4 July 2020: Emergency care - public

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	**Engagement Team**	SE GC
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr James Kerr - Consultant in Emergency Medicine Naomi Ratcliffe - Cardiology Pharmacist Dr Ewan McMorris – Consultant in Emergency Medicine, Hampshire Hospitals NHS Foundation Trust Katrina Mason – Clinical Matron, Hampshire Hospitals NHS Foundation Trust		
Registered participants	**40**	**Participants on Zoom**	**23**

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

Are there discussions about scaling back the ED at RHCH?

TOTALLY INTRUSIVE. What is this information being used for?

In light of extensive house building in Winchester which will see a significant rise in population, is the trust seeking to downgrade emergency services at RHCH?

Questions/Comments raised during online event:

QUESTION FROM REGISTRATION: In light of extensive house building in Winchester which will see a significant rise in population, is the trust seeking to downgrade emergency services at RHCH?

ANSWER: A&E departments are different and specialisms may be centralised. For example, if you had a heart attack in Winchester, you'd be taken to Basingstoke because that is where we have 24/7 experts to fix your heart within an hour. This would be difficult to do across two sites. If you had a stroke in Basingstoke they'll take you straight to Winchester. Sometimes we can't provide certain expertise over both sites. If you're in a major car accident then you'll get taken to Southampton because they are set up for major trauma.
They're not all the same. The question we need to know the answer to is: which are the services you'd really want in each location on your doorstep? Other services which need very specialist, 24/7, high level expertise with urgent timelines are only practical to run in a limited number of sites.

ANSWER: You don't have access to the same services on all sites. While we try to streamline as best as possible, often the paramedics have to make the decision to take you to the right place. This can be very challenging and they don't always get it right, or we may even get patients walking in and they may end up in the wrong

place. There are mechanisms to identify these patients quickly and get them to the right place, but these delays in treatment can be a real challenge.

QUESTION: I belong to a patient group in our surgery and the patient group in the CCG. I've heard lots of comments about the fact that we used to have a minor injury unit in Basingstoke which people found very useful rather than walking into A&E. Would it still be an option to put a minor injury unit somewhere else to take the pressure off the new hospital?

ANSWER: That's why we're here, to hear what's important to you. If you feel that having those minor injury services closer to home would be useful, that's a sensible idea and would be something that we will put into the mix. There has been no decision yet.

COMMENT: This is coming out loud and strong for people in the area that it [minor injury unit in Basingstoke] was very useful until it was closed down and if the new hospital is central whether that would make sense.

QUESTION FROM CHAT: Portsmouth are rumoured to be having a Psychiatric Decision Unit at the "front door" to allow MH patients to be seen at the point of need by specialist staff, is this something that we need to consider at HHFT?

ANSWER: Mental health is one of our major challenges in the emergency department. We do have a good relationship with Mental Health teams and with Parklands, but they're not always on site. Pre-Covid we had someone from the mental health team on site 24/7 which makes a big difference to the patients and staff because you have expert assessments, helping us to carry out risk assessments so we can accurately assess how unwell someone is. This was a great benefit, as well as receiving training for the medical teams. Mental health facilities have to be very high up on the agenda. We'd also like to look at how we can try and prevent them from coming to the emergency department so working with services external to the hospital so they are seen and cared for at home or locally, to avoid acute admission to an emergency department.

ANSWER: This is a great opportunity. We've made great strides already. I see the police were mentioned [in chat] and we work very closely with them in regards to mental health.

QUESTION: It's great to hear about mental health but it also links with other things such as autism - it could be that mental health is not the issue, but it could be a physical issue but they've got other conditions. I've found this when bringing in my family member, that the type of service you get does depend on the staff on duty, and on which members of staff have awareness. It is about consistency around who has done the training and has awareness. When thinking about designing the new hospital, you need to think about some people with quite unique needs e.g. a quiet room, a padded room for protecting them against themselves, not necessarily against the staff. It's more nuanced. These things seem quite small but would potentially prevent a massive escalation for that patient which then puts pressure on the whole system.

ANSWER: We're currently working so that we have consistency. We want to have the right team with the right skills to care for everybody who comes to the emergency department especially patients with more complex needs. This is something we're doing but will definately be part of the service that we're looking to provide in the future in all our departments.

QUESTION: Follow-up appointments. It seems such an effort to go to a centralised hospital to hear, yes you're fine. It could just be a tephepne appointment but if you need looking at do you really have to go to a hospital to get the answer?

