

9 July 2020: Online Engagement session for the people of Winchester

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	Elliot Nichols Ellie Stennett Caroline Latta Gail Cobb Sian Elmslie
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust Dr Lorne McEwan – GP and Locality Clinical Director for Winchester, West Hampshire CCG Dr James Kerr - Consultant in Emergency Medicine, Hampshire Hospitals NHS Foundation Trust Dr Matt Nisbet – GP and Clinical Lead for Business and Partnerships, Hampshire and Isle of Wight Partnership of CCGs Sharon Stone – Clinical Matron, Hampshire Hospitals NHS Foundation Trust Dr Nigel Smyth - Clinical Lead for Stroke Care, Hampshire Hospitals NHS Foundation Trust Dr Jay Chitnis - Clinical Lead for Emergency Care, Hampshire Hospitals NHS Foundation Trust Jo Holland - Clinical Midwifery Matron, Hampshire Hospitals NHS Foundation Trust		
Registered participants	231	Participants on Zoom	141
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>The City of Winchester is big enough to require it's own hospital and the city is growing further. It is not acceptable to move important services to remote locations that require transport to reach. Reducing important, core services is not acceptable.</p> <p>A downgrading of the Romsey Road site, in particular of the A&E and maternity departments, would be a great loss for Winchester and also unnecessary. I feel that just because the hospital in Basingstoke is falling apart, the residents of Winchester should not lose vital facilities as a result. I also strongly object to the use of a greenfield site (which has been suggested before) and paving over more of beautiful Hampshire, in the pursuit of some inane and pointless cost savings. What price can be put on health?</p> <p>Winchester needs to have a hospital</p> <p>I am concerned about the cost of building a new hospital and whether that is private money or not. If so the terms of repaying a massive loan like that will be crippling. Re</p>			

Services - local is best in terms of travel - therefore services run down in Winchester or Basingstoke/Andover will be felt as a loss. Some of the costings that are publicised I am confused about as we have one of the leanest health services certainly in Europe - therefore I cannot see that the cost of paying for the NHS has gone up - I am concerned about the fracturing of the service with some parts of it being run by private companies therefore public money going to pay shareholders. I am concerned about staffing - I do not think we should be pinching staff from other countries but investing in our own young people and their ability to train as health staff. Mental health services are a poor relation within health services keeping local services surely has to be better.

Would be seriously concerned if we lost the A&E Dept and Stroke Depts at Winchester. Have needed A&E in the past and far superior service to Southampton regarding wait times etc.

RHCH should remain a general hospital covering all surgical departments and an Emergency Department. As an older person living alone with no family near, having to get to Basingstoke is extremely difficult as I found recently when I had to go to Basingstoke for a Covid 19 swab, prior to surgery. I am presumably not the only person in this situation. I am under 3 clinics at RHCH and would find it impossible to travel farther away.

Winchester cannot lose emergency care, maternity care. It would be so wrong if the RHCH was downgraded given the demographics of the population it serves. Better mental health provision is essential.

I am seventy years old and had a minor stroke ten years ago. I am concerned that as I get older and more likely to need NHS care I would have to travel to Basingstoke rather than Winchester. Small and local tends to mean human and accessible rather than large and impersonal.

Keep A&E & emergency care at the Royal Hants County Hospital!

As previously given, either knock down and build a new community hub at Winchester for primary care, social services, community, sexual health, maternity check ups, podiatry, voluntary sector, etc and move EM, ICU, Surgical etc out to a new site such as Bushfield Camp - easy access for SCAS. Or sell the Winchester site for development and put all services into a new site.

Important to keep a wide range of services close to major centres of population so as to avoid difficult travel constraints

The budget needs to be increased and indexed
Social Care needs to be integrated with all aspects of NHS and care provision generally
Governance and ownership of care homes needs investigation and policing

RHCH is the most fantastic hospital and it will be the saddest day if it has to shut down some of its services. I have used it for ever. As to knowing the best route forward I must leave that to the experts....if only I had some suggestions!

I am extremely concerned about the location of any new emergency department and other major in-patient facilities. How will administrators ensure that patients and visitors who live in the villages around Winchester with poor public transport and poor access to major

roads reach any new hospital facilities quickly? Through roads to the M3 in Winchester city centre are being blocked off by the city council

A priority must be minimising need to use transport other than walking, cycling as much as possible - we need to decarbonise transport and increase active mobility

I would like to see some sort of injury treatment available at Winchester (e.g. a Minor Injuries Unit) if A&E is to go. It would also be useful to continue to access outpatient services and pathology.

very important to retain A and E and also Consultant led maternity services

As a frequent user of RHCH for some years I am interested in the plans for the existing site. Although the site is difficult to navigate and the car park access appalling it is essential to keep this location as opposed to moving far away. It also seemed a strange decision to use such a large part of the site for Student accommodation (non-hospital) which has added to the general congestion.

There needs to continue to be a provision in Winchester for maternity and A and E. Staff need to be better trained in coping with disabled children; they should not keep them waiting beyond appointment times, unless for exceptional reasons. Therapy services need to be more patient focussed: including orthotics. The maternity care felt dangerous at times.

The local hospital is very good. And is easy to get to. Please do not let them close it.

Should not be built to generate more demand, suck more NHS spend but should support the needs of the patients and should allow integration with the rest of the NHS health services not stand alone

A new hospital for specific services (eg oncology, paediatric care, or A&E and intensive care) to take the load off Basingstoke and Winchester hospitals, become a center of excellence for the northern part of Hampshire as Winchester and Basingstoke and Andover hospitals are overwhelmed with patients and have run out of space as well as has old buildings and old equipment including temporary porter cabins which have been used for many years. They need investment too which will be possible after new hospital is built.

The hospital needs to be accessible for public transport bearing in mind we should not be using our cars too much in the future

I am very concerned about the way this very important topic has been presented particularly to elderly Winchester people who have no idea how to participate in an online discussion having been given 2 days notice & 1 hour for the discussion. Clearly the impact of the location & services provided by a new hospital serving a large area of mid Hampshire on the services currently provided by the Royal Hampshire hospital is a major concern particularly on Strokes & Emergency Services.

All areas of the NHS should open for discussion and whether the NHS is fit for purpose in the 21st century. We need to learn from other countries how and if & why their records on disease exceed those in the NHS. We need to question whether NHS England is also fit for purpose and if not how can it get better in its existing format or if it needs supervening

by something better suited. Most NHS digital systems have failed and spent £millions in doing so. There has to be a partnership with external private providers of various services and GP surgeries that can take many day care operations out of hospitals. It is not about blame but about learning from mistakes, so as to avoid repeating them. If it means further funding then so be it. Failed appointments should be charged. Emergency departments should be for emergencies.

I think we need to maintain Winchester County Hospital a&e

Maternity services not to be centralised at Basingstoke otherwise you'll lose clients from south Winchester.

Accessibility is primary concern - how far to travel to services. Public transport links and car parking also an issue.

