

29 June 2020: Basingstoke GP and Patient group

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	SE
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Charlotte Hutchings – GP and Deputy Clinical Chair for North Hampshire, Hampshire and Isle of Wight Partnership of CCGs		
Registered participants	12	Participants on Zoom	11
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: Needs to be planned to be integrated with primary health care and social care services and provide a quality environment such as Southmead Hospital in Bristol.			
Questions/Comments raised during online event: <p>QUESTION FROM REGISTRATION: Needs to be planned to be integrated with primary health care and social care services and provide a quality environment such as Southmead Hospital in Bristol.</p> <p>(Cont.d in session) Southmead is a new hospital, at the time the newest hospital in Europe, and virtually all the patients are treated in individual rooms, or small wards of 4. They normally had ensuite washrooms and the intensive care facilities were exceptional. It was a very well laid-out hospital. There are some things within the hospital that showed there was a very conscious attempt to make it a place for wellbeing. One of the problems was that the provision was not completed. The hospital got built but for the other stuff, the money ran out and so it wasn't completed. Also, although they had a fantastic building they still were not rated very highly in terms of the quality commission. But it was a fantastic facility. It would be worth a conversation with them.</p> <p>ANSWER: We are talking to lots of other hospitals, especially Alder Hey. We've visited Alder Hey which is flexible, and really thoughtful in their design. We really want to learn from the experience of others who have built hospitals. Also the building - we can build to the standard, but the services and how we work together with colleagues can be much harder, which is why we wanted to start this journey with our partners now and not wait until the new facility is ready. We've started on the integration work already.</p> <p>ANSWER: The journey for the patient pre and post admission is work that we've prioritised already so I don't think, as you say, a building changes that. It's about the relationships and working together as teams. You can have the best building in the world but if you're not looked after well in that building so what we're trying to develop is care inside and outside hospitals.</p> <p>QUESTION: I know the plans some years ago was to put it on a site near to J7. Is that still the case?</p>			

ANSWER: We've just engaged consultants to look at sites.

We have criteria to work through in terms of short listing some of these sites. We're currently undergoing land agents appraisal on the availability, affordability and deliverability of the land.

QUESTION: [Volunteer driver] Transport and access - I have been volunteering for the local patient transport service. It's very obvious that lots of people find it difficult to get to hospital and GP services. One simple thing that could be done is for all NHS bodies to have the information available as to what transport services are there. Our GP surgery had never heard of us. Is there any attempt to join up with local transport services? The public transport services in Basingstoke are completely useless for a huge number of patients to get to their appointments. There needs to be some joined-up-ness for the new hospital to say 'here is how you get to us'.

ANSWER: We are engaging with the various councils, county, district and borough, as we look at the site location because transport is one of the criteria. We are in dialogue with them. They also have visions on public transport going forward in their plans so we want to understand what those are. We need to look at planning for sustainability and access.

What we would like to do is join it up so that at a particular surgery we would link up with voluntary transport groups when the council cannot provide it.

ANSWER: We would be keen for your input because we have a complicated geography in that we have rurality as well as town centres so we need you all to feed into the solutions, as well as the council and the health care organisations needing to have all the information to make sure that people aren't disenfranchised.

COMMENT: You need to go out to the voluntary organisations and ask them what they can do as they never hear from the NHS.

QUESTION: I'm interested in the cancer journey from diagnosis to supporting a patient after they've left hospital. One of the key things is early diagnosis, it would not only save lives but also take pressure off the hospital rather than people coming in through the emergency department. I would like to know your views on how the hospital and GPs will work together to diagnose early and quickly without having to go through a whole referral thing - you go to the hospital, then you have tests and scans. It's just getting the whole thing working from the beginning. I don't know if there is anything already in place or starting but I find it key to all cancer diagnosis.

ANSWER: Early diagnosis of cancer is being prioritised in primary care. A lot of it is public education and public engagement and not having the fear of going to have a test, but also then GPs referring early and having access to diagnostics as well as an increased uptake in screening. The other thing is the relationship and journey between primary and secondary care. Covid has helped that. The technology for us to communicate with our colleagues has improved massively. It has started conversations about how you start the journey and we can be cleverer about this.

Technology can help, sometimes around communicating rather than wait to be seen for an unnecessary outpatients appointment, sending the patient straight to be seen and tested. This works amazing well in the breast clinic.

QUESTION: In terms of having treatment nearer to home. Do we see that as being provided within primary care buildings or staff or are we thinking of buying or taking up other buildings. How will this happen?

