

1 July 2020: Basingstoke Primary Care Network

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Dominic Kelly – Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
Registered participants	5	Participants on Zoom	5
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: I am a community Conector/ social prescriber and I feel we are making a big difference in our roles across GP surgeries. I work across Rural West, Basingstoke			
Questions/Comments raised during online event: <p>COMMENT: It's a massive opportunity for the system. I've been working for the last 5 years on other hospital transformations from an integration point of view and how we bring care much closer to the patient. It's a huge opportunity for us. It's fantastic. It's worth mentioning the digital infrastructure to allow us to almost bring the acute out into the community and closer to people. This isn't just about an acute hospital, it's also about the estates around the system. It's whether there's an opportunity to use this to broaden the estate across the system.</p> <p>ANSWER: The digital point is crucial. If we'd designed an outpatient block 6 months ago before Covid it would be very different from what we'd design now. We've learnt so much through Covid. We were thinking about whether we could do 10% of outpatients virtually but we now know we can do about half of them if not more. Regarding spending money on infrastructure elsewhere, the money from this project is to build a new hospital but in order to build the hospital we need to invest in some of our outlying infrastructure and estate at the same time so we are putting that case forward.</p> <p>QUESTION FROM REGISTRATION: I am a community Conector/ social prescriber and I feel we are making a big difference in our roles across GP surgeries. I work across Rural West, Basingstoke</p> <p>[Cont.d in session] The main thing we have problems with, especially during Covid, are patients actually being able to get to a GP surgery or a hospital. The new location needs to be on a very good transportation route. The district nurses won't go out to any patient that is able to get into a car or a taxi so that's been a real struggle.</p> <p>I've seen a big increase in tasks relating to mental health issues. There could be an improvement on mental health facilities for Basingstoke patients and across the area. Especially where people have been shielding for so long. There are lots of tasks with people with anxiety. So that's a big thing for people moving forward and for community connectors is getting people out and about again post lockdown.</p>			

ANSWER: There probably are two aspects - mental health care in the community and the mental health of the patients with physical problems. Southern Health provides a lot of the mental health services at secondary care level. Primary care does a lot of the first level. There feels like there is a gap in between primary and secondary. With the infrastructure and the digital we need to look at the relationships to join that up.

ANSWER: Accessibility - we've heard this a lot. For those that aren't digitally enabled, getting an appointment at home is amazing and the more we can do that, the more it takes away the transport issue. But not everyone has the digital technology to do that available so we need to make sure they have alternatives. Doing as many things as possible in local GPs surgery, local places, maternity hubs, places close to people's homes is the right answer. The hospital has to be the place you come when you can't be treated elsewhere. People don't have to come through the hospital.

The other thing we've learnt through Covid is how quickly we managed to get people out of hospital who'd been there for quite a long time. Everyone just pulled together to get people home or more domestic type environments, care homes etc. We need to build it all in and make the hospital really easy to get to.

ANSWER: We might need to get the person out of hospital as soon as we can but we still may need to link up the expertise in hospital. Even though the patient may be in hospital there will be some GP liaison and communication and vice versa.

ANSWER: Communication is key. When we talk about technology and access to it, we do need to think that this hospital isn't going to be built for another 4 or 5 years and technology advances, so some of the hurdles we have now should naturally disappear as the technology grows.

CHAT: Patient education for when they are discharged, and more integrated care, better communication from hospital to home and vice versa

[Cont.d in session] The communications from hospital to home don't always receive all the information so we don't know what they've been discharged home with. It is being worked on but if that would be improved in the future, and it would also help people going back into hospital.

ANSWER: Completely agree and we're trying to work on it. One of the answers is to give the patient access to their own records and notes so they will be able to see everything we can see in a way that is understandable and useful to them. Ideally they'd be able to input into them e.g. testing at home. We have done quite a lot of work on discharge summaries, being really clear about what they need the GP and patient to do and clearly set the expectations for the patient.

QUESTION: Sometimes it's also where they've been discharged to and we don't know where they've gone.

ANSWER: If you find some examples please send them over so we can analyse and help improve for the next time.

ANSWER: Discharge summaries have always been a problem and the main issue is that it depends on a human doing it at often at the end of a very complicated hospital stay. The more we automate the process the better, and we have just moved to electronic record which will make it easier to complete the discharge summaries and highlights key parts of the hospital stay.

QUESTION FROM CHAT: to be treated in PC need good PC facilities.

[Cont.d in session] There is a tension between having this amazing building in one part of our area whilst trying to be accessible to people in their local populations. A lot of primary care buildings are not built for what is required today. They were built many years ago. This will need to be considered. Surgeries are at capacity It's difficult to bring the services locally when the services are already overflowing.

Diabetes - I would love to see diabetes hubs or respiratory hubs where you have everyone there - retinal screening, podiatry. Some patients do still have to have face to face appointments.

North Hampshire is a large geographical area so how can we reach out to the population and provide amazing service, with not too far to travel. To have everyone on one site would be amazing but it might be a long trek for some. Currently primary care buildings are not equipped or designed with the capacity or what is required of primary care.

ANSWER: We work in our specialty silos at the moment. We don't acknowledge that a diabetic may have heart disease, and has possibly had a stroke. The distance travelled by our patients each year is huge so to work in different ways to bring those link specialities together, perhaps in hubs, would be better for the patient and better for the environment. That is a massive piece of coordination work but we are starting to think of that type of care.

ANSWER: Frail populations have multiple appointments. GPs surgerys are also to blame as we get them to come several times for different tests. We are getting better at getting a single appointment to do all of the tests. But the next thing would be to bring the specialists in when we need them. We will need to look at the PCN estate to make it more efficient. The estate in Primary Care is challenging because there is a variety but some of the estate we are not using as best we could. Although this doesn't come into the remit of modernising our hospitals, at the same time we could be thinking how that fits in with our hospital system.

COMMENT: We need it to be more accessible for one appointment rather than several so they don't have to keep going in and out of hospital. We are trying to do this in the PCN to decide who would be the best person to prevent multiple visits to their home.

Chat download anonymised

Thoughts before I go...this is a hugely exciting opportunity for the system to re-mould how we deliver health and care, especially around the infrastructure across the system - not just about a hospital, but potentially the wider digital and estate infrastructure to deliver integrated care closer to where people are.

Totally agree better transport to and from hospital.

Patient education for when they are discharged, and more intergrated care, better communication from hospital to home and vice versa

to be treated in PC need good PC facilities

We are trying to do that more within the PCN

Report written by: SE