As a carer for my elderly mother any necessary visit to hospital would need to be at a close location as she would not be able to travel a long distance and then have to cope with the 'hassle' of using a wheelchair to be taken from car to appointment room etc. Recently we have accessed an NHS appointment online (Teams) which was very successful and overcame the these types of difficulty. Not ideal for everyone but I would hope NHS will extend this type of service wherever possible as the time/cost/environmental savings could be massive. I would have thought this service could be facilitated by the use of trained volunteers provided with suitable IT equipment.

I have used A&E for a broken ankle and consultants' and other clinics at RHCH and been able to visit in-patients. I don't drive and the thought of not having a local hospital in Winchester is really worrying. We have a large population including many who travel to the hospital on public transport. Should they go to Basingstoke on the train - if there is one? If they could summon Patient Transport what would this cost? How long would they wait in pain?

Keep A&E, Maternity and all other departments at RHCH

How can you give assurances that any future hospital will provide suitable A&e facilities with quick access for those that live in Winchester itself?

Its essential that Winchester retains its A&E capability. Having used the service on a couple of occasions it was first class and the locality of it prevented any further anxiety of having to travel to an unknown location in another part of Hampshire. Centralising services may save some costs but i don't believe it services local communities.

I think that RHCH provides an excellent service and, if thought necessary, should be upgraded.

What lessons have been learnt from the disappointing outcome of the original hospital and what are you looking to do differently to ensure better outcomes? How will this programme effect Winchester people with regards to treatment outcomes ensuring cohesion when seeing specialists at different hospitals esp if cross referral in cancer care from surgery and oncology for example

1. I live within walking distance of The Royal hospital, my daughter had asthma and has been 'blue-lighted' there. My son and two daughters have been born there. I use the services periodically and easy access is a really important.
2. The building is old and clearly not fit for purpose. It is iconic though and I would be disgusted to see yet another housing estate built there. Winchester is already far too overloaded with new housing. This is very, very important as the building must instill many feelings in the local community. It must be protected.
3. I'm not sure if it is a question of a 'new hospital' as there are different services which are provided e.g. there could be small local services for diagnostic support e.g. bloodtests, scans, xrays. Whilst it may be tempting to centralise these, this is where things start to go wrong with people getting frustrated with long trips and long waiting times. There could also be for example be local cancer treatment i.e. outpatient services could be localised. This could extend to maternity services which are not illnesses and which benefit from a local touch point with midwives etc.
3. Planned Operations, inpatient care etc could be centralised to provide flexibility and specialist staff etc - also this is where I would think the biggest footprint would need to be.
4. Integration across all the services is key. This is where things go wrong and there are many times that time is wasted simply on appointments, referrals, prescriptions etc. I personally have spent more of staff time sorting out a simple diary of appointments (where there are three kept internally) than on the actual appointment.
5. In terms of a new site, if local services are maintained then it may not matter where it is. If it is all centralised, then I think you will have many angry people who now have to travel hours for a simple appointment. The most important thing about any new site is that it is accessible. Replacing Southampton for example would be a disaster, it is horrible to get to. Winchester Andover Basingstoke less so, but they all have their downsides. A new site outside of these areas has its attraction - but possible not for staff . To an extent it depends on where the centre of gravity of the population is & the transport links. This makes Winchester quite a good option - as it is quite central in the County and has good rail and road links.

Consideration of travel options to location removing need to car or park and ride.

Consideration of alternate modes of transport - train, bus, bike, walk...

Consideration of multiple specialist sites - outpatient more focused in community settings.

How can health integrate with existing / other aspects of daily life in a more effective way.

I do not support centralisation of health services

I think any rumours about Winchester no longer having an A&E department is unsuitable - as a medium sized city Winchester should have a hospital fit to serve its citizens. The movement of services to a potential 'mega-hospital' one-stop-shop in Basingstoke would add a barrier, both in terms of physically getting there and the cost of getting there to accessing services for those in Winchester. Should this be addressed. the accessibility to those, particularly those with mobility impairments of difficult financial situations MUST be addressed completely before any proposals are approved.

A local hospital providing full service capability in mid Hampshire - Winchester specifically is essential - considering the population & housing growth in this city

It is wrong to consider changes of location in isolation from planned and possible changes to delivery of care in the next years - for example, the development of GP triage systems, plus technological advance. The two must be considered as one.

My concerns are around accessibility especially for those who find travel challenging. Also any increase in the burden on patients including the time hospital visits take, travel costs, waiting times.

A future hospital with easy access with transport and plenty of parking.

The location is incredibly important for many reasons. i believe the best site for the new hospital is the Sir John Moore Barracks Winchester it is easily accessible for everyone. the site is large enough for a hospital, key workers housing and some small industrial units for start up medical industries that need to work with a hospital to develop new products. Access is good by road, rail and air. Staff prefer to live in this area so it makes logical sense to build there. if the old hospital site is sold it is by far the most valuable site under your control thus reducing your build cost total. As the government would like to close Winchester Prison as well it increases the value of your land holding.

Get on with it! There has been talk of building a new acute hospital for Winchester and Basingstoke for decades, but this never seems to materialise. Is there now a deadline for reaching a decision and turning talk into action??

As many elderly people are unfairly accused of bed blocking would it not be prudent to have a cottage hospital in Andover , Basingstoke and Winchester where the vulnerable elderly can convalesce in a more homely and less frantic environment to free up valuable Hospital space? It might also be easier to attract reluctant mature nurses back to a less challenging role.

I'm passionate about trying to halt and reverse NHS privatization.

The Emergency Department at Royal Hampshire County Hospital should remain open.

Seek to increase the number of services that can be carried out in GP Centres / Community hubs e.g. why do Warfarin /INR checks have to be done at Winchester Hospital. Could more efficiently be done by nurse at a GP Centre.

I think it is of paramount importance that we retain full NHS services as at present in Winchester for several reasons. Firstly,if the Royal Hampshire County Hospital was downgraded there would be many elderly patients in the area that would have great difficulty in getting to appointments if the new hospital is built on the site of the present Basingstoke Hospital. Secondly, RHCH is strategically placed in relation to both the M3 and the A34 and to a lesser extent, the Bullington Cross junction with the A303. As these roads, and the A34 in particular, are subject to frequent accidents, if the A & E Department at RHCH was removed this could mean the difference between life and death for accident victims. Furthermore, by downgrading RHCH this would result in additional traffic pollution in the area due to the extra journeys that would be necessary to get to appointments in Basingstoke, which is already subject to high traffic volume with more housing developments proposed.

The new site near the M3 should become a centre for all acute/hot services reducing Basingstoke and Winchester to Minor Injuries Units/and outpatient clinics, in effect just larger versions of AWMH.

Either BNHH or RHCH could continue as 'cold sites' with an HDU/small ITU for the pseudo work and elective but complex cases.

