

9 July 2020: Community First (Winchester) - Online Engagement session

Facilitator	Ellie Stennett	Engagement Team	SE
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Naomi Ratcliffe - Cardiology Pharmacist, Hampshire Hospitals NHS Foundation Trust Dr Lorne McEwan – GP and Locality Clinical Director for Winchester, West Hampshire CCG		
Registered participants	13	Participants on Zoom	11

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

I want to ensure that people with long term conditions, with a particular interest in Parkinson's still have access to a good quality service, which will enable them to maintain their maintain their independence as much as possible.

Maternity services should be kept local so future parents can access the best medical care the closer to their homes.

Questions/Comments raised during online event:

QUESTION FROM CHAT: How do we get an assurance that this expansion stays within the NHS family and not a direction of Privatisation.

ANSWER: This is totally government-funded programme, funded through the public dividend capital and there will be no privatisation involved.

QUESTION FROM CHAT: If we're looking at a complete health and social care system how can we collectively steer more investment toward prevention and early intervention which is where voluntary sector plays a significant role?

ANSWER: Prevention is key to everything. The reality is that there has to be national guidance for prevention. It has to be widespread and constant. We as GPs hopefully have that at our core. Our challenge has always been that with our workload it always gets pushed to the background. We are so reliant on managing chronic diseases and interventions. If there were more access for us to services it would free up our time to do this. We have primary care networks now working as groups. That has allowed employment of other types of specialists such as social prescribers who are focussed on frailty, but also areas like children's mental health, exercise and wellbeing.

They have allowed us to really focus on prevention and key is the voluntary sector. We have always relied on the voluntary sector to support us. Sometimes there's a lack of knowledge about what there is out there and what we can do to work

together, and there should be more involvement in what we can do together. This programme is about breaking down the silos and creating one model rather than separate isolated blocks.

QUESTION FROM SPEAKER: From what you've done, what are the key challenges that we need to address to enable more of this to happen? What's stopping us?

COMMENT: Breaking down the silos and how we bring Hampshire County Council, Adult social care and children's services and public health fully into this. While we still have silos and sectors it's a challenge. Covid has taught us that we can break down those silos when we have to. This is a great platform to build on some of the things we have learnt from Covid and continue them, which is putting the patient or beneficiary first and then building the platform to support them and their families.

The challenge for the voluntary sector is around finance, funding and capacity and to offer something consistently across areas. The beauty of the sector is that it's magnificent and messy and it does some fantastic work but can't do everything everywhere because by its nature it's organic and some work only in certain locations. The solutions are not always going to be replicable in other communities, as communities are so diverse with rural and urban, older populations, and younger populations. Having the right interventions in the right place is key. It often comes down to funding and being able to sustain these interventions in a coherent programme rather than the sector looking in and feeling like you've got to go away, raise money, do a project, then have to go away to raise more money.

We could build on the great work on the social prescribers work. It is a very good platform and we need to do more to engage the sector and increase awareness. There is strong partnership work happening here between GPS and primary care and the voluntary sector.

QUESTION FROM REG: I want to ensure that people with long term conditions, with a particular interest in Parkinson's still have access to a good quality service, which will enable them to maintain their independence as much as possible.

ANSWER: Regarding complex medical care, if it doesn't really matter whether the hospital is on your doorstep or not, as complex care should be managed in the community and we really only need access to specialist advice. Some of the patients will need to go to hospital but that should be the rare occasion not commonplace. What we need is easier access for those people into primary care settings to see the appropriate people. Bolstering local care, and focussing the hospital we'll be improving the care. The location of those services should be on your doorstep.

As regards maternity services, if they are fit, healthy, young women giving birth they should be local or at home. Owing to a lack of community midwives, lack of knowledge, anxiety we have medicalised maternity services so let's focus in the community. But when you need hospital you want to have that access as quickly as possible. We need to think around the pathways and access, so whatever we are designing is fit for long-term purpose.

ANSWER: I believe in choice-based care and closer to home but it has to be right for that individual. A common thread with all of these questions is less about the services and more about a strength based approach - supporting our patients to live a healthier life and empowering them to take responsibility for their health and

wellbeing. And it is about maintaining independence. Maternity services need to stay local but that doesn't always necessarily need to be in a hospital.

