

12 June 2020: Patient Participation Groups

Facilitator	John Boyman -	Engagement Team	ES	
	Head of Public		CL	
	Relations –		SE	
	Strategic Projects			
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire			
	Hospitals NHS Foundation Trust			
	Dr Simon Struthers – Associate Medical Director of Clinical Strategy,			
	Hampshire Hospitals NHS Foundation Trust			
	Dr Matt Nisbet – GP and Clinical Lead for Business and			
	Partnerships, Hamps	erships, Hampshire and Isle of Wight Partnership of CCGs		
Registered	39	Participants on Zoom	13	
Participants		-		
-				

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

N/A

Questions/Comments raised during online event:

QUESTION: What are the thoughts about the programme being less say Basingstokecentral, for example your thoughts on investment in something like Alton Community Hospital along the right care, right time and right place thinking?

ANSWER: Nothing is off the table, we are keen to hear from you about what you think is possible.

COMMENT: This is a breath of fresh air. As a governor I do wonder why this isn't happening already. The left hand doesn't know what the right hand is doing. Care between hospital and GP is so confused, discharge letters are seldom accurate. This is really positive.

QUESTION: One of the problems we had in the old hospital proposal was that it fell at the hurdle of sufficient running expenses. We definitely need a new hospital, we need to share those facilities. What assurances do we have about revenue spending? I chaired the stakeholders' group for the previous hospital review and there were key issues around consulting with minority groups and also issues around maternity groups if maternity is too centralised.

Are we certain we can build this hospital and run it within the resources?

COMMENT FROM CHAT: Feels too like the NHS groups will need to be strong in facing political 'wants' vs population 'needs'?

ANSWER: There will be difficult decisions which is why it is really important to have clinical leaders involved to explain the rationale around the decisions. Our ambition is to create a legacy that goes beyond the building.



COMMENT FROM CHAT: Although the new hospital will be the main and most costly, other estate should be provided in the community in order there are suitable building to provide out of hospital services.

COMMENT FROM CHAT: One of the areas that has been exposed from the Covid-19 pandemic is the need for 'step-down' facilities. With the move in the past towards acute hospitals, the lack of the old cottage type hospital, to provide nursing care for those who don't require acute capability but are not well enough to return home is missing.

ANSWER: This is a very valid point. Community beds have been invaluable in COVID.

Chat text anonymised

This could be a significant moment in the history of healthcare delivery. The integration of primary and secondary care, including better communication, working with industry to develop new technology and innovation and the close cooperation with education to provide the next generation of clinical manpower. The most difficult challenge will be securing the funding from a dilapidated Treasury.

If Secondary Care are being included, what are the plans for mental health?

Feels too like the NHS groups will need to be strong in facing political 'wants' vs population 'needs'?

Although the new hospital will be the main and most costly, other estate should be provided in the community in order there are suitable building to provide out of hospital services.

One of the areas that has been exposed from the Covid-19 pandemic is the need for 'stepdown' facilities. With the move in the past towards acute hospitals, the lack of the old cottage type hospital, to provide nursing care for those who don't require acute capability but are not well enough to return home is missing.

Report written by: CL and SE