If you remove acute services from Winchester it will not benefit families in Winchester and the surrounding Hampshire area it covers. You will endanger lives with emergency ambulance transportation between hospital bases. People will die Without dignity because they are at one site, deteriorate and need transporting to the acute base. They will die in ambulances and if this was your relative you'd be devastated. This is the worst time to transport someone -when they are critically ill. You will isolate patients because their local support network (their families) can't get to them, you will lower mood, destroy mental health and the impact of isolating patients this way will undoubtedly cause an increase in stay which causes an increase in cost. You will lose your "client Base" from Eastleigh as they won't travel up to Basingstoke or whatever area you've identified in between. They will go to Southampton which already struggles to cope. Please don't lose the friendly, personalised service that is currently provided. Walking in to Southampton Hospital has a completely different character to our Hospital. It is instantly recognisable as different when you walk into the building and patients always remark how friendly our hospital is. All staff will need to drive which is worse for the environment. All families will need to drive. Public transport will not run appropriately regardless of whatever is promised.

Concerned about reduction in emergency services.

Must be commutable via public transport from Winchester. Share key areas of treatment between RHCH and Basingstoke eg Cancer treatments,

We must keep A&E at RHCC (Winchester)

Moving A&E and stroke care to Basingstoke would result in Winchester residents travelling an additional 30+ minutes (each way) to get care in emergency and 60+ minutes to visit in-patients after admission.

I believe Winchester should retain the Royal Hampshire County Hospital .It provides an excellent service and is well repected by the residents of Winchester.

I can understand the rational and benefits of building a new hospital where services and skills can be centralised but I am concerned that older people will have difficulty accessing services they use at present because of distance and transport difficulties.I am also concerned about hospital staff being able to get to work and the costs they will incur.

To make a decision we would surely have to understand (a) impacts on the ambulance service and resourcing (b) data regarding speed of treatment

I am open-minded about change and particularly interested in improving the interface between health and social care

Acute, A&E and maternity care hospital needs to remain in Winchester.

I am very concerned about the potential closure of the Winchester RHCH Accident and Emergency Department. Will a thorough study of traffic flows and likely ambulance to hospital travel times be performed to ensure that urgent cases, e.g. heart attacks and strokes, arrive in A&E as fast as is possible today?

I am completely against the running then closure of departments at RHCH by NHHNSFT and support the retention of a fully equipped DGH in Winchester. Basingstoke has a self-serving agenda.

Concern about possible loss of A&E and acute services from RHCH

Winchester Hospital should be kept and modernised - retaining its emergency function and all other departments.

Social care and the NHS need to be rolled up into one system. Local communities need to be given responsibility for driving this. Such a system is being piloted by Andy Burnham, Mayor of Greater Manchester. I heard an interesting talk by him to Fellows of the RSA (the Royal Society for the encouragement of the Arts, Manufactures and Commerce)

Don't close any existing hospitals

I am concerned about loss of services at RHCH

I recently retired from a nursing post at the RHCH, and live in Winchester. So I know the local population well, and their medical needs. How on earth can people from Winchester and its environs go all the way to Basingstoke for health care? Not everyone has a car, or access to transport. Not everyone can afford to travel so far in a taxi or on public transport. The coronavirus has shown us that we need more local facilities and not fewer. I hate the way this has obviously been planned while we were all preoccupied with the pandemic. It is shameful and underhand. Why propose such changes at a critical time? Who will this benefit? Some developers and NHS managers perhaps, but not the population it is supposed to serve.

Want to keep Winchester hospital open and the A&E too. Local care is important.

Winchester should 100% have its own hospital

Maintain existing service at Winchester.

We are keen to see as many services as possible retained at Winchester, especially those services such as emergency treatment for heart attacks & strokes, where a rapid response is essential to successful treatment. This is also essential for emergency admissions for complications of pregnancy & diabetes Type 1. These are conditions that have affected our family directly & we have been extremely grateful for rapid & excellent treatment.

Questions/Comments raised during online event:

QUESTIONS FROM REGISTRATION: Maternity and emergency care are big themes that have come through on chat and through comments made during registration.

THE PROGRAMME RESPONDED: There really isn't a plan at the moment and we are going through this engagement with you, our staff and next week we start the in-depth review with each of our clinical services to look at how the service is going to be changing over the next decade, two decades.

Regarding having emergency departments locally, I recognise that we need to balance what it is we need to have locally and what there are benefits travelling a little further for. As you know we have our stroke services in Winchester and our cardiac services in Basingstoke. The Ambulance service will take our patients to the most appropriate hospital for what they think the problem is. If you fall over and

break a hip or break a large bone you will go to Basingstoke. What we need to be thinking about is, what is important for people to have locally so we can factor that in.

THE PROGRAMME RESPONDED: Thank you for coming. I know everyone is very anxious and I have been trying to keep track of all the comments about if a decision has been made. We are here to listen to you about your concerns and expectations going forward. We want to use the opportunity to make our future a different one. Over the last few years we have struggled to treat patients in our emergency department in a timely fashion and to provide a level of care we would like to provide. We're using this as an opportunity to integrate services at all levels and see how we can care for all types of emergencies in the best manner possible. The challenges have mainly been around estates having adequate space and adequate staff. Funding for a new build is an opportunity for us to redesign pathways and processes for delivering emergency care in the best possible way.

THE PROGRAMME RESPONDED: I want to pick up on maternity. I've seen some comments about the importance for local maternity care for multiple appointments for perhaps older mothers who want to have services locally.

THE PROGRAMME RESPONDED: At the moment we're offering lots of additional services at the hospital because of Covid but going forward our main point is to provide the services that Better Births say we should be providing which is the additional option of having an alongside midwifery-led unit, which we're unable to do at the moment. The antenatal appointments are the main reason for multiple visits to the hospital.

QUESTION FROM CHAT: Will it be a Teaching Hospital?

THE PROGRAMME RESPONDED: We are actively speaking to the universities about what we can do collaboratively. We're keen to engage with education partners.

Regarding the previous point about sites: we are looking across north and mid Hampshire. There are no sites that have been selected. We are looking at availability then we need to do some detailed work around the criteria that needs to be applied including affordability and deliverability. All of this to be able to then come back with the potential options.

QUESTION FROM CHAT: If Winchester A&E is taken away will there be a local ambulance service to ensure speedy attendance for heart and stroke patients

THE PROGRAMME RESPONDED: In terms of stroke care, Basingstoke and Winchester merged because we realised we couldn't provide the care we wanted across two sites. So early on, we localised onto the Winchester site because of a small pool of consultants and a small pool of specialist therapists. If you have your stroke in Basingstoke, Andover or Winchester you'll come to the RHCH and it has enabled us to provide a 24/7 service. So you receive your acute, clot-busting drug any time of the day or night, any day of the week and you get the same service regardless of when you come to hospital. People want to go to a specialist as soon as possible. If they have to travel a little further to be able to do that, it is in their best interest.

QUESTION: I'm fully in favour of all these streamlined ideas and the future sounds wonderful. Parallel to this is how we fund it in future as individuals. We can't do any of this without massive reforms around how we pay into the service. It's not working at present and it's completely unsustainable with the demand that is increasing week by week. Will you take into consideration the way everything is going to be funded in future? We've already got a huge deficit.

