

15 July 2020: Andover Primary Care Network - Online engagement session

Facilitator	John Boyman – Head of public relations, Strategic projects	Engagement Team	Wendy Landreth
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Julie Dawes – Chief nurse, Hampshire Hospitals NHS Foundation Trust		
Registered participants	4	Participants on Zoom	4
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: None			
Questions/Comments raised during online event: COMMENT: There are roles coming over to PCN to boost capacity and increase scope in primary care but no space for them. We are looking at ways of freeing up space. We have a 20% reduction in capacity. We are undertaking more on the phone but there is more safety netting. ANSWER: Primary Care Network workers are vital in the plan and we must find a way of housing that. It includes physio, social prescribers, mental health workers etc. Won't be occupied by just GPs. COMMENT: GPs have nowhere else to go. Our vision is to make greater use of AWMH space for the Primary Care Network. It would help us to better interact with our consultant colleagues and nurse specialists. COMMENT: Elderly population are the ones that can't access video or send photos but they also don't want to travel to Basingstoke/Winchester. Video booths sited in Andover might make it easier for them to attend clinics. COMMENT: Lack of public transport. If an appointment is in RHCH then you can't get there using public transport. COMMENT: If site is near a motorway junction, please ensure you negotiate with Stagecoach to ensure adequate transport links. Can't be once a day, must be regular. COMMENT: Expensive to use volunteer driving or patient transport. £40 each way in a taxi. Volunteer driver is c£13 each way. If appointment is at 9am then the patient can't get there by public transport. There are also COVID and volunteer driver considerations.			

COMMENT: Andover MIU is out at the moment but there needs to be some sort of service for minor injuries. The prospect of nothing to go in its place causes a risk to patients. The population is 61k in Andover, GPs not skilled to stitch people up.

ANSWER: There is a small number of patients attending and a high requirement for staffing levels. We need to think about bringing in more than minor injuries, have a bigger selection of services which would mean less downtime for staff. Stop running lots of little services.

COMMENT: The challenge is finding other services to run, tissue viability for example. Who owns this problem?

ANSWER – Hampshire Hospitals play a part in this and the PCN have to also play their part.

COMMENT: Is there a risk that nothing will happen until we have a crisis?

QUESTION FROM THE SPEAKER: Do you get feedback as to why people don't give birth in Andover?

COMMENT: GPs have minimal dealings with pregnancy. Not all practices have a midwife coming in.

QUESTION FROM THE SPEAKER: Would you like to see GPs more involved in maternity?

COMMENT: Younger GPs don't have obstetric experience. There is no capacity to do it and they're not skilled to do it.

COMMENT: The estate for deliveries is poor which may have an impact on whether women want to give birth there. Women want to keep the same midwife for delivery and we are working on continuity of care. Currently at 37%

COMMENT: There is no space to have additional clinics run from Andover. Paediatric clinic run with GP and consultant has had a positive effect on referral rate to hospital. Might work in other areas but space is an issue. How does this work in a GP's working day.

Possible specialties diabetes, COPD and dermatology might work with this approach. It is currently difficult to find time to attend the MDT that we've got, if every specialty did it then it wouldn't work.

ANSWER – has to be instead of the appointment that the patient would have had and not as well as.

COMMENT: If we had additional diagnostic capacity it would help with elderly patients who refuse to do a 2 weeks wait to avoid RHCH.

COMMENT: if we had more diagnostics you might get more consultants buy-in to ambulatory care in Andover

COMMENT: Excited at the prospect of new buildings that are fit for purpose with good transport links and the opportunity to manoeuvre change. There is an inferiority complex in Andover with the feeling that we miss out on services.

COMMENT: Context is a long battle to increase primary care estate in Andover. Have managed to increase by 8 clinic rooms but this is a long way off meeting Primary care estate for population requirement.

COMMENT: with no additional money coming in, there are raised eyebrows moving everything closer to home, where is it going to go?

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NONE

Report written by:

Wendy Landreth