

## **24 June 2020: One Community (Eastleigh)**

<b>Facilitator</b>	John Boyman - Head of Public Relations – Strategic Projects	<b>Engagement Team</b>	SE
<b>Speakers</b>	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Dominic Kelly – Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	17	<b>Participants on Zoom</b>	13
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b> <ul style="list-style-type: none"> <li>• Access is key, parking essential</li> </ul>			
<b>Questions/Comments raised during online event:</b> <p>QUESTION: In the info that Matt Hancock published last year pre Covid-19 it talks about the fact that it's not just bricks and mortar but it's also about digital technologies. I'm wondering whether all those things will be integrated. As an example, I went to see someone in hospital but nobody seemed to know where the patient was because they couldn't find the person in the system. Will all those technologies be up-to-date?</p> <p>ANSWER: We will be putting technology infrastructure in the new facility to upgrade the whole infrastructure. When Basingstoke was built the internet didn't exist. We don't know what technologies will be needed in the next 50 years. It needs to be flexible enough to wire up to new technology in the future. The funding does not include any substantial digital capital although we would want to include ongoing digital platforms.</p> <p>QUESTION: In the report [mentioned above] it talks about artificial intelligence (AI) does it mean AI at the expense of the human being? Because what Covid-19 has taught us is that we need human contact and human interaction.</p> <p>ANSWER: AI is a broad field. There are a number of areas where there is some adoption of basic AI eg some platforms that offer triaging using limited AI and also large amounts of data required to develop this. At this stage it's still in development in the application of healthcare. We will be evaluating when it would be appropriate to use these, when it would be supporting our clinical and administrative functions but depends on the value it provides.</p> <p>ANSWER: Quite positive about the IT side of things. There's no doubt that the functioning of hospitals over the next 20-30 years will be massively dictated by the quality of the IT system. And that comes down to the communication between all the healthcare providers. Whilst there is no money in this project I'm absolutely sure that the IT will follow the building. Technology is the second most common word in these engagements so I have no doubt that it will be successful. In terms of AI, the reality is that we don't know, but as technology moves on, it will allow us to optimise what we are doing as clinicians. e.g. there is already an AI system</p>			

which can read a chest xray as well as a radiologist. It's about using these technologies not to replace staff but free up staff to do more complicated tasks and working in more efficient ways.

ANSWER: We have highlighted to the government that we need funding for digital as well.

QUESTION: Food bank: We reach a multitude of people in society so some would find this sort of platform easy and some who would find it difficult. We do see a fair number of people suffering from health issues who are on low income and find it hard to understand what is going on. I think information from the health services is what most people need. Personally I have been through health issues and finding information is the hardest bit - what's going on, why people are being treated the way they are. Being a bit more human. Not everyone is savvy or in the right place to ask the right questions. Having something to help them find out what's going on, possible side effects and everything being explained to them a bit more.

As far as a new hospital is concerned, it's a bit outside of our remit. Having a new hospital in our catchment area would be good but is it going to be in our area? I have a feeling it's going to be further north.

Covid-19 is always part of the conversation and has affected food banks. Eastleigh food bank has fed more people in the last 3 months than the whole of 2018. It's a challenge, but as far as healthcare goes, more information is the thing we hear - "I don't really know what's happening to me".

COMMENT: 'Live at home scheme' - We aim to reduce the interaction our members have with the health services, by providing them with social interaction and to signpost them and support them before they get to a situation where they have to interact with the doctors. We reduce the burden on doctors surgeries quite a lot. Hampshire is quite lucky that we are the first to have full coverage of 'live at home' schemes so there is support all the way around Hampshire at grass roots level. We acknowledge that the hospital will probably be located a bit further north than Eastleigh but it would be great if we could get some positives out of a new hospital.

COMMENT: Travel is quite often a problem, not just physically but also financially. Travelling to Winchester by bus or even by car is not possible so something closer to home would be very welcome.

