

## **25 June 2020: Unity Council for Voluntary Service (Andover and Test Valley)**

<b>Facilitator</b>	John Boyman - Head of Public Relations – Strategic Projects	<b>Engagement Team</b>	SE
<b>Speakers</b>	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Dominic Kelly – Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	10	<b>Participants on Zoom</b>	7
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b> <ul style="list-style-type: none"> <li>• Due to the size of Andover growth and continual growth, it is essential, we have key medical services available to us.</li> <li>• prioritise and ensure good pathways between GP'S ,Consultants and hospitals,ease of access to all departments from local areas ,parking and disabled access.</li> </ul>			
<b>Questions/Comments raised during online event:</b> <p>QUESTION FROM REGISTRATION: Due to the size of Andover growth and continual growth, it is essential, we have key medical services available to us.</p> <p>ANSWER: I love going to Andover. The teams there are so amazing and we really need to make the most of that facility. I hope you will have seen the incredible fundraising and the beautiful building which has been designed around patients and staff. We are constantly looking for what different surgical procedures can be taken out to the day surgery unit. The urology department has recently been expanding the services and surgery that they offer out there. Ophthalmology are looking at what they can do there. We're currently just looking at the endoscopy suite so we can maximise endoscopy out there. There's a lot we're looking at with the CCG and GPs at Andover.</p> <p>ANSWER: This is a similar concern as people from other areas. Although the main hospital may be in a different area it also gives us the opportunity to do other things nearer home. In cardiology we used to have 2 wards, but by centralising acute cardiology on one site it freed up people to do more clinics and scans elsewhere, nearer people's homes, and it also allowed us to do more specialist things so patients no longer needed to go to London or Southampton. It's not just about limiting what we offer and where we work, it's about working in a different way to get rid of those things we replicate across both sites.</p> <p>QUESTION: [councillor] I get a lot of residents giving concerns about what is happening healthwise. The top one is waiting times (more backlog since Covid-19). Part of that</p>			

waiting time is that sometimes they have more than one symptom but GPs can only talk about one so the others don't get seen to. In the doctors' surgeries we need to get a better understanding about what they can and can't do.

People do tend to leave things and end up back at the doctors. It can take at least 3 weeks to get a doctor's appointment depending on the surgery so they don't make their appointment which makes a further impact on their health.

ANSWER: We don't run the GP surgeries but this is a whole health programme. I used the eConsult option which is a digital tool which frees the GPs up as they can deal with the more straightforward issues and focus more on those who have to come in because it's more complicated. Across the county GPs are bringing in these digital consultations. We can use the time saved to bring down waiting times for patients with more complex needs.

How do we join up between GPs and hospital experts? The GP needs to know which experts to bring in and when. Our pediatricians are working with GPs to go and run clinics with them. They're looking at some of the more complicated children's issues and supporting the GPs to understand which children will need more specialised appointments. This will help create capacity.

QUESTION: Choose and Book - it was a really great service and people were really benefiting from that. But then it got cut. This was helping people with reducing waiting times.

ANSWER: Choose and Book was paused during Covid-19 because outpatient appointments got so complicated, in that we were having to use the face-to-face capacity for a very limited number of people partly for patient safety. So we've been maximising the video and telephone appointment consultations.

ANSWER: There were challenges using the Choose and Book system from the consultant's point of view. We are moving in terms of referrals to more of an advice and guidance system. Instead of the GP referring you it will be a more of a two-way conversation where the GP will speak to secondary care - a bit like Whatsapp. It's much better communication and more efficient. Digital technology will completely change things. In a similar way to eConsult, this kind of system will reduce the number of trips to A&E. You speak to someone who will answer the question and who will be able to say what you need to do, go to the pharmacy, come into A&E... etc.

COMMENT: Travelling is an issue with A&E in Andover. It doesn't matter what comms we put out, people still turn up expecting to do the stuff they can't do, then have to travel to another hospital to sort it out. Some people don't have the facility or finances to travel which causes issues.

COMMENT: Mitochondrial - very specialised disease. A lot of babies when they're born can be misdiagnosed and it can take up to a year for it to be properly diagnosed. It isn't specialised anywhere. Is there an opportunity for this to be specialised somewhere, knowing that families can be confident to go somewhere for their children to be diagnosed?

QUESTION: During Covid we've had several meetings with members on Zoom. They are worried about the distance they'll have to travel again. They're getting quite used to

staying at home and having telephone appointments. They're enjoying it. It's better than all the travelling and the parking at Winchester.