THE PROGRAMME RESPONDED: That's a really good question. As you rightly say it is a complex issue. We are working as an integrated care system looking at a number of strands. How does prevention play into this? How do we keep people well? We have seen a lot of community support during Covid, where people are supporting each other in the community, and can we continue to support this and keep people well.

We are working across health, social care and with our voluntary sector partners to understand what it is we need to do, so we are all aligned. We have some projects that we are co-investing in. We don't need to wait for the new hospital to start doing this. We understand we will need reform at the national level as well. We will continue to engage nationally to see how we can achieve this together.

COMMENT: We need to pay more money. That's what it comes down to.

QUESTION: Who is on the developmental committee that is going to drive this forward? I have an observation: we have this wonderful opportunity with a new, high-technology, modern, state-of-the-art medical facility and I've heard some very well-meaning and highly professional people talk this evening but do we have a model that we're aiming for? Is there an excellence model that we should try to mould where we are going in the future? We have a lot of aspects coming into this such as social services, medical, tertiary care and primary care. It's a complicated aspect and we need to bring this together. Is there something we're aiming at as a strategic view at this point? Not saying that we have to stay with it but at least aim for it.

THE PROGRAMME RESPONDED: As regards who is involved - the Hampshire Together programme is Hampshire-wide which is why we've got the Integrated Care System, that includes all commissioners, providers, and primary care so we have all the sectors involved. They will be a key body. We have the Integrated Care Partnership in mid and north Hampshire. There are statutory, legal obligations that the CCGs will need to fulfill so they are a body that will have some responsibilities. HHFT [Hampshire Hospital Foundation Trust] as the organisation receiving the funding will have legal responsibilities as well.

There are multiple groups who will be developing this. We will be working with our NHS England and Improvement colleagues and our DHSE [Department of Health and Social Care] colleagues as well as our Treasury colleagues.

THE PROGRAMME RESPONDED: We haven't got a plan. We will be coming back to you with a proposal at the beginning of next year. We are working with all the services and with all the partners to challenge ourselves to think about how we could deliver our services really differently. So using technology, different innovation and changing the way care is delivered. It is a massive opportunity to do just that. And looking also at other hospitals. People have mentioned Southampton and Portsmouth and about whether there are some services that would benefit coming together on a Hampshire-wide basis. Now that might not mean moving them together but just running them differently and using different technologies.

This is such a massive opportunity. It's such a massive investment into healthcare in Hampshire so we need to use the opportunity and make sure we think about every possible element. Your points are really valuable to us. This is about *our* health care.

QUESTION FROM CHAT: What would any of this mean for the future of Winchester Hospice?

THE PROGRAMME RESPONDED: This will not affect Winchester hospice at all. It absolutely carries on, as do many many services within Winchester. We're doing our last big push, the builders have gone back in after a Covid gap and it's looking amazing. You can now really imagine it becoming a healthcare building.

QUESTION: It's great to have all the local engagement, but none of us are experts. It's very difficult to make comments when it's so complex and without seeing a proposal. We need a base. You must have some core plan or idea and I'd love to hear someone say that. Next year seems a long way away by then it's almost like the train is set. There must be the one minute overview proposal.

You are trying to join the dots for all these services, but is this a local decision? There must be best practice everywhere. If it's localised by county you're going to have 36 different set-ups. So where does the national piece of this come in, to provide best practice?

We need to turn this on its head. The system we have now, as much as many parts of it are brilliant, clearly needs completely reinventing. In the private sector we have changed our business model overnight owing to Covid so I think it can be done and has to be done. I agree we should not be obsessed with location, it's about the service requirements. There is a demand for localisation. We want to travel less, we want local, we don't want to be sucked into the big hospital thing but clearly if there's 24 hour professional consultant advice in one location that makes sense in terms of staffing. It's think global, act local. If you were to say there was going to be one big hospital in Basingstoke covering core services of which 80% are stroke heart etc that is best served in hospital but 80 % of the things are day-to-day localised stuff that could be done locally with GPs doing much more of the stuff but we don't have to wait for a week. It's that joining of the dots and 'think global, act local'. That would be fantastic but if that is going to happen in 36 different ways across the country that is super inefficient and that's when the money gets poured down the drain.

THE PROGRAMME RESPONDED: As regards what is the proposal - there genuinely isn't a proposal at the moment. We're in listening mode - we want to know what is important to you. If we had come to you and said this is our proposal, we would have been accused of making decisions behind closed doors. So we've been transparent the whole way along. We will come back to you with a proposal next year.

The formal process we have to go through means that the Clinical Commissioning Groups have to consult on a proposal, and it's the Clinical Commissioning Groups who will lead on that. And it is the Clinical Commissioning Groups that will make a decision so it is absolutely a local decision.

To explain Clinical Commissioning Groups - they are NHS bodies. They are clinical because they are led by people like Dr McEwan and myself. They commission, they purchase services on behalf of their population and they are groups because they are member organisations. The members are the GP practices in the area they cover. The Hampshire partnership of clinical commissioning groups is 4

Clinical Commissioning Groups which club together. Collectively we cover a population of 800,000 and spend £1.6billion of public money a year, which is a responsibility you take seriously. So those are the people who will ultimately make the decision.

There is best practice and a lot of the work on this comes from stroke medicine in London. If you'd had a stroke in London 20 years ago, you would have been taken to one of about 30 hospitals which dealt with people who'd had strokes. If you have a stroke in London today, you'll be taken to one of 5 super specialist stroke units. The ambulance would probably drive you straight past 2 or 3 hospitals which previously would have looked after people who'd had strokes. But we know that people's outcomes are better being looked after in a specialist unit than they were being looked after in smaller non-specialist units.

A lot of the thinking behind the work that we're doing comes from that kind of work. We think the same probably applies in areas such as maternity. We currently have two small to medium size maternity units - obstetrics is a surgical specialty, it's a practical skill. It's much like any other practical skill like chopping down trees, or flying a jumbo jet - the more you do, the better you get at it, and the more you come across you come across things going wrong, the better you'll be at managing those things. We all know that occasionally in childbirth things do go wrong and so in similar ways to the stroke units having better outcomes, we think the specialist maternity units will have better outcomes when things go wrong. That's the sort of data we're looking at. I noticed a few comments about data as well

As regards 'think global, act local' I'd come back to our central mantra which is that we're wanting to provide people with the right care, in the right place at the right time. This is not about centralising all services at all. It's about improving the quality of the specialist services we provide people and about providing as much as we can for people outside hospital and close to, or in people's homes.

QUESTION FROM CHAT: Please outline the 9 sites that have been shortlisted and why they are shortlisted.

THE PROGRAMME RESPONDED: These 9 sites are not a short list. We're looking at sites that could accommodate a new hospital. The funding is for a new hospital as well as upgrades. The initial option study is to find what is available in north and mid Hampshire. Nothing has been short-listed because we need to do further detailed work on availability and also to have land agents to establish affordability for us and look at deliverability in terms of timelines. Those are the broad areas we will assess against, then there will be more detailed work that will be required.

QUESTION FROM CHAT: We've heard what the cost of maintaining the current hospitals for 30 years is projected to be, but not what the cost of building a new hospital *and* maintaining that for 20+ years is projected to be. What's that figure?

