transport links, parking etc, are an important consideration

Collaboration with community hospitals is o be important. RBH is also going through a similar process and it makes sense for good collaboration. it is unlikely that all proposed hospitals will be funded and it would strengthen the Hants and W Berks proposals for there to be collaboration for some services and/or sharing of staff

There's an awful lot to take in. Is there a means by which we might forward ideas/questions after the meeting has finished. Also, support completely XX's comment on IT. The NHS has a dreadful record on IT projects.

will the existing gp practices have physical space for more services?

does the project scope include the IT to support all the joined up services?

Engagement Support: Hello, our website has lots of useful information. You can find the Listening Document as well as the presentations you saw at the start in the Useful Documents section. There is also a form for you to complete in the Your Views section with any thoughts or ideas following this meeting. The website is:
<https://www.hampshiretogether.nhs.uk/>

It makes sense to link with the University of Southampton as a teaching arm so that it can be 'grow your own' staff

On larger roads such as the M3 and M4, maybe an agreement with Highways England to immediately designate a lane as "EMS" and only emergency vehicles can use it? Might help with some concerns...

To get Health and Social Care to integrate it is necessary for there to be one pay structure and a progression of training and qualifications. there is a cost to this but it is the only way that it can happen.

Child care facilities are VERY important as is flexible hours

Residents from Burghfield, Mortimer etc on the eastern side of West Berkshire also use Basingstoke Hospital

Two pleas. First, ensure volunteer support, that is in place now through charities such as Pelican and the 200 Club can continue. Second, that environmental concerns are considered from the outset. Thought needs to be given to power, waste and reliance in case of eventualities such as Covid-19. Allied to this is the need to address mental health issues, which would include what environmental support might be offered (gardens etc).

concern regarding remote / digital consultancy - it's fine for the young and tech savvy but our elderly, deaf aunt with no internet really struggles! can you ensure appropriate training for the care givers

To encourage local engagement: pop up shops in town centres, feed through local councillors etc. Very effective in engaging locals in Andover when the local authority wanted public feedback on the town centre plans.

Thank you too

I make a plea for an integrated CAMHS and the ability to treat children and young adults without them having to travel far for MH and psych facilities

Thanks. I really hope you are successful

mental health services, counselling services and transportation for rural areas please consider. in rural villages we have no bus service and many are retired residents in the

ward of kingsclere. I would agree that local councillors can assist relaying information to residents

Report written by: SE