

6 July 2020: Winchester GP Patient groups - Online engagement session

Facilitator	John Boyman	Engagement Team	SE
Speakers	Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust Naomi Ratcliffe - Cardiology Pharmacist, Hampshire Hospitals NHS Foundation Trust		
Registered participants	21	Participants on Zoom	13

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

A new hospital to cover the Winchester and Basingstoke NHS areas is desperately needed. Ideally, it should be located close to the M3 and have more than adequate parking, to enable patients' families and friends to visit. If close to a bus route or train station (e.g. Micheldever) so much the better. I would like to see Winchester retained as a convalescent hospital and. possibly, with a maternity unit.

We need to get rid of the division between social services and NHS continuing health care. The domiciliary care sector with which I am currently involved in caring for my wife needs supporting and strengthening.

The current provision of services via the CCG is a shambles, I am thinking here of equipment in general and wheelchair services in particular.

Hampshire needs a new modern hospital with full A&E accessible easily on the M3 corridor and by air ambulance. It needs to also include accommodation for nurses and doctors in purpose built flats thereby providing high quality affordable accommodation to attract the best staff. It will need plenty of parking for both staff and patients/ visitors. outside landscaped garden areas for patients and staff.

high quality canteen facilities and rest rooms for staff

high quality food for patients with a range of options

better food choices for patients with food allergies and intolerance problems

better A&E food options no more junk food vending machines.....

convert old Winchester hospital by removing outdated extensions and temp building and make into a purpose built pediatric hospital thereby utilising and re purposing the main building. maintain maternity within small local facilities wherever possible Andover, Winchester, Basingstoke, etc.

Questions/Comments raised during online event:

QUESTION FROM REGISTRATION: A new hospital to cover the Winchester and Basingstoke NHS areas is desperately needed. Ideally, it should be located close to the M3 and have more than adequate parking, to enable patients' families and friends to visit. If close to a bus route or train station (e.g. Micheldever) so much the better. I would like to see Winchester retained as a convalescent hospital and. possibly, with a maternity unit.

ANSWER: As part of this programme we have a company looking at a long list of sites. You mention some very important points, looking at transport, the population around who can access that and the impact on other services.

COMMENT: Really interesting and very exciting. Presumably someone is talking to the tertiary referrals centres and the local big centres like Southampton, Portsmouth and London to see how we dovetail in with them. We hear about not wanting to duplicate services and it would be a shame not to take this opportunity to avoid duplication with them as well.

QUESTION: I'm keen that social care is linked, It has to be an enormous chunk of work that elderly people are looked after in an appropriate setting and don't have to take up acute beds.

I really think it would be lovely to think that post-Covid that the general public's habit of using A&E on a Saturday night because they can't be bothered to wait until Monday morning to see their doctor, won't be perpetuated. But I don't have much faith in that. There needs to be a filter outside A&E to stop people getting to A&E. Maybe it needs to be on the hospital site. You turn up, get seen by an experienced nurse to decide whether they need to be there. Could this be considered? That would mean that A&E would be a little less frenetic on a Saturday night.

ANSWER: Southampton is mainly our tertiary care partner, although we do have some pathways that go outside that. What that means is when someone needs some very specialist care e.g. certain types of cancer care, or complex surgery & transplants they'll go there. Yes we are including these stakeholders in several ways e.g. there is now an STP organisation which looks more strategic planning of services. We are part of that and we will definitely be aligning with them. In terms of the governance structures we have set up, this does include a group of external partners which includes tertiary services as stakeholders.

ANSWER: Our vision is seeing the right person at the right time at the right place and the hospital isn't always the right place. Some patients would be better off being seen by someone else, like a GP, a nurse, a pharmacist or a physio, social care or mental health and so on. We have looked at something on the front door and are looking at best practise across the country and the rest of the world.

ANSWER: There are some different ways of providing A&E services which we may adopt at some point which would be scheduling appointments into A&E. Some people will obviously need to come in immediately, but for others we could schedule an appointment. On the back of Covid some of these things are getting quite a case for them.

ANSWER: Social care - we are working closely with the local authority and social care. On the back of Covid it really has forced us into a much closer relationship. We're working on four pillars of work which are how we make sure we join up our services around the patient and we don't want to go back to having lots of patients in a hospital setting who don't need to be there. We've had a lot of successes with that and want to hold onto it.

QUESTION: I welcome the comment about working with community care and social services. I would welcome events like this, starting from the community services and the patients. It's great to have representatives of social care and the GPs around the table. It's

helpful to have everyone around the table. Starting with what the current thinking is is really very helpful. The more you can convey what is changing on the ground the better.

