

31 July 2020: Staff from partner organisations - Online engagement session

Facilitator	Ellie Stennett - Marketing officer	Engagement Team	Michael Day
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Philippa Aslet - Lead Cancer Nurse, Hampshire Hospitals NHS Foundation Trust.		
Registered participants	19	Participants on Zoom	17

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

What might be done with existing hospital sites? By centralising services for North & Mid Hampshire into a potentially single combined site, how will Hampshire Hospitals continue to support delivery of community services closer to patient's homes?

Questions/Comments raised during online event:

QUESTION FROM REGISTRATION: What might be done with existing hospital sites? By centralising services for North & Mid Hampshire into a potentially single combined site, how will Hampshire Hospitals continue to support delivery of community services closer to patient's homes?

ANSWER: What do you think we should do with the existing sites? There are challenges around the hospital buildings, particularly the tower block at Basingstoke which needs to be demolished. It's all up for debate. We can see from the financial constraints that we won't be able to run three or four major hospitals. It's more about centralising acute services.

We can provide community services through technology and multi-disciplinary services. Our hospitals' pediatricians have been running clinics with the GPs in GP surgeries. The child and family come and see the pediatrician together with the GP and sometimes involve other people (health visitors, school nurses) and use that to set a plan for the child. Everyone feels more confident because the plan has been agreed. The child attends hospital less often.

ANSWER: If we look around the world and in other parts of the country, There are some fantastic opportunities out there by extending the primary care services which can go into specialised areas and linking in with broader offers which are closer to home. It is really a partnership opportunity for primary and secondary care, as well as community services, social services and the voluntary sector.

ANSWER: Your views now and your opinions and ideas will form the possibility of what this programme will deliver.

QUESTION FROM CHAT: Focus recently 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. Should include education particularly digital as this will support remote appointments and care?

ANSWER: We've had some of these groups with voluntary and community sector partners. They would like to know if we can provide estate, somewhere where they could come and see patients. eg. diabetes folk wanted to come and meet those who have just been diagnosed with diabetes as they could point them in the right direction. Providing facilities where people can come in and use the space and meet.

ANSWER: We are working closely with some groups, especially in cancer. We have been working with a cancer partnership who have been tremendously supportive of our patients in particular during Covid. We are trying to build on that. It is different from the past, as we now have such proactive relationships with the support groups and I think they help enormously. They are able to tell us what they need and we need to listen to what people tell us. Digital is getting easier to use and patients have been fantastic at utilising our digital solutions. If we keep an open mind as to what is possible we can have a service that is really fit for the future.

QUESTION: Thanks for the presentations. There is a real challenge for getting the message out about potentially reducing the trauma service because people love their local A&E and the weakness is that you dilute your expertise. Someone said 'travel does not impair care' - absolutely true in fact it enhances it. This is a message you have to work to get out.

Also, services that can be provided locally such as maternity, postnatal care. That is effectively delivered right at the local level, You have new mums, some of whom are frightened. They meet with other mums and compare notes.

A shout out for Andover - please don't leave us out. There's often a misconception that because we have a minor injuries unit that's mostly open, people say 'well surely we're big enough for a full A&E' - well, see the point I was making earlier. It's over to you to communicate that.

Make sure that any new facility has a helipad, custom-designed so that it's able to take air ambulances in.

I also saw that you're looking at integrating in Hampshire Together with the Isle of Wight. The Isle of Wight is fractionally too small to have a major hospital there. That's something you need to work on. I know from the air ambulance service, we've been trying to work out how you get patients from the island to either Southampton or Portsmouth. That's key as those on the Isle of Wight won't want to be left out.

Ask the public lots of questions then come up with an answer. In Test Valley when we had a new leisure centre we hardly consulted with members of the public but went to Sport England and other providers, then there was a consultation and people were complaining they hadn't been involved. There is a balance - you need to listen to what the public is saying but they also need to be guided. Maybe a panel of experts working in parallel who can explain the possible and convince people to drop the impossible.

ANSWER: That's a really good list. This element is about the Hampshire Hospital footprint - Basingstoke, Winchester and Andover. We are part of the wider system but the Isle of Wight doesn't really come into this programme.

