

30 June 2020: Basingstoke Elected Members

Facilitator	John Boyman	Engagement Team	EN CL SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust Dr Matt Nisbet – GP and Clinical Lead for Business and Partnerships, Hampshire and Isle of Wight Partnership of CCGs Roshan Patel – Chief Operating Officer, Hampshire and Isle of Wight Partnership of CCGs		
Registered participants	20	Participants on Zoom	15
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>It is harder for people to access health services with the lack of public transport. It means more reliance on Voluntary services. Constant change as an example blood tests swapping between nurses at local doctors, then the local hospital, then back to the doctors. The mothballing of good local buildings with outpatient clinics and making patients often elderly travel further and further.</p> <p>Bearing in mind the existing population and the extensive plans to grow from now up to 2050, any new Hospital needs to be located in the immediate vicinity of Basingstoke. Good connectivity to public and private modes of transport is essential together with good access for emergency helicopters. Comprehensive services must be provided in the new facility to maximize the efficient use of staff and reduce the duplication of management overheads through partial provision and distributed facilities.</p> <p>A hospital in Hart would be welcome.</p>			
<p>Questions/Comments raised during online event:</p> <p>QUESTION: If we're serious about reducing the pressure on the NHS we need to adequately fund other areas - public health and social care - and that means properly funding our local authorities and the voluntary sector. This will enable us to deliver serious prevention programmes, for example for alcohol and drug abuse, and also meet the challenges of obesity. These should be important areas of focus for funding to prevent and free up the pressures now facing any new look NHS.</p> <p>Second point is more around the location of a possible new hospital. If it doesn't end up in Basingstoke, for our residents what choices will there be available to them? For example, if it were situated close to J9 of the M3 down in Winchester the dilemma would be that we would be 23 minutes and 17 miles from J9 but we would also be 23 minutes and 17 miles from J4 at Frimley Park. So would our residents have the option to cross the border into Surrey, assuming we don't get the hospital we want in the heart of Basingstoke?</p>			

ANSWER: Patients can go anywhere they chose but we want to emphasise that we believe we should be providing healthcare locally to where people live and for those occasions where they need hospital care, we want to make that hospital as accessible as possible whilst recognising you can't put a fully functioning hospital in every town.

We are looking at all the plots of land of the right size, looking at their accessibility and mapping that against where the population lives in mid and north Hampshire. Regarding your point on the funding of health and social care, we are servants of the money we are given to spend and so we need to spend it as wisely as possible.

ANSWER: I can relate to this in terms of how the funding of all public sector regimes will be changing in the next 6-18 months as we understand the impact of Covid on the economy and on all of our public services. I think there needs to be more consideration of how we can collaboratively use our funding streams across public health and local government to make sure the money gets to the right places, particularly as we know the need is going to change dramatically.

QUESTION FROM CHAT: the way hospitals are paid for patient contact would have to change to drive reforms. any ideas if there will be financial incentives to change the way hospitals work

ANSWER: We've done away with the payment for contact basis system. We work on the basis of here's the money that we have available, here's our resources we have combined for a health and social care system - where are they best deployed? At the moment, they don't quite add up so at the moment we are spending more than we are allocated but part of this programme is to build it so that it does become financially sustainable in the future. And working in partnership and working in new ways and new technologies we'll start to dissolve and to remove some of those historical structural costs so we can put resources into different places.

QUESTION: I was uninterested in knowing how you were going to maintain the benefits you have already gained whilst going through this programme, as it is very long but you've already achieved an awful lot, to enable you to make some significant savings? Are you going to run it as a parallel stream so you don't lose it all?

ANSWER: There's a programme of work about how we do outpatients for example and trying to do as much as we can digitally and remotely, so there are no unnecessary trips to the hospital. Then how does that continue into what that means for our new facility and as much as possible to have that conversation as one conversation with all the same people i.e. how do we embed the transformation now but also what does that mean we might need in the new facility?

