7 July 2020: Healthwatch Staff and Volunteers- Online engagement session

Facilitator	Ellie Stennett	**Engagement Team**	SE
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust Dr Lorne McEwan – GP and Locality Clinical Director for Winchester, West Hampshire CCG		
Registered participants	**18**	**Participants on Zoom**	**15**

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

With any remodelling of services, we would want to see physical activity built into the care pathways. It plays an important role in individuals' physical and mental health and wellbeing.
Central to the consideration of services has to be existing and persistent inequalities in our community. Services need to be accessible, not just in terms of physical location but also how we work with and support the community.
COVID-19 has thrown up different and interesting ways in which we can work with the community e.g. GP telephone consultations. It has also left some communities increasingly isolated. What lessons can be learned? What needs to be taken forward? What needs to be left behind?
What role can community assets play in the provision of services in communities that do not routinely connect for health checks?
What role can the voluntary sector play in the future re-design of services? They have played a crucial role in the COVID-19 emergency response.

Better facilities and buildings needed. More provision for preventative support

Questions/Comments raised during online event:

QUESTION FROM REGISTRATION: What role can community assets play in the provision of services in communities that do not routinely connect for health checks?

> ANSWER: These groups are always challenging for us to access. Some groups we've tried to contact recently such as asthma groups who can be difficult to engage with. But what we've found over the last few months is that we can access them better, that we can use the technology we have to contact our secondary care colleagues more quickly to get advice. I have managed together with a respiratory specialist to arrange provision for a patient to be at home. Previously this would have taken months to sort out. The barriers between the various organisations of contracts and bureaucracy have been blurred and patients are benefitting from it. We can engage with at risk groups more easily. The challenge

for us is knowing who they are and that's where we need your support as the community groups have access to them.

QUESTION FROM CHAT: We at Citizens Advice have a new service "Home and Well" working with Utility and NHS partners to provide a wrap around service for patients leaving hospital. We want to develop video conferencing as part of that offer. How can we contribute to this project?

ANSWER: We're always open to ideas about that. That's probably one for us to pick it up outside this forum to look at it together.

COMMENT [Cont.d from previous question]: That would be helpful. Everything seems to be changing very rapidly within the NHS and we launched the project just before lockdown. The idea was to be alongside discharge teams in hospitals but that has completely changed. But we've all developed our processes accordingly and it seems the opportune moment to develop them further and to grasp how we can do things and show that we can work together to give support to the patients.

ANSWER: Discharge as a whole has always been an issue. Mainly it's down to communication when a patient leaves hospital. We [GPs] are usually the last to find out that a patient is back at home. If we get the discharge process right and the communication between all of us, and key to this is the idea of a single record, then we will get a better level of care.

QUESTION: How are you going to ensure that staff are empowered to act?

ANSWER: We are engaging our staff and wanting to reach all our staff. We're looking at all ways, means and channels to communicate with them. One thing we have learnt from other hospitals that have been built recently is the amount of input that their staff and patients have had. The children and staff co-designed the Alder Hey hospital and it is a principle that we want to take forward with our new hospital. They know best how the spaces need to be used.

QUESTION FROM CHAT: I am aware of two issues for older people in this context: Transport and rehabilitation.
[Cont.d] I work for Age Concern Hampshire. I'm pleased to see that you want to provide more services in the home or as close to home as possible as some older people can spend all day just going to hospital and then home again, so if we can avoid that it would be hugely helpful.
We have the Good Neighbours network provide transport to hospital but a lot of those volunteers are elderly themselves. And with people working longer there are going to be fewer volunteers available in future.
Rehabilitation - we do some work with Southern Health in rehabilitation wards to try to make sure that people have what they need when they go home and don't go back to hospital. I also wanted to make sure included in the provisions is a focus on all these older people we're going to have, that they don't just bounce between home and hospital as some of them do currently where they just need a bit more time on what was called convalescencce and regaining strength and confidence before they are sent home.

ANSWER: Transportation - my hope is that a patient never needs to go to hospital unless they need to stay there for the night. We should be able to provide other levels of care away from there. We're already using our primary care networks, as

practices come together, to provide physio appointments in the community. We have specialist consultants who come in and do specialist clinics within our networks without the patient having to travel. I know myself what it's like to park at the hospital and find your way through to the right clinic and it's very distressing for the elderly. A patient can do a lot of rehab in their own home and we should be supporting them to do that.

QUESTION FROM CHAT: Do the principles of the vision pick up sufficiently communities who do not typically engage with health services? So that we have better engagement, health prevention.

ANSWER: The principles are about population health. It's about those who need acute services and those who need primary care services. But we're also working with public health and with communities. We want to understand the wider determinants of health. Socio-economic factors and physical environment, housing, and employment are important to someone's health status. We are wanting to look at health creation not just prevention. There is some work already looking at garden cities, and with voluntary groups but we want to extend that.

ANSWER: Prevention is our job in general practise and it's our job to keep people well and healthy. We need to be able to give education - it starts in schools, in the family. If we can work together that will be key. We've seen people wanting to look after themselves better during Covid because they don't want to go to hospital. Changes are already being made so if we can keep that going it will make a huge difference.