QUESTION FROM CHAT: How is the public consultation going to take place, if large events are unlikely to happen before March 2021? How will people who aren't online be able to engage?

ANSWER: We would normally do this face-to-face in public accessible settings. In addition to some of our electronic engagements, we have asked others to help us reach who we may not be able to reach in this way and whether they would be happy for them to engage with their people. We will be asking everyone - if there are people who we haven't reached and you have access to them, we need your help. We've touched base with our councils and CCG as well. For example, because we're supporting and housing the homeless as part of Covid, we can reach them more easily.

The cost of snail mail is covered so if you'd like to contact us - we have a freepost address for people to respond to.

QUESTION FROM CHAT: Covid19 has exposed the shortsightedness of NHS Managers by reducing beds overall... from over 300 000 in 1987 to less than 145 000 today. Mental Hospitals and Geriatric Hospitals were shut down and patients are now at the mercy of Society in General. The NHS is short of over 100 000 medical staff including Nurses and Doctors. How will you cope with these shortages

ANSWER: In terms of beds, we're looking at current bed numbers and projections. This facility will need to take us through the next five decades. We're looking at the numbers from the Office of National Statistics and working with Hampshire County Council as well as they have policy-based forecasts to help us. We are looking at the patterns pre-Covid and also looking to work with our partners to keep people out of hospital and see what all that means for the number of beds

ANSWER: There are some things outside our control - national policy for example What is within our gift is to consider how we use our doctors and nurses and how we recruit and retain staff. It's trying to pick out key skills and how they can contribute to that whole team approach.

How do we put Hampshire on the map and attract staff into our area? Having new facilities and new ways of working and working between us is a really powerful message.

ANSWER: Regarding recruitment, it's more about using us properly. We end up dealing with a lot of things that should be dealt with by other services.

QUESTION FROM CHAT: Please can the question re Parkinson's care and support be addressed?

ANSWER: As a GP I am not an expert on Parkinsons. I know there are plenty of services out there and consultants in hospitals. What we want is good access to senior advice and the voluntary sector to support at home as well as community and social care. It's about bringing together the complex needs of those with Parkinson's such as mental health, physio and occupational therapy. What we can do as a community team is bring all this together. We currently have disparate groups and lots of referrals. We can alleviate the fact that we don't have enough by

using people correctly and having the right person in the right place at the right time.

QUESTION FROM CHAT: Given the ageing population we're invariably going to need more volunteers and significant and increasing reliance on unpaid carers. Support for carers is critical alongside engagement of adult health and social care and the wider care sector.

[Cont.d] Through Covid we have seen a significant increase in the number of unpaid carers. There's going to be an increase in the number of those caring in line with the increase in the ageing population. It's recognising that that increase will need to be a component of the system, not a default add-on where people who find themselves in a caring position have to learn on their own. We need to recognise those carers and they need to be an inherent part of the solution not the solution. The wider care sector needs to be part of the conversation.

ANSWER: We inadvertently rely on that level of support in a reactionary way rather than planning for it, supporting it and enabling it. Unless we do that in the future we'll find that support dwindles which will have an impact on health and social care as well as individuals.

COMMENTS: Social prescribers are amazing but they are predominantly linked with primary care at the moment but if you're developing a new service one of the things to consider is how to engage with social prescribers.

Another project - the Home and Well project through Citizens Advice. You need to think about how the community sector engages with the primary sector and secondary sector. The culture in my experiences can be quite different. Bedrock of how the community sector works alongside primary and secondary care. How would you be working with organisations like that? There's a lot of ideas. You've got time to think about how this might work in a few years time.

ANSWER: Two years ago I had never heard of social prescribers, but it has been absolutely brilliant having them on board. They made a huge difference to a large number of people and in such a varied number of ways. The more social prescribers the better. This is about community and keeping people at home.

COMMENT: We also have social prescribers who aren't paid by NHS England. There's a model which could have trained volunteers also working within the secondary care setting. This is another consideration about how the voluntary and community sector, paid and unpaid social prescribers, how they could work very effectively with secondary care if that was planned in.