QUESTION: I am a service user. My family member was diagnosed with PSP three years ago and I've been going through the system and my experience has been that the hospital world has been very supportive, very understandable, easy to deal with and very satisfactory. Although I'm sure we need new hospital facilities and update the hospital facilities, my experience is that once you get out into the community the whole thing is so confusing. When you're dealing with a family member out in the community and you're trying to pull together domiciliary care, equipment services, wheelchair services, medications etc the whole system is so complicated and difficult to understand. I would love for someone here in the process to take on board how difficult it is for us to understand how we get services and whether these services are truly accountable. My experience is that when I've had problems with supplies or services outside the hospital it's been difficult to know who really is in control, who is responsible. 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.

ANSWER: Sadly this is something we do hear, we do want to look at how we work much closer in an integrated way with community partners, mental health partners and local authorities. We do know there are many patients in hospitals who don't need to be there, but we also want one joined up pathway so they have one key worker rather than navigate their way around the system. Some of the work we're already starting to do will help and will be fed into the programme.

QUESTION: I've worked in the world of special needs and physical and neurological disability all my working life. My suggestion is to ask if it would be useful to have a designated station/unit focussing on disability. Even during Covid those with disabilities have felt neglected. This is because most GPs don't come across disabled people often. Also, if they have something wrong with them that isn't to do with their disability, it would be useful to have people who know about disabilities to communicate with the doctor or parents or carers. I'd like to see this maybe in an outreach capacity as well.

QUESTION: One of the messages I'm hearing is that there is a big move to provide services more locally. One of the problems in Stockbridge is that our buildings are so small and our footprint is so tiny that there is no room for expansion. We'd love to provide physios, mental health, children's health etc there's physically no room to provide these services. We have tried negotiating for years to expand the building, but it's just not possible at the moment. Unless you get the basic local geography sorted it will be very difficult to devolve your services locally.

ANSWER: This is something that has come out. One of our challenges is how we provide care that doesn't require buildings. Your comment will be taken on board.

QUESTION: If the new hospital is some miles from Winchester, is there still the plan to have A&E or any of the key local services available in Winchester?

ANSWER: This is why we're asking and engaging with you. We need to hear your thoughts on what you think should be provided in Winchester. Nothing has been decided.

ANSWER: Tell us what you think it needs to look like. We're keen to know what's important to you.

QUESTION FROM CHAT: Which firm is investigating locations for the new hospital? Do they have a brief?

ANSWER: I believe it's Stride [TBC]. There are different sections of this work being carried out by different groups.

ANSWER: What we're looking at within the clinical services during this phase of engagement will very much feed into the land options. The company can find potential plots of land but won't be looking at the clinical services that need to go into that facility.

QUESTION FROM CHAT: What is the partnership with the University?

ANSWER: We have partnerships with several universities for different training e.g. there are several universities that we support with nurse training. Winchester University is growing and has just taken on mental health, adult nursing, physio training, and learning disability and hopefully they're going to expand to do children's nursing and midwifery. Because it's so close to Winchester we look at joint training and supporting each other and we're looking at accommodation. Our relationship with Winchester University is growing particularly.

QUESTION FROM CHAT: 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.

ANSWER: Some children services do require an acute admission and we know there are quite a lot of interdependencies between children's services and others, for example, between midwifery and neonatals there is a pathway and many of the medical staff work jointly across. There are some exciting designs in other hospitals where they have children's hospitals within hospitals designed by children for children.

QUESTION: That was what I was getting at - there are some hospitals with almost a bubble unit within the hospital. This means that anyone with a baby or a small child that needs to be rushed to hospital in an emergency don't have to go into a main A&E. I have been stuck on a weekend night in A&E Winchester and, although it has now improved, for years was an utter pit, the most vile place for anyone to work, let alone sit for an appointment, but seeing small children being brought into that environment where there were people who were clearly inebriated was not suitable. It's worth designing a hospital to have that separate bubble within the hospital for all children's services and would be appreciated by all the parents and some of the other patients waiting to be seen so they are not listening to a screaming child.

QUESTION FROM CHAT: new system for emergency doctor apps out of hours the new service where you are given a hospital doc appt as emergency without clogging A&E

works very well and needs expanding. have used for my husband in Andover and is fantastic.

[Cont.d] When a family member fell very ill, we had the opportunity to use an NHS online system in the evening and because of his condition he was advised to go to hospital. So rather than going straight to A&E, they assessed him over the phone and we were given an appointment with a doctor at Andover that evening an hour later. We went straight to the main desk, then were directed straight through to a waiting area and saw a doctor within 5 mins. That service is brilliant. It removes people clogging up A&E and regulates people moving through. It allows a pre-assessment by phone or video call, then you can go to hospital with a designated time. It is very efficient, works very well.