THE PROGRAMME RESPONDED: Maintaining the new hospital, because it will be sustainable, the maintenance will be lower. In terms of the financial case, we'll be looking at the impact of the capital over that time period and how this would be factored into the long-term sustainable costs.

COMMENT: Thanks to everyone for making time and being on the call. As I said in my communications in trying to stir up some interest to be on this call, there's huge opportunities for Hampshire Together. The HIP, Hampshire Hospital Improvement

Programme, the 40 new hospitals you heard the Prime Minister talk about in the election is real, we are massively investing in the local NHS. There could be hugely good things to come out of this, not just across acute care, but across all the prevention work that I once had something to do with in government. All the stuff you heard about tonight could be really good.

The key point is this, and I say nothing different in public to what I say to you and Alex [CEO of Hampshire Hospitals Foundation Trust] and the Commissioners in private, is that you are building a new hospital and that will create a centre of gravity. And that will have an impact on services in Winchester. And you have to be honest about that because you're not going to create acute obstetrics and maternity-led care at, let's say junction 7, and then again at Winchester, and then again a few miles down the road in Southampton. You're just not going to do that. No regulator in the world, let alone any Minister, would sign that off.

So there is an implication to doing this and there will be winners and there will be losers out of doing this. What we need is a very, very widespread engagement from people and we need that before January because as XX put very well, when it comes to a consultation in January, it'll be consultation on how, not whether. We need a much wider engagement and I am doing everything I can to get as many constituents as I can to take part in this, and to get the consultant body in Winchester to speak up.

Politicians don't design health services, quite rightly so because we'd be terrible at it, because we'd merely want it all in our constituency. We have to think bigger and more global than that and, dare I say, be led by the experts and in this case the clinicians are the experts. We need to hear all of you, not just those who have signed up to the patten sheet that we've heard some of tonight. We need to hear from the wider consultant body, so if there are any consultants on the call, or any constituents on the call who don't want to say stuff in the public forum tonight, which I appreciate many people don't, please get in touch with me and please get in touch with the Hampshire Together programme and make your views clear. Because now is a moment, it really is a massive moment.

I'm glad to hear you say tonight that it will over the rest of July and August. I had understood it to be until the end of July. As I said in the House of Commons, on Tuesday, I am concerned that something this big, as the country is emerging from the pandemic, a lot of my constituents are concerned about whether they'll have a job when furlough ends, so I am glad this process is extending throughout August as well, and please get involved. But thank you for the engagement and the serious way you are approaching this opportunity, because it is an opportunity.

THE PROGRAMME RESPONDED: The formal engagement is for the summer period but this needs to be an ongoing conversation. We have been massively distracted by Covid as a country and as a world, of course. I have been anxious at the speed we need to go, and for very good reason the government is keen that we go, but I have been reassured that this is an ongoing conversation. We will come back with a list of options to you, but we will then be able to refine them. So this is very much an ongoing conversation, and your input is critical but it's not that you've only got this week or the month to do it.

We are absolutely working with our staff and we've had some really good feedback from colleagues that there hasn't been enough time, so we've put on some other things. We're thinking about different ways of doing that. Our staff are some of the experts. We are seeking input from other experts and we're starting a series of engagement events with our clinical staff next week and health planners to really push our thinking about how our services will be in the next decade or twenty years.

This is the beginning of the conversation. Your input is really important and keep giving it. People's thoughts change over, and I'm really aware of that and mine have.

QUESTION FROM CHAT: if the previous plan for a hospital south of Basingstoke was abandoned. Why is this being raised again?

THE PROGRAMME RESPONDED: We have taken a huge amount of learning from that. This is different, we are at a different stage of healthcare and the way we work and we're over 10 years on from when that was being talked about. As you've seen from the GPs on the call, we're working in a really different way and with all of our health colleagues and hopefully with you in a different way, which is why we're engaging with you at this point, when we really don't have a plan so you can help form the plan.

FACILITATOR: Thank you all for joining us tonight. A few key things to take away from tonight: there has absolutely been no decision made on where a new hospital should be located, what services will be provided there or what will happen to any of the existing hospitals. This is a great opportunity for the whole area, in terms of hospital provision, healthcare in general and even the local economy. Finally, your views count and we want to hear from as many people as possible so please spread the word. Tonight has shown us that another session for Winchester might be a good idea so we'll arrange something in early August.

All the feedback we receive will be put into a report which sets out what we heard during the engagement activity. The report will be used to help form the ideas for change as part of the overall process. It will also be published on our website so people can see what's happening.

As a programme we're holding ourselves to the best practice standards, working with The Consultation Institute who are providing us with independent advice on our engagement process. We're also looking to continually improve which is why you should receive links shortly with links to online surveys. The first is about how you found the session today, and secondly, in line with our equality duties we ask you for a bit of information about you. It is entirely up to you whether you complete it but it is helpful for us to know which parts of our communities we are reaching in this engagement programme.

We want to keep as many people involved as possible. So if you're representing or are part of an organisation, please let us know and we'll make sure your organisation will be added to our records.

Please visit <https://www.hampshiretogether.nhs.uk>, have a read of our listening document and let us know your views.

Have a lovely evening and thank you for joining us. We appreciate all you have said tonight and all your comments.

Chat download anonymised

RHCH is a prime site for housing development. Perhaps make a change and site it on a new site.

Zoom has a Q&A feature which is much better than the chat for questions and answers, but I don't know whether you can enable that feature once a meeting has started. The host could try...

RHCH covers 600,000 patients in surrounding areas.

Please could everyone mute themselves if you are not talking - many not doing this - it causes feedback

One recognises that there are planned to be housing increases in Basingstoke area and also Winchester area.

One recognises the housing increases are planned for Basingstoke area and also Winchester area.

RHCH is prime land but I believe the intention is to remain on existing site minus the older wings

Sorry about duplicate :-(

Also having been a patient at Basingstoke hospital I recognise that the building does not meet staff and patient needs.

Yes indeed remote telephone appointments with my GP have worked well for me. More please.

Caroline - Engagement support: Thank you for your questions and comments so far. Please note we will record all your comments and ensure they are added to our report of this session - but we will specifically seek to answer questions during this session. Many of you have already provided questions during the registration process (many are on similar issues) so the NHS speakers will come to those quickly. Thank you for your participation. :-)

By 'partnerships' do you mean 'privatisation.'

Agreed - Teams/Zoom patient appointments work very well too

I so agree.

"A once in 3 generations opportunity" means planning much further ahead than the 9.6% population growth prediction! Pity the Government doesn't have a national population growth plan or Vision for that matter!!

Will it be a Teaching Hospital

Will the current services provided by RHCH be continued until the new Basingstoke hospital is up and running fully for patient care?

QA hospital had old wings removed and replaced by private wards, drastically reducing the hospital's capacity, if this is the case then this will reduce its capacity as an NHS hospital.

is a new 'campus' a forgone conclusion at the cost of in-town/city facilities?

why?

How is staffing an issue related to facilities? I believe there are other reasons staffing is an issue.