ANSWER: We have started some early discussions about how to do this. This is very neighbourhood-based and supported differently in different geographies. The focus could be neighbourhoods, and the PCNs are a part of that. We were wondering what in terms of community leadership that we need to start to bring together? How do we collectively enable that to happen? We'd love to learn more about what is possible.

QUESTION: If we're talking about completely remodelling the system, what does this mean about GP surgeries because most of them are bursting at the seams? If we're going to have consultants coming out to the surgery, how will that be managed? Or do we go to the idea that we have new health hubs where these services are knitted together? I can

see that most of our GP surgeries at the moment are not fit for the purpose that we're talking about.

ANSWER: What we've found with Covid is that our GPs are often working from home, and our medicine is being done remotely. You may only need a small team to physically see a patient. That's not ideal and we don't want that model to carry on long-term, but some sort of adaptation of the two would free up some space for others such as physios, mental health staff, the voluntary sector and so on. I don't think we have any plan on the table as regards our GPs surgeries. It's a very complex discussion, but a health hub/campus has a lot of merit and brings all these services to one location which includes things like diagnostics. That's the sort of model we want to create.

QUESTION FROM CHAT: What is being done to reduce paperwork in the NHS....

ANSWER: It's all electronic since Covid. I send fit notes and sick notes by text message. I have photos emailed in rather than printed out. Discharge letters are coming by email. It is unrecognisable - we no longer have a fax machine. Paperwork has diminished but the golden bullet to all of this is a single clinical system across GPs and hospitals. One service and one health system will greatly reduce that.

Chat download anonymised

How do we get an assurance that this expansion stays within the NHS family and not a direction of Privatisation..

If we're looking at a complete health and social care system how can we collectively steer more investment toward prevention and early intervention which is where voluntary sector plays a significant role?

I'd recommend we look at use of community buildings as hubs for health and wellbeing services.

How is the public consultation going to take place, if large events are unlikely to happen before March 2021? How will people who aren't online be able to engage?

Covid19 has exposed the shortsightedness of NHS Managers by reducing beds overall... from over 300 000 in 1987 to less than 145 000 today. Mental Hospitals and Geriatric Hospitals were shut down and patients are now at the mercy of Society in General. The NHS is short of over 100 000 medical staff including Nurses and Doctors. How will you cope with these shortages

I agree, as a Social Prescriber in the Havant & Waterlooville area and being in post since August last year, we are looking to move to a more community setting to reach more patients, especially as the PCN extended team grows and space within the GP practices becomes more needed. We are now already using different venues to achieve this. We also see all ages and all cohorts, so GP's can refer any patient for social prescribing - this allows us to see the gaps more clearly.

There are costs associated with snail mail! Will these be covered?

Given the ageing population we're invariably going to need more volunteers and significant and increasing reliance on unpaid carers. Support for carers is critical alongside engagement of adult health and social care and wider care sector

Please can the question re Parkinson's care and support be addressed?

I work with a number of community projects including facilitating support primarily in the SE Hants CCG area's Social Prescribers - how could this relationship with secondary care be developed? Also, I work with Citizens Advice Hampshire's countywide Home and Well Project - which started pre C-19 working with teams in Petersfield hospital, St Mary's hospital IoW, University Hospital Southampton... to support vulnerable people being discharged from hospitals by offering a Home and Well NHS Direct Referral wraparound CA service to reduce 'bounce-back' - perhaps this approach could be planned for and/or embedded more in a new/future secondary care structure across Bas & Win hospitals - building upon excellent CA services that already exist?

to add to previous comments could we consider models of a 'health campus' ie co-locating primary care, social care including residential and the voluntary sector, alongside some of the services currently offered at hospital?

I welcome more multi disciplinary team working!

What is being done to reduce paperwork in the NHS....

Covid19 has doubled the average death rate of all causes. GPs are not overloaded because of Covid19.

Engagement Support: To submit your views by post, send your name and address to FREEPOST Hampshire Together (no stamp required)

Report written by: SE