ANSWER: We're also trying to hear from those who have received these services and what they think of it e.g. the remote outpatient consultations - does it work for you, do you feel you're getting everything you need? And also asking our clinicians what would help them to take it further e.g. what observations and tests can we do remotely? How can we empower people to, for example, monitor their own blood pressure & send them through prior to an appointment. GPs have been much better at this than the hospitals. We recognise that we need to continue to develop

our services. People are keen to carry on like this. We need to continue to have services to move into a new building rather than wait for the new building and move the services in just to change them all around.

QUESTION FROM CHAT: One issue which needs to be resolved is that a significant number of the elderly do not have access to the internet.

ANSWER: We completely understand. There isn't one answer that fits everyone here. Where people chose to do things digitally, let's make that possible, but if they need to come and see someone, let's make that accessible and local as well. We need to be careful not to assume that everyone can use digital technology.

QUESTION: I'm interested in the process because clearly the area you are looking at is covered by a wide number of planning authorities and groups. I was wondering, and certainly with the number of initiatives going on such as climate change and transportation, how you can bring all these planning authorities together to help with location planning, not just with the hospital but with other things such as having to expand doctors surgeries. How do you bring those planning authorities together? We're going through a review of the local plan for Basingstoke and Deane so a lot of these things such as traffic generation, infrastructure requirements are going to be key to the entire process. If you look at the way the local plan is done, it relies on a number of neighbourhood plans that feed into the process. I'm just wondering how we can best pull together all the local knowledge of the local planning authorities to identify the site transportation links to support this entire process.

ANSWER: We're working with Test Valley, Winchester City and Basingstoke and Deane planning sections to identify any sites. We had a useful workshop yesterday with the Highways Agency, Hampshire County Council, and Basingstoke and Deane on some possible concerns around transport. I think we know all the challenges, but need to work on the solutions! We're really keen to work with all the planning authorities, Hampshire County Council and the Highways agency.

QUESTION: The best thing that came out of Covid is the local organisations, volunteer groups and GPs are meeting together virtually in a way they never did before, so the sharing of information has become a lot easier. The reverse side is that we're coming across a lot of people who don't know where to go for the multiple problems they have and often they have to go to multiple places. What are your views on the 'virtual hospital' on how we make sure that services are linked together electronically, that people get a chance to speak to each other and share good practice. Also, to share information on patients. Often when speaking to a GP they have 3, 4, 5 or 6 different issues.

ANSWER: There's no straightforward answer. The thing that would solve all those problems for us would be a shared record. People don't realise that as GPs we have a huge amount of information about our patients but that is not available if they call an ambulance or turn up at the hospital. The Covid crisis has been liberating for a lot of us because a lot of things we have been worried about like sharing information, we've been able to get around in ways that are safe and respectful of people's information. We've been freed up to do the right thing in the best interests of our patients. So if we think it's been right to direct them to a voluntary service we just got on with it.

There are shared record systems available but they are incredibly expensive so we're trying to figure out how to share information without spending huge amounts of money. We're trying to find workarounds.

COMMENT: There's isn't an easy answer other than investment in a shared information system that all volunteer, community groups and the police, ambulance services and the GPs and the NHS can plug into. Looking to the future maybe that's what's needed, but on a local level you can find ways to work around it.

QUESTION FROM CHAT: Cancer treatment often means frequent visits to receive treatment and tests over months or years. Basingstoke residents currently benefit massively from a modern radiotherapy unit, and the DTC; the chemotherapy facilities are old and need replacing. Given the challenges of creating sufficient critical mass of demand to support comprehensive service delivery, and to attract the best and enough staff for safe services, how do you see cancer services being delivered in the new facility/system?

ANSWER: We recognise this is an opportunity to improve the facilities. We know that the radiotherapy unit has been a benefit for the Basingstoke population who haven't had to travel but recognise that there are a significant number of people who come up from Eastleigh because it is pleasant, and you can park. We have quite advanced plans for a cancer treatment centre which will be included in this project to make sure we address the treatment and wrap-around holistic care. We're keen to make sure we provide that in an environment that improves wellbeing and empowering people to keep themselves as well as possible. Just thinking about the critical mass and how that helps you to keep staff, we know that with radiotherapy that having just one radiotherapy machine is difficult because we struggle to give all the treatment we would want to give owing to staffing. We recognise there are some things that are done better at scale. During covid we have been delivering chemotherapy to people at home. We recognise that people are prepared to travel for some things but may not be able to come back for things like prescriptions, so this has been an opportunity to try out what works and what's difficult for people. We've done some work with our Cancer Partnership Group, who are our users, talking to people about what their experiences are which has been really useful. We also provide some very specialist cancer services as well, which has to be done at scale. People come from all over the country but currently the facilities we provide them in aren't as good as they should be, so this is an opportunity.