If Winchester A&E is taken away will there be a local ambulance service to ensure speedy attendance for heart and stroke patients

It will be impossible to plan for effectiveness in linking social care as successive Governments have failed to plan for older age resulting in bed blocking, etc. Also local government holds a severely diminished budget to fund social care and this is likely to get worse!!

Has a site (or shortlist of potential sites) been determined yet?

maternity - we want local accessibility

do we really need new building. I was under the impression that what our health service needs is more manpower - more nurses and doctors and midwives etc etc etc

Are you in touch with Mayor Andy Burnham who has a pilot scheme for a single system of health, well being and care service in Greater Manchester? This is community led.

Am concerned that in the rush to get 'state of the art' facilities local services will mean the closure of facilities in Winchester

Same question as XX. Journey Time to A&E for heart and stroke patients is important to consider given that the general trend is that traffic and traffic jams continue. So distributing A&E facilities around builds resilience into the overall system.* continue to rise

the 'local touch' has been central to our experience of care at Winchester.

Is there a national NHS plan for locating Centres of Excellence (eg Southampton General Heart specialism) otherwise Hampshire could be duplicating or leaving large gaps in such Centres?

Although this is the start of the process, it seems you're already taking it for granted that the answer is "Build A Big New Hospital". Do we get to discuss the cons of that as well as the pros?

is there enough capacity in the care homes for these assessments

there is an urgent need to replace Basingstoke Hosp as this opened in '74

why waste so much investment in Winchester at RHCH? how much of it will be available to us in Winchester, going forward?

Having experienced challenging child birth in East London I was blown away by the care in Winchester maternity unit and their Special Care Baby Unit

Will there be proper funding for all care homes?

Staffing is a national problem and I think most of us know why. Seems like this is seen as an opportunity to reduce the provision of services in Winchester.

Is north and central Hampshire plan to be coordinated with adjacent Trusts / health provision?

I agree with XX. I also wanted to ask Shirlene is talking about our NHS 'deficit.' The NHS is not a business, it's a public service. We don't expect it to make a profit...that is the general public not the present government.

The consultant led maternity services in Winchester are extremely important given a demographic of pregnancy among "older" women who are more likely to need consultant care

Agree completely with this. It is about specific services and where these need to be.

Local accessibility for the non driving elderly is vital. There is a lack of public transport especially to Southampton hospital and now, with Covid, 70+year old volunteer drivers(eg in my organisation Good Neighbours) are being strongly discouraged from continuing to drive. We will need a different way for them to get to outpatients.

Major shortages of medical staff exist now. All very well building new large edifices but is the Government also supporting revenue ongoing services costs as well as capital buildings work?

Some great points and questions. On a lighter note, who's playing "Covid Bingo" this evening?

Point services with effective integration is what is needed.

because it takes a week+ to get an appointment

idea of community care has failed so far in providing timely services - the burden often falls on the family - unless the human resources are there we will continue to fail

If the answer to any out-of-hours health issue wasn't "Go to A&E" I might be more impressed by the idea of relying on GP surgeries.

Covid-19 learning curve offers new opportunities for virtual visiting patients via WhatsApp, Zoom, etc. in hospital without risking bringing infections in to wards.

agree with much of this and it raises the question of why new build

ok for all service at the GP. clinic but the current wait for a 10 minutes GP visit is around weeks no day

Further to a previous comment: NHS still have to operate within a budget: profit is not the point here. Successive governments have been voted in by the general public and have not invested in the NHS for many years.

Again, great points. However, what improvements are set to take place (from an IT perspective) to better link the national, local and GP patient systems? We cannot move to a more targeted and distributed system for appropriate care without bringing an inclusive IT development system forward about 30 years.

So what is the actual proposal?

Covid 10 has taught us that diabetes and obesity have bigger health risks that previously appreciated. Will this project consider the bigger issue of prevention of this conditions rather than just remedying them?

thank you to so many constituents for making this. time to get involved. Half an hour gone and we need to address the elephant in the zoom! there are huge opportunities to this programme BUT Trust need to be 100% honest and open that there will be winners and losers from this when it comes to acute hospitals services.

All three of my children spent time in RHCH SCBU and it was crucial to me that I could stay in the same hospital as them. If it could be possible to have stayed nearer to them (like new mums do on the post natal ward) that would have been an even better experience.

I completely agree much can be done in the community and I am loving the increased communication between GPs and community providers and me as a consultant colorectal and emergency surgeon. Ultimately if my child needed an appendicectomy I would hope they could have that in my local hospital!

The more that can be done at the GP surgery the better for the patients and the pressures of travel.

Agree XX! *[comment immediately above]*

Me too!

GP su

As XX says we need transparency not so much management speak

great idea - services provision is the absolute essential

I agree that being able to get medical consultations remotely (by phone, email and video) is much more convenient - saving lots of time for travelling and waiting.

Please look into better coordination of NHS, emergency services (police, fire ambulance inc air ambulance, social care services, public health including coterminous boundaries!!),

Good point XX. *[comment immediately above]*

spot on *[comment immediately above]*

I'm uncomfortable with the idea that hospital estate could be seen as valuable land falling in to the hands of private developers. Low hanging fruit for raising capital. *low hanging

Technology may be our friend such as surgeons being able currently to operate remotely. Will not just local NHS services but nationally have such remote consultancy.

You all keep saying "this new hospital", which rather suggests it *is* a done deal.

So a new hospital is a done deal? I thought this was just a consultation

Paediatric as well needs to be considered, along with geriatric

what about prevention...I hear about cure, but not enough service for prevent and screening

Winchester Hospital has provided me and my family with a first class service over many years. Its an excellent local hospital where we have had the most up to date treatment. So why are we even thinking of closing, or reducing this excellent local facility.

Well said XX we should be making them better [*comment immediately above*]

I endorse XX's statement and have had the best care from RHCH imaginable. [*comment immediately above*]

Covid19 lockdown has shown importance and desirability of local services which are easily accessible especially by cycling and walking. This is important not least for high priority for reaching net zero targets . A new hospital at junction 7 of the M3 is not close to any existing settlement (Manydown South is not being funded by Homes England , I understand)

there will be a NEW hospital . that has been agreed

You say that no decision has been made but listening to speakers it sounds like that is not the case.

It's important for those of us who are disabled, wheelchair-reliant and need to access hospital services regularly (including A&E) that we are able to continue to do so. **able*

Surely you must have a few sites on the table for consideration

9 sites selected

Please outline the 9 sites that have been shortlisted and why they are shortlisted

Well XX re prevention. That may need some people to take more personal responsibility for their health. Hmm

Then we can provide feedback on the merits of each measurement system.

Although I think remote consultations can be really useful and time saving for patients and GP's I have known a couple of situations where if there had been a face to face consultation an infection was not picked up until it was extremely serious. Routine consultations are brilliant though.

Good idea to extend GP services. How can their services improve? What needs to change? Zoom/telephone appointments not only answer. (I've not contacted GP due to inadequacy of this consultation.)