ANSWER: I think it will be a mix. We have a varied estate on our patch and not all of it is being used as well as it could be. In general practice we are doing so much more remote consulting virtually, that our estate needs to be a bit different and more flexible. Some of it may be that our specialists, nurses, therapy, come out into the community a bit more or the other way around. We need to look at the estate that we have (and partners) and use that better.

COMMENT: It is pretty key for the cancer sufferers to have things nearer home rather than the stressful travelling, stressful parking, stressful waiting rooms.

ANSWER: Linking closer with primary care with something like cancer where if we can start anything earlier to make sure the support is available nearer home then that's the sort of thing we want to start sooner rather than later.

ANSWER: Our partnership with the voluntary groups is vital as they are part of the community.

QUESTION: When we were looking at the previous site, we actually got planning permission would that carry on?

ANSWER: Unfortunately our planning permission has expired so we are looking at more sites and one of the hurdles is to get planning permission and the willingness to make that happen quickly. We are talking to the various councils and, with the government's ambitions to do this as early as possible. With the options we have we will make sure that it makes it easy for us to start building early.

QUESTION: There has been talk about having a minor injuries unit being built somewhere in the town. Is that something we're still looking at?

ANSWER: the funding is for a hospital and we recognise that it would be helpful to have the facilities and services, although it is out of scope for the HIP2 project. But that's not to say there wouldn't be other funding coming down in the funding review for other services. Mental health - there is likely to be funding available, also for digital. We will keep lobbying for additional funding in other areas. Also a scheme where we make best use of the funding of all partners.

QUESTION: CTH were going to have a cancer unit on site. Is that going to be the same with the hospital? That's 5 years down the line for completion so what's going to happen in the meantime because we really do need to get something for cancer patients in Basingstoke.

ANSWER: A cancer treatment centre, providing comprehensive holistic care, whether it's in the hospital or a separate building, is in scope. Current plans, we are looking at providing a more comprehensive space. This is ongoing work. There is unlikely to be a big capital project pre the new hospital.

QUESTION *[very bad audio so didn't catch it all]* : The focus in meetings over the last few years has been on more local control. Focus on the balance between centralisation and

local community services. Where are the link services, where is the funding for quick rapid reaction? We need to look at what we could be doing locally, more effectively. Another question is about transition facilities and after care. We could also look at the Swedish way of providing assisted housing because the costs are one eighth of the cost of the current care home model.

ANSWER: All the evidence for what the link nurses do, in outcomes for patients and provide better care and allowing patients to be looked after in the community, have been amazing. There is now lots of extra funding going into the primary care networks for extra staff delivering different models of care, so across the patch there will be an increasing number of link nurses providing care. Those roles will be vital, linking up with the hospital staff too.

ANSWER: In terms of transition facilities and different levels of community provision required outside the hospital. We're working with partners to look at what community provision could be and potentially working with other providers as well to see what they can provide. Some could be funded out of this funding, but a lot of that would help the hospital so we can ensure the people are in the right place, not stuck in hospital. If you have come across great care or best practices, drop us a line.

COMMENT: It is the CCGs' job to go and find examples like XX has given, I gave a report to XX yesterday.

ANSWER: Yes, we have been doing that, and look at different models of care to see what the others are doing too.

QUESTION: It's reinforcing the previous point, looking at a lot of the initial reports coming out nationally, one of the things that has been identified from Covid is the necessity of the step down facility. When people are no longer requiring a stay in the acute facility, they still need some sort of nursing care so they need a facility to transfer from outside of the acute bed and freeing up that sort of facility, but still being given the provision of some sort of nursing and clinical care before they return home.

This is a historical moment of healthcare delivery in Hampshire. We can really shape the future here if we get it right. One of the positive aspects is that you are seeing a joined department, or a department with 2 areas - both health care and social care - so the staffing is easier. If we get the business case right and don't limit ourselves to thinking about just one building rather than a whole integrated service delivery then we can really change the future

ANSWER: That is our ambition, it's what we would like to collectively achieve beyond the building.

QUESTION FROM CHAT - Current provision for those suffering from anxiety and depression seems to be patchy at best and patients seem to be 'required' to pay for counselling etc. Is anything in the pipeline to improve this situation before 2024/5.....?

ANSWER: we are working better with Southern Health (provider of mental health services) and primary care. There's a much better collaborating partnership between them. We do have some provision for some counselling the waiting list is long but we're also setting up some voluntary sector partnership to provide more counselling

Some of those slipping through the net are those with very challenging mental health issues which is being delivered more within hubs in the primary care network. It's a huge priority for the PCNs. We're really trying to establish the parity between mental health and physical health, there is time and resources going into that. We're hoping to deliver a lot of that within the PCNs and then some secondary mental health services in partnership with the hospital/campus.