ANSWER: The really important part is not only the quality of care but also the patient experience. Your experiences are crucial in the design. What we're really referring to here is planning for the unplanned. Trying to convert as much of that unscheduled urgent activity into something that can be planned even for an hour or few hours later. And to remove as much as possible the need for physical waiting rooms - this has come out of Covid. We don't need or desire for everyone to be waiting in one room together and where possible using technology to enable this. 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. We have started this work now rather than waiting for the new facility.

QUESTION FROM CHAT: What is the timetable for key decisions going forward?

[Cont.d] Between October and 2024 what is happening, what are the key points for public engagement?

ANSWER: The public consultation is between January and March 2021 which means we'll be coming back out with a short list of options with possibly a preferred option which from the clinical point of view the experts think is the one we'd like to go with. But it's there for the public to comment on. That will be a bigger programme than this with lots and lots of sessions. After that the decisions will be taken by the programme teams and the experts taking into consideration the consultation report which contains all the views of the public opinion as well.

QUESTION: I work for Hampshire County Council working with our adult social services commissioning team and work with extra care schemes in Winchester. I'm presuming it's going to be a new hospital alongside the ones already there but with a reshuffling of services. I live in Portsmouth and we have a model where we have a walk-in treatment centre. You're obviously going to lose A&E from one of your hospitals. Is there any thought about putting a walk-in treatment centre at one of the other sites?

ANSWER: There's nothing decided yet so we don't know that there won't be emergency departments at every location. We are making the case that one of our challenges is the duplication of services, but to reassure you nothing has been decided at all.

ANSWER: We would consider a treatment centre. It's important to understand what our needs are in our community and where those needs are rather than. We need to understand what we need in those local populations and make sure we provide the acute and emergency services where they're needed - some might be

on hospital sites some may be in the community sites. No decisions have been made about existing buildings or existing emergency departments.

QUESTION: It's been very interesting. It's been an information gathering exercise and I hope there's going to be some feedback after the meeting. There are lots of things I haven't thought about and I need to go away and think about it. Just wanted to say thank you for the opportunity to join the meeting, it's been really interesting. Thanks.

QUESTION FROM CHAT: food availability is key. NO MORE junk vending machines. I have complained about this in Winchester in the past. 7 hours in A&E and nothing to eat. [Cont.d] I ended up having to spend 7 hours in A&E. I have food intolerances. I was horrified that the only food available to me was a vending machine filled with junk. I was sat in a hospital and all I could get was junk food. You can't leave because you could miss being called. The nurses were rummaging around in their own food to see if anyone had anything I could have. I was appalled. I understand it's because you are getting sponsor money from having these machines and getting some money back from them. There has to be a better way. The range of food for long-term patients is not great. Not much variety.

ANSWER: It's really important feedback and not something we need to wait for a new hospital to address.

COMMENT: When the NHS was invented it was a wellness service. It was designed to keep people well. It seems that the axis has changed and we're just dealing with the sick. I completely understand how that's happened but maybe somewhere in this new system a really big emphasis could be put on health promotion and illness prevention. No one wants to be in hospital. Just take Covid. You know you're more at risk if you're overweight or have diabetes etc. It's an opportunity to take a look at ourselves and we need access to wellness support.

ANSWER: That's coming up quite a lot from our staff and talking to our partners in health and social care. It's a tricky one to crack but if we can put more effort into health and wellbeing and the promotion of that, then hopefully 'sticking the patches' on later will become less of a need.

Chat download anonymised:

will you be providing a copy of all the slides to us all? would be helpful to enable us to share with PPG group. thanks

Siân Elmslie - Engagement Support: Hello Gwen, yes, you can find these slides in the Useful Documents section of our website <https://www.hampshiretogether.nhs.uk/useful-documents>, called 'Engagement session slides 29 June 2020'

What is the partnership with the University?

Regarding A & E - and the right place - will there still be an A&E department in Winchester if the new hospital is distant? WE have a growing population, university, sixth form college etc.

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.

new system for emergency doctor apps out of hours the new service where you are given a hospital doc appt as emergency without clogging A&E works very well and needs expanding. have used for my husband in Andover and is fantastic.

Which firm is investigating locations for the new hospital? Do they have a brief?

What is the timetable for key decisions going forward?

What's the best way to make representations?

food availability is key. NO MORE junk vending machines. I have complained about this in Winchester in the past. 7 hours in A&E and nothing to eat.

vending machines in San Sebastián (spain) A&E nourished us with hot broth, soups, salads & sandwiches.

just shows that it can be done to provide good quality food, need to look at the total holistic approach, can local health provisions be looked to support wellbeing

Thank you for this. I don't know why my video isn't working!

Report written by: SE