COMMENT: I agree 100%

SPEAKER: the point about providing social interaction to reduce the use of health services and facilities. This is what we would love to work with you together on. If there is an opportunity to look at how services could support you more? What would be the enablers for you?

COMMENT: Hampshire-wide getting appropriate referrals and funding. Sometimes it's because people don't understand what the 'live at home' system does. Sometimes we get referrals for people who are seriously ill or quite far along the dementia pathway and who are beyond the remit we have of social interaction and empowerment. Hampshire county council is getting better at reducing these inappropriate referrals. We would love to work with you on this.

COMMENT: Cancer trust - when our clients come into our centre, they already have their diagnosis. One of the main things we spend our time talking about is the very long wait between appointments (which is sometimes necessary) to get further diagnostic testing. I wonder whether with the new hospital and the technologies it brings, would bring together all the appointments in more of a streamlined way and reduce some of those waits for clients.

One of the biggest things we spend a lot of time with our patients after they're dealing with the shock of the diagnosis is balancing work, money, finance and definitely transport and getting to an appointment. Will there be any thought around the infrastructure to enable getting to the new hospital?

ANSWER: A clinical review is key to addressing this. And we will be working on accessibility and sustainability of the transport.

ANSWER: Our thoughts are currently that by creating a healthcare campus rather than a hospital we will be able to create a place where they can see whoever they need. An opportunity to co-locate as many of these services as we can (patient receives their diagnosis, moves onto someone who can help them psychologically, someone else to give them financial advice, all located together), it will aid the ability to support the patient best.

COMMENT: It would be good to have initial access to support at the hospital where they have their diagnosis on the clinical side of things, then they need to move onto the psychological support but it's important that they are provided with the initial information about community support which is available. It's crucial so that in between the hospital appointments they can come into their community centre. Lots of people don't like going back to the hospital for various other wellbeing services which makes us a good second layer. It's also about understanding when someone is ready for the help, they may engage with these services further down the line as they're not ready to deal with the financial and psychological things straight after diagnosis.

QUESTION FROM CHAT: With a new site, would this centralise expensive hard ware facilities (eg MRI Scanner) to ensure maximise utilisation ? And if so, how is disaster recovery envisaged ? Would this be used by an adjacent Trust's facility? For Scanners and other such expensive hardware, is there a possibility of mobile units, used and based at a central location, but able to be moved around the area to meet localised needs ? Such as the Breast screening units which are occasionally parked at Fleming Park, Eastleigh?

ANSWER: We will definitely be looking at what can be done in the community. We're working with our partners to identify these opportunities going forward.

QUESTION FROM CHAT: Some of the people I support do not have English as a first language and like do not have the technology to join in this conversation. Is there any possibility of some key questions in selected other languages to get their opinions? Parli, Eastleigh - punjabi, gudjuri, hindi, nepali and polish

**Chat download anonymised**

- With a new site, would this centralise expensive hard ware facilities (eg MRI Scanner) to ensure maximise utilisation ? And if so, how is disaster recovery envisaged ? Would this be use of an adjacent Trust's facility ?
- thank you so much but I am going to have to leave. it was very interesting and sounds positive. our school nurse was invited and asked us to join instead as she was unable to. we will pass on the information.
- Some of the people I support do not have English as a first language and like XX and XX's service users do not have the technology to join in this conversation. Is there any possibility of some key questions in selected other languages to get their opinions?
- For Scanners and other such expensive hardware, is there a possibility of mobile units, used and based at a central location, but able to be moved around the area to meet localised needs ? Such as the Breast screening units which are occasionally parked at Fleming Park, Eastleigh?
- Like XXXI hav seen mobile cancer treatment units being used to deliver chemo. Is this something being considered?
- Thanks for the opportunity to listen and "Chat" at this meeting.
- In the HIP it already acknowledges that demand for capital exceeds funding - so as we start from that position.
- sorry IT issues. a few questions will we have a dementia ward, dementia friendly layout. like the campus idea

**Report written by: SE**