QUESTION FROM CHAT: not all the GP patient groups are represented today

ANSWER: They all got the invitation but there will be further opportunities for them in the last week of engagement. If you speak to any of your colleagues please let them know how useful this session has been.

QUESTION FROM CHAT: The group in this discussion needs to be extended to include a wider demographic, What steps are being taken to engage with them. I suggest we need parents groups, youth groups and general community representatives.

ANSWER: We're doing lots of these sessions and we are targeting people from other groups. All information is on the website.

QUESTION: There is the monthly newsletter that goes out to all GPs. Are these sessions advertised on that?

ANSWER: All the GPs are aware. Engagement is always a challenge. We're trying to get it out to as many groups - we're talking about it in clinical groups and newsletters. It's also about one-to-one conversations as well as formal comms and we're bringing it up at every opportunity we can both with our colleagues and our patients.

QUESTION: I think the point [in chat] about the demographic is really important. Every time we have one of these meetings we are all of an age. I'd like to see a younger team involved, and listening to them as we don't know what they want. I'd like to use the information you gave us and put in on Facebook. It's all good information but it's getting people to pay attention to it.

ANSWER: We've done a lot of research into Facebook groups and trying to reach out to the community but any help you can provide us would be gratefully accepted.

QUESTION FROM CHAT: Would it be possible for us to use recording of this event or the slides with our own PPGs?

ANSWER: We will look into a solution. [Slides are now available on the website <https://www.hampshiretogether.nhs.uk/useful-documents>]

QUESTION: When we looked at the previous submission it was serving a population of about 350,000, did someone say it's now 550,000? The problem was we were being squeezed by Southampton, Guildford, Reading etc and that was one of the problems was to get enough income to support the expenditure on the hospital.

ANSWER: The 550,000 is the population of mid and north Hampshire that we are looking to support. Historically the lower number was for critical treatment only.

QUESTION: In Alton there was lots of debate with Southern Health about step-down facilities. Is it possible that a community hospital like Alton was taken over by mid and north Hampshire or is this a total can of worms and not a possibility? There are parts that are being used. And you require 2 receptionists and was told that they would not share a resource which seems stupid.

ANSWER: We have started looking at Alton and have initiated conversation about how we can be more joined up about it, its use and what level of support and which members of staff we would look at providing joint services with. It's quite early on in the engagement.

QUESTION: We've talked about the use of technology. When one goes into hospital there's quite often follow-up which may be local or not. I do hope we are going to learn the lesson of using technology and not have the unnecessary journey of a patient just to sit in front of the registrar for them to say that everything is fine. Everything needs to be tied up - the support services, the voluntary support services to get them there. I hope we are going to take advantage of what we've learnt with Covid-19.

ANSWER: Totally with you. I think we had about an 80% takeup of that service during Covid and we're hoping to maintain as much of that as we can and we're certainly encouraging our staff and patients to continue where it's appropriate.

ANSWER: and the technology between Primary and secondary has come on in leaps and bounds. That's one of the things that none of us want to lose.

COMMENT: I agree, there are lots of things that we need to continue to do. It will save the professional's time as well, which they can spend on other things they need to do.

ANSWER: We are texting, videoing, all sorts but we are also remembering that there is a section of our population that doesn't have that tech available so we need to find solutions for them as well. We're not getting rid of everything, we're just making better use of our time.

Chat download anonymised

I have a number of questions and observations about the new Basingstoke hospital site, transport and access to Gp services.

I have a question regarding early diagnosis of cancer

Would it be possible for us to use recording of this event or the slides with our own PPGs?

Overview of patients. Particularly where they have multiple home issues. Rapid assessment clinics for patients with deteriorating health.

That explains why there is currently a proposal for a goods distribution centre at the J7 site!

Home should have been health!

Are the slides from today going to be available to all?

Current provision for those suffering from anxiety and depression seems to be patchy at best and patients seem to be 'required' to pay for counselling etc. Is anything in the pipeline to improve this situation before 2024/5.....?

There are not many GP groups attending. How will this information be conveyed to all?

The group in this discussion needs to be extended to include a wider demographic, What steps are being taken to engage with them. I suggest we need parents groups, youth groups and general community representatives.

The move to a more tech based health service is very welcome however the NHS has failed on many of its IT projects with consequences. What steps can be taken to bring patients, staff and the government on board to accept the new shape of NHS

Report written by: SE