Agree with XX [*comment immediately above*]

Much as I love the RHCH (even worked there 20 years ago), it is not the easiest site to get to or get around. Before Covid-19, traffic in Romsey Road was really busy a lot of the time and the hospital site is on a hill and so we shouldn't be too precious about keeping everything at the RHCH. If a better site can be found for services that lots of people need to travel for that shouldn't be discounted, just because no one wants to lose the RHCH.

Sufficient parking please in the new hospital. :-)

Is the funding only for building?

yes there are inefficiencies and yes there is duplicate care but RHCH also provides essential services that we rely on. if we had had to go to Basingstoke I and son may...not be here. why not start looking at care already given to GPs that isn't working and make it work

how many of the 9 potential sites are away from population centres wholly dependent on access by private motor cars?

RHCH is the best hospital I've ever had the pleasure of working in, and that culture cannot be picked up, bottled and replicated elsewhere. I think the population of Winchester, Eastleigh and Chandlers Ford (in addition to multiple patients from Southampton and towards the New Forest and Portsmouth) choose to come to RHCH as they are aware the quality of care is excellent.

Why does combining A & E equate to better service? More patients going to one place instead?

combining A&E allows for senior staff to be co-located and services

to what extent will you be examining best practice throughout the UK and worldwide?

I am still not clear on what the proposal is: to close Winchester completely and have one mega hospital in Basingstoke; or retain some level of localised services and enhanced GP services?

Great point on examining best practices from elsewhere

That's a really good point - wherever services are, some people will have to travel - it just might be different people travelling in different directions.

I have to say that the medical services and treatment I have had from RHCS and UHS have been first class. Not so the administration services. Why?

It feels unfair to say 'there is no plan, we want your views, without knowing what your proposal are?

saying “some people have to travel already” isn’t a valid argument... everyone will now how to travel and most probably way further

Is this as a direct result of Winchester growing due to poor planning decisions? Is Barton Farm and associated development actually overloading the hospital? Or is this more down to demographics, as in the aging UK population? What work has been done on that? How long will this be a problem for?

As XX said - it is hard to give feedback, when we don’t know what the proposals are...

There will need to be lots of infrastructure, such as busses etc.

if the previous plan for a hospital south of Basingstoke was abandoned. Why is this being raised again?

I didn't hear proximity to patients, transport links or environmental impact in Shirlene's criteria there!

I hope 'learnings' from other new hospitals are being taken into account - we should include examples of 'what works well elsewhere' in the conceptual design if we can see where local/centralised services are being provided effectively in other new hospitals

surely with an ageing population - increasing travel would be a significant disadvantage.

to be honest this feels more like a publicity “we’re going to say how this is much better” without really saying what is going to happen or what the full impact is going to be.

So much for reducing pollution levels with everyone needing hospital treatment needing to use cars. Are you sure this is really about improving services

it’s being raised again due to the urgent need to replace Basingstoke Hospital. XX MP knows this

I presume that if an out of town site is used for a new hospital, public transport links would be developed to serve it. We shouldn’t discount sites because we can’t get there now (except by car)

I agree with Dr Smyth's comments

Sir John Moore Barracks is a prime site coming up for grabs in the foreseeable future - good transport links too.

XX makes a good point- no one has said what the actual proposal is? We really don't want to lose RHCH.

Consultant clinics in GP practices have been successful in other areas and reduces the no show scenarios that occur in a hospital setting

One of the learnings from other “new build” hospitals is that it is inevitable there are over runnings on construction timeline and capacity needs. @Shirlene - I’m hoping the figures being used to plan for this are estimates on needs for 2040 and beyond. To what extent is data modelling being used?

agree point re barracks

The one decision that has been taken is that central government has decided to fund a new hospital , whether it's the best use of resources or not. Everything else flows from that.

I'm looking forward to new, efficient, joined up services that make use of great technology, wherever they are based - in our GP surgeries or new health hubs - as long as they do the job. I would be happy for the Winchester site to be sold off, its a mess and past it's sell by date, the money made could be reinvested into new services and buildings. Lets make the most of this opportunity. And let's not forget, the country is in massive debt, if we're not careful the money may get taken off the table by the government ...

Just going to ask the same question as XX. We need to be led by the data to a large extent here.

Taking Dr McEwan's point re: local care and services. It is recognised Emergency care needs to be local. To this point could one larger GP practice be identified and extended to provide Emergency care for a local specific area. i.e say four in Winchester, five in Basingstoke three in Andover ?

Will anonymised chat comments be captured as input to the rest of the process or will we need to submit the same concerns multiple times? If they will be captured, will they be publicly visible to transparency?

The question was about funding? Reform at the National level, what does that mean?

It may be contentions to suggest that we all taxpayer pay more for our NHS.

sounds like Minor Injuries Units (MIUs) which are popular and cost-effective elsewhere in the country.

(taxpayers)

Gail - Engagement Support: chat comments will be anonymised and will be in the report that will be available to all. Zoom downloads all chat everything is captured

What would any of this mean for the future of Winchester Hospice?

Thanks Gail!

XX of course it is contentious but you cant have something for nothing . more tax needs to be collected and ringfenced .I wouldn't mind paying more tax . maybe we should all offer to do so !?

Will there be a patients' representative group involved?

Is the story in the Hampshire chronicle about 9 sites being already shortlisted true?

Are we ultimately dependent on central government for funding? And can we avoid central govt interference?

which have already matched the criteria for selection...

lots of talk about partnerships but no concrete examples of what any of this managementspeak actually means

Have you got the authority to say we don't need a new hospital but provide services locally to meet the needs of the local population?

Gail - Engagement Support: Patient groups are involved in the process yes.

XX, I agree, it does feel like it's time we all paid more tax

Is there anywhere where a list of 'all the services' are listed?

What data is being used? Concrete data.

Which ones? This needs to be very clear

quite

the older wings will not be staying though as they are expensive and not fit for purpose

What is the email to send views please

I must say thank you to both Soton and RHCH for their excellent service.

Specialist units to be in the specific hospitals e.g. like the stroke unit per the earlier speaker. Whereby the ambulance (most likely) would take you straight there.

Here Here

Comment:

There should be a set of requirements developed, e.g. the times required to reach A&E for treatment to be successful for strokes, heart attacks, serious injuries, etc. and not just travelling in an ambulance. If someone with me has one of these conditions, for example, I would take them in my car and hope to get them to a hospital emergency department in time for successful emergency treatment. Specialist consultants would probably be involved only after the emergency is dealt with. Is 30 or 40 minutes to get to Basingstoke or Andover from the Chandler's Ford area good enough?

For a heart attack I would take them to Southampton.

I would appreciate more definition oh how the committee which is driving this initiative is formed - particularly what is the accountability mechanism over than buy open consultations. Secondly, we all accept that there may not be a plan but it s not unreasonable to have criteria or parameters for judging suggestions made.

IMPORTANT also to get local and National Government politicians on board NOW to nurture and retain their support throughout the project development (and delivery)!! Report progress with their blessing regularly in local and regional media (online, radio, tv, press). Otherwise you could be left in the lurch with a wonderful unfunded grand plan!!