We've been working with the BLF for 4 years to try to improve respiratory pathways and what I came up against during the course of looking after my husband is they usually have secondary or third illness to deal with - so we would end up at Winchester respiratory, Basingstoke for the heart, Salisbury for the blood. Is this new hospital going to be able to centralise everything? Is that the main thing? Or are we going to have more facilities near Andover?

ANSWER: We hear it a lot that people have to speak to different people about different things. We are not well coordinated in that. I think the new hospital will help but I think the digital revolution will also help a lot. We're keen to start now, even before the hospital is built, mapping all the appointments an individual has and see if we can streamline those. With lots of things on paper and on separate systems it's hard for the hospital to have visibility and often the patient is the only person who can see all of this.

COMMENT: A family member has chronic COPD and it's a real struggle for him to get to a hospital. He's monitored from afar so if they're worried about him they can contact him. He's happier in himself because he knows he's being constantly monitored so it's improved his mental health. Another family member is chronically asthmatic and it's always the worry - when do I need to go and take her to hospital, is she bad enough to call the ambulance? It's constant anxiety. If there could be a facility to be remotely monitored there would be a more holistic approach - the feeling that someone is always looking out for you.

Another family member has a neurological problem so we go to the Salisbury spinal unit. It's so fantastic there because they look at the whole thing. When you go there they look at everything. You could learn a lot from their approach to dealing with an illness.

COMMENT: Andover Trees - it would be great if we could have green therapy prescriptions and we at Andover Trees can possibly help with landscaping, planting trees, get the community to come in and get children involved. It would be great.

ANSWER: We had a presentation from the people that developed Alder Hey. They have a very green space and it would be very appealing. They had allotments within the grounds and allowed the children to help and have community people come in and use the vegetables to cook in the kitchens.

ANSWER: There are various tech solutions to ongoing monitoring. There's an app called My COPD where individuals can put in their own symptoms and it supports and reduces anxiety but would also alert them if they needed to be seen. I think these things are really powerful.

COMMENT: With the population being elderly, it's also not technical at all. Only 9 out of 60 people I work with can go on a virtual conference.

ANSWER: Really good point - we need to use technology but we also need to support those who do not have access to it.

QUESTION: There needs to be a culture change - what Covid has taught us - we have been supporting people with prescriptions and shopping. Whatever you come up with needs to embrace that, but you need to be working with community groups now so you are getting that culture change within the communities so they can understand that they

can order their prescription on their phone, that they don't have to queue at the doctor's surgery, or at the pharmacy, that there are other ways of doing things. We are finding that running the helpline, and we are finding that people are becoming very dependent on that because it is somebody else taking control for them and they just have to make a request. Empowering communities to understand what their part is in all of this is important too. Support them and help them to do that absolutely, by using the technological changes and advancements but you need to start making that culture change now. Within your finances it might be worth doing some seed funding within community groups who will help different parts of the community

COMMENT: [Mental Health group] Integration is important - I have members of staff in doctors surgeries in Andover and Basingstoke and over Hampshire. It's going well as it gives us the chance to refer people with mental health issues a lot quicker so we are seeing people earlier which helps with intervention and getting them on a better track quite early. Would you consider having wellbeing staff in the new hospital, more people on site.

QUESTION: [MYP] I cover a large area. I am one of 12 elected members across Hampshire so it would be awesome to do a workshop with the young person's Hampshire Young Persons Parliament.

How will you involve the young people specifically? Hampshire has quite an older population. You mention Alder Hey and how they were involved in the process, so it would be interesting to see young people's views in this consultation.

ANSWER: We absolutely want to involve young people. We have a youth forum in the hospital at the moment who help us design our services now, but if we can get the youth parliament involved in that too, that would be fab.

ANSWER: We need to get young people involved because you're going to be using this hospital for longer than the rest of us and you are the people who probably know more and have more understanding of what is happening with technology.

ANSWER: We will also do this through the school through this process who we can reach out to to get ideas.

#### **Chat download anonymised**

- I have 4 questions
- I am conscious that we have a short time today, is there an email contact that we can have so we can send ideas and question to. Thank you.
- ordering repeat prescription via NHS app, or other, has streamlined getting them,
- can a presentation be done to Andover Vision, as that covers lots of community groups.

**Report written by: SE**