ANSWER: The community has been a great resource for people. We need to look at how we continue to sustain that and enable that.

QUESTION FROM CHAT: Digital services have been vital to continuing to provide healthcare during this pandemic. Are you seeing any pockets of the population being disadvantaged due to digital exclusion?

ANSWER: It has brought great benefit but we are mindful there are some groups who are not able to use it. For example those with learning difficulties or autism, are we absolutely sure that this is the right communication method? In terms of the elderly we will be profiling the demographic changes so the design of the hospital will need to note that.

QUESTION FROM CHAT: how will you ensure you listen to people and carers in developing future services and support

ANSWER: We're at an early point but this project will fastrack this. We're looking at co-production. A lot of this engagement has meant we have a lot of people we can contact to take this strategy forward.

QUESTION: A lot of our residents use Basingstoke. To what extent are those cross-border issues being considered in this? Things like being able to share data, having a primary care appointment in Basingstoke but then having tests done in, say, Newbury, and that working seamlessly for the patient.

Thinking further ahead, it needs to be sustainable, so we need to think about what the world will look like then. One of the options is satellite offices and using digital technology to have the links. What about the possibility of a satellite office just over the border.
The Royal Berkshire Foundation Trust is going through a similar process at the moment and I welcome the way you have engaged all the sectors but to what extent are you talking to each other as there will be impacts? We could find there is a new hospital to the west of Reading and one in Winchester and suddenly we lose access to Basingstoke. Or vice versa, a new hospital in Basingstoke and one this side of Reading and you have a choice of two hospitals very close to each other.

ANSWER: We've had meetings with the Royal Berks and we are appraising each other of progress. We are progressing at about the same pace and targeting consultation at the same timelines. We've been invited to follow them and talk to them as we both develop options. We need to look at how we look after patients who, as you said, are using services at either the Royal Berkshire or at Hampshire Hospitals that we reach them and get their views as well. We're also looking at patient flows.
Regarding connectivity between GP and Trust records, that's a challenge even within Hampshire itself but collectively as a health system we are wanting to be able to have patient-linked records. There is a group at the ICS [Integrated Care System] level trying to get the data sharing agreements and frameworks in place. If patients consent to that, that would help the patients and us in trying to link up and get one shared understanding of what the records say across all the various service providers. It's an ambition and taking time but it is an objective for us. We would look at patients who go cross border to see how we could achieve this.

ANSWER: In the governance structure, we know that we have different pathways that do outside of Hampshire, some go north, some go east and south to Southampton so those other Trusts are partnering with us. As part of developing the clinical strategy we are talking to every one of our clinical groups to see where they see their services in the future, what their requirements are and also about where patients come from and go to.

QUESTION FROM CHAT: Self management - how will services be developed to build self management into care pathways?

ANSWER: Self-management is challenging. You need to get the will from the patient. We need to encourage that. Education is key so you need to get in early with education and into schools. We've been doing parkrun projects to keep people healthy.
But the reality is we're not seeing patients face-to face at the moment and we've seen that the amount of medication we're prescribing has gone down. We see that people are more keen to stay away from the health service and do things themselves. It's finding out why that is and what we can do to keep that going and support it. Key is getting the voluntary sector to support that. We're working with Hampshire County Council to develop things such as weight loss, so how do we help support that. Weight is not a medical problem, it should be something people are managing themselves.

ANSWER: We're also challenging ourselves to think about those services that have traditionally been provided in a hospital setting and we have got a lot to learn from other countries. A colleague had visited Sweden where they have a lot of self-

management with people being trained up to do some things themselves - not necessarily at home but coming into hospital to do it themselves there. It needs a different attitude to the way we do it at the moment

Chat download anonymised

Really happy to hear that staff welfare is a bit part of this project

We at Citizens Advice have a new service "Home and Well" working with Utility and NHS partners to provide a wrap around service for patients leaving hospital. We want to develop video conferencing as part of that offer. How can we contribute to this project?

I am aware of two issues for older people in this context: Transport and rehabilitation

We at Age UK Portsmouth have been working with NHS England to support discharge from Queen Alexandra hospital and to assist those who are deemed high risk of being readmitted to hospital. It had proved quite successful. Will a similar service be offered through the new hospital? Are there other ways in which the voluntary sector can support? - Oh don't worry! Lorne has answered my question

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Do the principles of the vision pick up sufficiently communities who do not typically engage with health services? So that we have better engagement, health prevention.

please add tothat lack of use of IT by older peopel

I have a point to raise about cross border issues.

q how will you ensure you listen to people and carers in developing future services and support

Self management - how will services be developed to build self management into care pathways?

We at Age UK Portsmouth have bought a suite of tablets which we are going to be sending out as part of a library system. The tablets are dropped off by volunteers and we have IT volunteers on standby to take calls and talk the recipients through how to use them.

This has been most interesting - I have another meeting now so will have to leave - thank you. Please contact XX - so I can connect with Julie and Shirlene.

I have another meeting now but thank you. It has been very interesting.

Report written by: SE