Have we any idea what is the size of the budget for a new hospital and will we need to sell of some of the existing estate to pay for it

I made a point during registration which I'm going to repeat here for others' benefit. Will there be modelling of likely journey times, taking into account the trend in traffic patterns, for heart and stroke patients to the anticipated A&E sites? I take the point that these centres need the right specialists, but that's no good if the patient doesn't make it.

Southampton General is much closer for many people in this area. The plan should take the availability of So'ton into account.

Gail - Engagement Support: Hampshire together e mail: hh-ft.hampshiretogether@nhs.net

For medical services where longer term care is required (e.g. physio) and therefore multiple visits or long term stays in hospital (e.g. SCBU), these to be located in local hospitals. Thanks.

We've heard what the cost of maintaining the current hospitals for 30 years is projected to be, but not what the cost of building a new hospital *and* maintaining that for 20+ years is projected to be. What's that figure?

Agreed! This isn't about privatising anything, but where is the business plan?!?

A full environmental sustainability assessment MUST be included (i.e. not just carbon footprint). ISO 14000 series input invaluable.

XX is making great points here.

I agree

Yes XX. Some of us can afford to pay more. ome others prefer to spend all their income on other (stuff), mass consumerism and advertising to make people want stuff

My wife and I are long term cancer patients at Winchester, my wife since 1989 and myself since 2007 and the service we have received from the Nick Jonas Ward and earlier from the Urology Unit in my case has been second to none

But there are 9 sites shortlisted for a new hospital. What are the key criteria driving the shortlist?

Agree with XX's point three - that is exactly what's needed. *[think global, act local]*

how are you going to reverse the trend of people attending A&E because they cannot get to see their GP?

The GP's need to change!

I believe Laura Alloway has stated before approx £700m

This group cannot alone (and it's not their job) change the GP's practice, a lot of it revolves around budgets.

Does the clinical commissioning group have the autonomy to decide where we go on this?

There is evidence that 2 x 400-bedded hospitals are more efficient than 1 x 800 bed hospital, in part due to increased long term sick leave in larger hospitals. They are not always happy places to work in or be cared for.

An important point from XX there. It's all very well to talk about GP surgeries taking on some of the services currently provided by hospitals, but at the moment there's no evidence that they're capable of doing that - if anything, quite the opposite. The CCGs need to be resourced and motivated to build up that service provision and prove they can do it before hospitals get moved away from the local area.

This isn't purely a business case. Minutes matter with health and extreme situations. An extra 15 minutes to an A&E in Basingstoke will mean lives lost, however much money this saves on the budget. Lives matter.

Nice comparison between chopping down trees and delivering a baby , Matt - but i get your point ! LOL

my daughter had 2 babies at each

hear hear XX . and educate the public about basic health and basic first aid so they begin to recognise what needs and A and E treatment.

Super point XX *[comment immediately above]*

Ref Covid-19 and PPE. 2016 exercise highlighted lack of sufficient ppe if epi or pandemic occurred (Jeremy Hunt MP was Health Minister). Keep politicians on board with this project and make sure sufficient ppe for the inevitable next pandemic!!

We must ensure that local people have access to services that are convenient and easy to get to. But we must also use specialist units to get better outcomes for patients. GP's are the core of the health services for most users and this need to be well resourced. getting a location for a 'new' site that meets these needs is complex but nether-the-less important

Gail - Engagement Support: Please be assured that your comments are being noted in the chat download

services provisions need manpower - no one seems to address this.

The problem is (and I speak from experience here, having older relatives with health problems) that if you call your GP surgery after 5pm you'll get redirect to NHS 111, who will, after half an hour of questionnaires, tell you to "take him to A&E" - something that in many cases would not be necessary with proper medical attention.

XX makes some critical points about how hospital teams function, their culture, morale and so forth, and how this can't be replicated automatically. I'd like to understand how these "soft" metrics will feed into eventual decisions.

I agree -it's the soft metrics which often make the biggest difference to outcomes

my daughter had two babies at rhch. treatment was fantastic but mainly proximity was important to go to the special baby unit throughout the day for the youngest. would be so very difficult from basingstoke.

People seem to think there is a choice between GP or A&E. What about walk in centres? Have they been considered?

Yes XX. Thanks for all your efforts as MP for Winchester.

Is Barton Farm getting a new GP practice? If so, how do these plans link into their provision?

XX -so as we said GP surgeries need to offer different kinds of services than they currently do.

XX – yes they do, and they need to demonstrate the ability to do that before the alternative gets removed. *[referring to comment immediately above]*

My Twyford surgery has an excellent walk in service (When no Covid-19).

GPs are overworked and under staffed.

More than 36hrs notice for these kind of meetings would be appreciated in future

Good point XX. I had 2 days notice via MP XX!! *[referring to comment immediately above]*

Twyford may have a walk in. Friarsgate in Winchester does not.

yes to hearing from more consultants.

thanks XX for promoting the discussion.

All events are advertised on the Hampshire Together website

Is walk in a decision made by each surgery?

Will there be a central point for information about the subject of tonight's meeting, future meetings, reports, plans, etc.? It would be great to have a dedicated web page or site so we all know where to start looking for next steps.

<https://www.hampshiretogether.nhs.uk/>

Gail - Engagement Support: Please follow us on social media for the most up to date information. Search Hampshire Together

Thanks XX!

I would welcome access to a transcript of the "Chat" comments made this evening please?

Not everyone uses social media - by choice!

click the File button quick to get your own download!

Gail - Engagement Support: Thanks XX - all reports will be uploaded onto the website and a final report will be drawn up by independent analysts

Ah take it back, that for file upload!

100% need clinical experts to be involved along with management

Social prescription is taking hold in Winchester now, bringing more sense of community in GP practices and when it is as planned it will bring some relief to GPS....

Please don't forget paediatric services despite the ageing population of Winchester as it will be our children who live with these changes. A huge amount of work has been done within the paediatric services within Wessex and shared learning can be used.

Thank you John for your chairpersonship

Thank you for holding this session. Much easier to get involved like this than public meetings.

Thank you for organising this - look forward to the next one.

Thank you to all professionals involved today. And XX for the publicity.

Useful meeting - thanks!

Thank you for this engagement. Please schedule a regular set of meetings similar to this, where a different topic is addressed during each.

another session would be great.

Please include what geographical studies have been carried out on sites and service provision

Also demographics

Caroline - Engagement support: please have a look at the website as we have other subject specific sessions planned

Thanks - really good. 1. Think global act local 2. Use the data and clinical advice 3. Join the dots!

I feel this session is too broad and non-specific. Providing specific sessions on transport, clinical care, finance, etc. would better target the discussion.

Dr Matt Nisbet - GP HIOW CCGs: Thanks again for taking the time to join this evening

Lara Alloway - CMO HHFT: Thanks everyone

XX - if you'd like screenshots of the chat, send email to me at XX

Caroline - Engagement support: the chat will be published on the website

Ah, better still. Thanks!

Thanks everyone for a super meeting.

Report written by: Sian Elmslie