QUESTION FROM CHAT: Are there plans to further invest in distributed services like Fleet Community Hospital at the same time, to plug the significant gap between FPH and Basingstoke - providing a more accessible and more sustainable service to the hundred thousand homes in Hart.

ANSWER: There is a development to look at improvements in Fleet hospital. There's a planning consent that's been approved so a build will start to improve its services and create an integrated care facility. They have worked with Hart so they ensure that bridge between Basingstoke and Frimely. There's another health centre due to open in Farnborough at the end of this summer/autumn, which is a brand new health facility. There are connections with the other integrated care system at Frimley.

QUESTION FROM CHAT: what is planned for the old hospital?

ANSWER: There is no plan so we are keen to hear - what services would people like to see retained in the local hospitals, in the current location and which to move to the new. A lot of it will depend on the new location as well. The main tower block at the Basingstoke hospital couldn't survive another 40 years. It's at the end of its life. Whatever remains on the Basingstoke site it won't include the main tower block.

QUESTION FROM CHAT: Experience during covid is that some consultants see video consultations as contacts which don't need to stick to an apt system, presuming patients will fit around the consultant's priorities. This would need to change, as patients have lives and priorities too - and some become very anxious and stressed with the uncertainty. Prior to Covid, nurse calls could be within very wide time parameters, as could GP calls - so addressing how to keep to an apt schedule would be very important. A small thing but crucial for effective remote consultations.

ANSWER: We do apologise for not sticking to time. We changed things very quickly and several times to manage the changing situation under Covid so it's not necessarily the consultants' fault, it's the infrastructure behind what they were being asked to do. We've listened to feedback and we are now very clear on what is required from a virtual appointment.

QUESTION: If any of us have any more questions or inputs following this meeting, if we channel them through my colleague who would we direct them to?

ANSWER: There's a contact form on the website which is the best way to do it as that will feed directly into our engagement report.

QUESTION: It's always been the prerogative of the consultant to have the outpatient clinic where they like eg ENT at Basingstoke used to have a clinic at Alton, and many years ago there were people also as Bordon who also wanted outpatients at the local Chase Hospital. But the consultant wouldn't travel as far as Bordon Chase, only Alton, therefore people had to go from Bordon to Alton. Will that still be the case?

ANSWER: It's often timetabling. We're keen to hear what is important, so if having an outpatient clinic at Bordon is important then we need to work out how we achieve that. I can't promise that our consultants will be able to go there but I can absolutely look at what you feel you would want and how that would be delivered. Prior to Covid we didn't have enough space in outpatients so sometimes people were going to do outpatients in other clinics because literally there wasn't enough space. Doing more virtually and online does mean that we have more space. There is a time and efficient loss with consultants going out but often the benefits are huge. We now try to link them into GPs working in that area e.g. there's a pediatric hub clinic being run in a GP surgery and evidence has shown that there is a reduction in the number of children needing to come into hospital.

QUESTION: Bordon has always been shared between different hospitals: Frimley, Basingstoke, Guildford and occasionally St Mary's. Local doctors ask you where you'd like to go but it's equal between all three. Because it's different health authorities, sometimes one hospital doesn't have the x-ray records that somebody had at another hospital.

ANSWER: We've talked about mid and north Hampshire working better together and sharing information, but we're trying to do that over the whole of Hampshire and the Isle of Wight so we can share between the hospitals. We need to hold onto that vision as the public expects us to do that, and we ought to be able to do that.