ANSWER: This is a good example of where we could be providing this service locally. You could do them remotely, but if that person doesn't have the digital technology, or needs to see someone then we should be doing this locally. Please feed it in. It affects the whole transport thing as well, as care would be more local. If we're saying that you only need to go to an acute hospital if you really are unwell and you stay there for a short time, then the transport is less of an issue.

QUESTION: Stroke service - a family member had several stroke issues. The ambulance took us off in the middle of the night to Winchester where he was attended to and told he could go home. But how were we to get home from Winchester when we had been taken there in an ambulance? Trying to contact someone in the middle of the night adds to the stress.

ANSWER: We recognise the challenge faced by those who come in by ambulance. Firstly, we always ask if the patient can get themselves home. We do have the backing of the Trust to provide taxi services to get them home if not and if suitable. Finally there are ambulance services that can take you home but the other processes are looked at first as this could take an ambulance away from an emergency. There are systems available so feel free to ask, don't be offended if the first thing we ask is if there is someone who can come and get you, but there are other services we can use.

QUESTION FROM CHAT: I think everyone is very keen to see the improvements made by changes rather than recognize the problems created… I would be interested to know what improvements have been demonstrated for the orthopedic reconfiguration as the in-patients in Winchester and orthopedic trainees have certainly suffered from the reconfiguration. If all we look for is the improvements we make we miss half the picture. I fear we are looking at this hospital reconfiguration in a similar way - looking at what could get better but not looking at what could get worse!
[Cont.d in session] In general we're all working hard and trying to do the best job we can. I am aware that we're trying to change things to make them better. I am concerned that when we make changes, we're so keen to see how much better we've made it that we don't always look at the by-products. The speaker said earlier that the orthopedic services being moved had provided huge benefits. Working on the Winchester site I don't see how much things have got better for those patients at Basingstoke, but I know that the patients in Winchester aren't getting such a good service, as there aren't so many orthopedic surgeons around. I don't think that's been looked at. We don't always see what the after effect is.
The trainees have had an awful year. We focus on what gets better but we often don't see what gets worse. The Trust runs the most amazing hospitals at the moment. Basingstoke is amazing. Winchester is amazing. We've got lots of stats to say they're both really good - I'd happily be a patient at either.

There's evidence that bigger hospitals are less economically sustainable and cost more per patient and don't provide better care. I'm worried that we are potentially making a new hospital and changing two really good hospitals. It won't necessarily get better. It's a gamble.

> ANSWER: If we pretend that a change is entirely good for everybody we're being disingenuous. There will be a small number of people who are disadvantaged by what happens and we need to recognise that. I think they're all amazing hospitals because the people working in them are amazing. But the hospitals themselves are in a very bad state. We have to make decisions with limited budget about whether to fix the roof in Basingstoke or the electrical substation in Winchester because we don't have the money to do it all. We have the opportunity to have this new hospital which will have working lifts, and roofs that don't leak.

QUESTION FROM CHAT: several patients walk into RHCH who are septic or suffering cardiac. There should be facilities to stabilise patients at every site.

> ANSWER: There needs to be the ability. At the minor injuries unit in Andover sometimes really poorly patients walk in because they don't realise they're so poorly or don't want to call an ambulance or go to A&E. We need to ensure that all services are appropriately safe and ready to cope with what might walk in through the door.

VARIOUS COMMENTS ON CHAT: discussing travel home from emergency departments.

> ANSWER: We've got to add into the mix why someone attended the emergency department and how fit they are to attempt to get themselves home. It's also worth stating that as the public, we have to take some responsibility for healthcare as well. There needs to be some onus on the public to use the services properly and to think about how they get home as well, for something like a sprained toe. When it comes to long journeys and those who genuinely have a need to get home because they're still poorly, it would be good to have the new hospital in an area where transport services are more easily accessed and for the Trust to look at what else they might consider to get them home.

> ANSWER: Travel is key. This is coming through loud and clear. If people are in hospital they want their family members to come and see them (not at the moment of course). We are doing some helpful work with our land search, and working with local councils and public transport, as well as car transport. Parking is one of our biggest complaints. We need to factor it all in - staff, patients and visitors. We also have an environmental commitment. How do we build something which is environmentally sustainable?

Chat download anonymised

As Chair of Safer North Hampshire can I ask the project to consider both the current and future estate footprint of Hampshire Constabulary. We clearly have the Northern Police and Investigation Centre in Basingstoke with its custody suite. The Police are currently picking up many mental health challenges along with EDs.