As regards Andover, the maternity service is amazing for antenatal care, postnatal care and for a small number of low risk women - usually around 100 a year - who choose to give birth in the Andover hospital. 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. It's a good example of providing most of the care locally but then only coming into the hospital for a small part of it.

Not every A&E is the same. In Hampshire if you had a heart attack you'd be taken to Basingstoke or Southampton because that's where we have 24/7 care ready to leap on you and save your life. Similarly if you have a stroke you wouldn't be taken to Basingstoke but to Winchester because that's where we have our 24/7 stroke team ready to look after you. But if you had a major car accident you'd be taken to Southampton as they have the full suite of teams. So we're trying to talk to people about what services they need locally to get same day health care (GP, pharmacy, minor injuries).

ANSWER: We want to genuinely hear what people have to say. The type of conversation has shifted but much of it has confirmed what was said at the beginning. Consultation will take place at the start of next year where we'll have a more structured, more formal conversation with people as things are more defined. It's worth noting that over the past 6 months our views have changed, every as a society, so some really interesting and innovative things are coming out. I have seen lots of our public pushing us to use technology.

QUESTION FROM CHAT: some thinking about health promotion and disease prevention would be good as part of the objectives- aiming to reduce the number of people who will need to use NHS in future years. Need to ensure we engage with younger people who will want to access the NHS in different ways (from their parents and grandparents)

ANSWER: We've used these sessions to say that this is a generational programme as we're trying to build facilities that will last for 50 years. We need to have these challenging conversations and take down these valuable opinions.

ANSWER: One in four cancers is preventable so for those of us who work in the cancer field, clinically it's really important that we are looking at health promotion. It doesn't need to be based in the hospital. Health promotion is high on the agenda and it is something we need to be doing now and not waiting for the new hospital.

ANSWER: We are making sure we use population data to inform our thinking and design so it's evidence-based. We've been looking at how we understand our population from a health and inequality point of view so we can target those who need it most.

We have talked about engaging youth groups - trying to understand how we go out to young people to where they are, but also more formalised settings like education. Technology will help us a lot here.

ANSWER: My reflection is that we haven't had that many young people involved so far. At Alder Hey they started asking the children what they thought a good hospital looked like and they all drew green spaces which then influenced the design so now there's loads of windows with outdoor views and green spaces. We do have an active youth forum on our children's wards and inpatients areas. Some are already engaged as part of service transformation.

COMMENT FROM CHAT: Technology also addresses the green agenda: I'm certain we can use it to work smarter and better, and it's great that its been pushed by the public.

ANSWER: The programme nationally has to be carbon neutral - we'd want to do that anyway. Technology is cutting down on the miles already.

COMMENT FROM CHAT: real time digital links for providers of mobile acute care, eg GP, paramedic, carers etc to tap into central acute care expertise

ANSWER: We're doing some good things with Telehealth but we could be doing so much more with real time digital links so that everybody has the information where they need it and when they are with the patient.

COMMENT: It's part of changing the culture and getting people into the mindset that it's their moment in the week to be available for the call whenever it comes.

ANSWER: Yes it's a cultural shift, you can't just hand the technology out.

Chat download anonymised

sorry - my connection is terrible and freezing every few minutes. going to dip out and catch up with colleagues afterwards.

My thoughts are - Some sites or a part of the sites will lend themselves to redevelopment, but that needs to be done with a view to properly devolving (and developing) services best delivered locally?

Focus recently 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. Should include education particularly digital as this will support remote appointments and care?

what sites are being considered

some thinking about health promotion and disease prevention would be good as part of the objectives- aiming to reduce the number of people who will need to use NHS in future years.

Need to ensure we engage with younger people who will want to access the NHS in different ways (from their parents and grandparents)

How about working with some local schools/6th form colleges? It could become a project for some pupils . The local NHS staff have families who could also be asked. Other than that I am too old to know how to engage with younger people !

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real time digital links for providers of mobile acute care, eg GP, paramedic, carers etc to tap into central acute care expertise

Many thanks to all the Team. :-)

Very useful session - thank you

Alex Whitfield - CEO HHFT : Thank you for all your thoughts. Very helpful.

thank you - this has been really informative

Report written by: Sian Elmslie