ANSWER: As local councillors you have an ear to the ground and know what your constituents problems and concerns are. We know that people will come to you. These are exactly the kinds of challenges we want to hear and this is the right time to be telling us so take them into account as we move forward with our planning.

QUESTION: Councillors are acutely aware that building a new hospital will be incredibly easy versus re-shaping services and getting the partnership of CCGs, GPs all to support. We hear the creaks from our constituents i.e. your patients all the time. We've been coming to the CCG for some time to discuss how primary care services are delivered and we're talking about hospitals facilities and services and there's the challenge - it's not building a building, it's the services, primary care, secondary care and tertiary care. It's really easy to have a project plan for a building but the project plan for the resources and change of services is something completely different. The Trust isn't the only stakeholder in this project but they are the primary driver for it which doesn't necessarily sit comfortably with people within the CCG and those delivering the other services.

ANSWER: I agree. These things are complicated, and culture change is much harder than building a building. What we've seen through Covid has been a massive culture change. If you listen to the kinds of things we're talking about, they're quite different from the kinds of things the hospital Trust has been talking about in the past. The NHS is a people business and the vast amount of money that goes into the NHS goes on pay. People are the greatest resource the NHS has. It's not x ray machines or scanners often, it's about the people who interpret them. What we have now on all sides is the acknowledgement that system working is the way forward. There is recognition in the hospital that some of the resources may need to move out of the hospital, and may mean working somewhere else. That might be uncomfortable but we are having those conversations. I'm much more hopeful than I ever have been in the past.

ANSWER: This is a project around our people. Is this going to be easy - no it isn't. Are we going to have some disagreements about how we think the services need to be laid out, are we going to have to make compromises - yes we are. We all want it to be different - we want to build something completely new and different, so we need to start to align people's vision and thinking. We need to inspire people to understand we want to strive for something completely new in mid and north Hampshire.

Chat download anonymised

the way hospitals are paid for patient contact would have to change to drive reforms. any ideas if there will be financial incentives to change the way hospitals work?

Access for surrounding towns and villages in our rural areas is key for me

Agree with above comments location of facilities so they are easily accessible with adequate parking will be key. Housing for staff nearby and perhaps district heating will help meet the HCC and BDBC climate change priorities. Building in the development

proposals including at GP level into the Local plan is essential. Overall transport links in rural areas must be fundamental to location of facilities.

Cancer treatment often means frequent visits to receive treatment and tests over months or years. Basingstoke residents currently benefit massively from a modern radiotherapy unit, and the DTC; the chemotherapy facilities are old and need replacing. Given the challenges of creating sufficient critical mass of demand to support comprehensive service delivery, and to attract the best and enough staff for safe services, how do you see cancer services being delivered in the new facility/system?

One issue which needs to be resolved is that a significant number of the elderly do not have access to the internet.

what is planned for the old hospital?

i agree with the above comment re internet access for all kinds of people - particularly on those on lower incomes or benefits. I would also ask what improvements will be made in how different services are linked and share information? I think one of the issues we have is that people often feel passed from pillar to post....

Are there plans to further invest in distributed services like Fleet Community Hospital at the same time, to plug the significant gap between FPH and Basingstoke - providing a more accessible and more sustainable service to the hundred thousand homes in Hart.

Experience during covid is that some consultants see video consultations as contacts which don't need to stick to an apt system, presuming patients will fit around the consultant's priorities. This would need to change, as patients have lives and priorities too - and some become very anxious and stressed with the uncertainty. Prior to Covid, nurse calls could be within very wide time parameters, as could GP calls - so addressing how to keep to an apt schedule would be very important. A small thing but crucial for effective remote consultations.

with an expansion in community facilities including using voluntary services, how will GPs keep up with what is provided where? if everything is in one place it is easier for referrals, more facilities means more confusion?

The biggest key to all of this, especially if access becomes more localised will be the need to ensure communication is maintained at all times. This will be especially with thoughts of the elderly. Everyone should have the same access to information (shared information) so that there are no mixed messages going out between doctor surgeries, consultants and social care working as one. If you can get that right, I think this will certainly streamline and provide a very efficient service to all.

Report written by: SE