Alex Whitfield - CEO HHFT: Really good point. I don't think we have connected officially with the police on this yet - we will pick this up.

Portsmouth are rumoured to be having a Psychiatric Decision Unit at the "front door" to allow MH patients to be seen at the point of need by specialist staff, is this something that we need to consider at HHFT?

Thank you.

I note that police mentioned above, have prison and military (veterans) been eng too? Have the care homes section been encourage to get involved as a high percentage will be accessing out of hours care and most are large companies or independent providers

Gail Cobb - Engagement Support: HI Joe - yes they have - If you know of any groups we should be reaching out to though - please let us know. We'd love to connect to as many as we can.

Are we being primed for RHCH ED to become a MIU? This is what is sounds like.

Quite clearly XX

Can we have more follow up appointments nearer home?

Not read the chronicle article. It was mentioned in South Today and also the way this briefing is worded implies that this is at least an option, if not, as previousl experience of discussion/consultation suggests, a decision that has been made

Would be good to have a discussion about safe, effective management of those who are autistic and/pr suffer with mental health probelms *or

I have had experience of he stroke centre which was great but when discharged couldn't get home as I was in the ambulance with my husband

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. Improved emergency mental health service would be beneficial. Once in E/D the mental health service is very limited and causes long delays, not good for the patient and unfair on the staff. Improvement in both areas are needed.

I think everyone is very keen to see the improvements made by changes rather than recognize the problems created… I would be interested to know what improvements have been demonstrated for the orthopedic reconfiguration as the in-patients in Winchester and orthopedic trainees have certainly suffered from the reconfiguration. If all we look for is the improvements we make we miss half the picture. I fear we are looking at this hospital reconfiguration in a similar way - looking at what could get better but not looking at what could get worse!

location of this hospital is key.

Are you engaging with the transport sector? We have staff that travel from all over the region, the last site that was rumoured to be used for the CTH had poor transport links for patients and staff. Wherever is chosen must have good transport links to enable

patients/staff to use public transport to reduce the carbon footprint and parking requirements.

Countless patients walk in to RHCH who are septic or suffering a cardiac event or what may be classed as major trauma. There must be the facility to stabilise these patients at every site as I have personally taken patients directly from triage to resus.

Public transport is key. The new building site must be easily accessible by regular bus and/or train services. As an Andover resident, I have been unable to attend appts in Winchester when driving myself home is against medical advice.

Behind 'A&E' what we are really discussing is which hospitals are capable of providing emergency care - where would you need to go for your child to have their appendix removed? What about pneumonia? What about a strangulated hernia or obstructing bowel cancer that needs urgent surgery?

I feel that some patients do not like the 'feel' they get from a bigger department. In RHCH ED we are often told how friendly the department is due to it not being too big. patients feel safe.

appt over telephone or zoom/equ is great for those who are comfortable - not one size fits all - need the technology to support

As a Winchester resident, I know how protective people get about RHCH but realistically its location in Winchester isn't the easiest and most practical place to get to (particularly in rush hours). So, much as I would like to keep emergency care close to me, I would urge everyone to be a bit more open-minded about the best location(s) for emergency care and very specialist services.

That is a good point XX, often the relatives are forgotten about it, when they are brought in by the SCAS crew and how they are going to get home. The distances and taxi fares can be prohibitive in using taxis

Your staff could be very disadvantaged depending on the location chosen. I already travel for about 1 hour to get into work, if the site is closer to Basingstoke then I would be looking at a commute of at least 90 minutes - possibly too long for me

thanks for that answer; the plea for honesty and candour is what I say to you every time we speak about Hants Together and did just yesterday evening.

absolutely Kat [speaker]

We've been thinking about staff recruitment, and that a lot of people choose specifically to work in a small DGH because they like the feel of it. There may be some risks to staff retention if they are asked to work at a different, bigger hospital. recruitment and retention would need to be considered carefully.

totally agree Kat [speaker]

Whilst there is onus on the public to travel responsibly, without an ambulance, this becomes more of a problem if there are no local services. If Andover MIU is closed, then

people have no choice other than to travel further. If they don't drive how do they get to Basingstoke or Winchester? it would be fab, to have purpose built training facilities in a new department to allow for SIM sessions. :) Really excellent session. Thank you Thank you for an interesting and informative discussion - honest and open - thank you Thank you to all James Kerr - Consultant in Emergency Medicine: Thank you everyone for your thoughts and questions! Thanks everyone for your time. very useful. any constituents of mine on this call who wish to contact me offline can do so - in confidence of course thank you
Report written by: SE