11 July 2020: Stroke and Elderly Care

Facilitator	**Caroline Latta Charlton**	**Engagement team**	GC ES
Speakers	Shirlene Oh – Director of Strategy and Partnerships Hampshire Hospitals NHS Foundation Trust Dr Catherine Terry – Consultant in Elderly Care Hampshire Hospitals NHS Foundation Trust Dr Nigel Smyth – Stroke Consultant Hampshire Hospitals NHS Foundation Trust Dr Nicola Decker - GP and Clinical Chair of North Hants CCG		
Registered	**25**	**Participant on zoom**	25

Questions/Comment raised pre-event at registration / website:

Inpatient wards designed around the needs of the elderly and those with cognitive impairments

I don't believe in centralised hospital, HHFT has 3 perfectly good hospitals. Maybe if you had not sold all the land to Winchester University you could have expanded RHCH properly. What about old out patients? Left to rot, good space for state of the art ED, turn current ED into a walk in/gp/pharmacy/dental.

Keep public and Governors fully informed at all processes and key steps. I am a Governor got HHFT.

Questions/Comments raised during online event:

QUESTION: All services working together - if we're in the situation where patients' discharges are delayed because there isn't enough social care, what is the issue that causes this? If we are an institution where discharge is delayed whilst we wait for social services – what is the issue? Is it poor communication?

ANSWER: Because social care is means-tested and healthcare is free, our patients sometimes get ping-ponged between whether it is a health need or social need. We need to be honest with the public about funding and we need to support the government to do that.
The commission services processes have been clunky – we appreciate their problems and don't want to blame them. Through Covid we worked together and proved we could get people out more quickly than we have done before. Previously we had become almost tolerant of the state of people waiting. It became accepted by families and staff. Everyone felt disempowered – we've proved we can change thissince Covid. Families also accepted it as hospitals were seen as not a safe place. There's a need to make a commitment to help move

people to somewhere safer. The stoke service has done this well but it is built on a deep insight of the family and trust of the people they hand them over to. Clinicians and family don't want that to fail.

COMMENT: It does make sense but I don't feel that it solves the problem or gives answers.

ANSWER: It's a valid question. We're working closely with acute colleagues and are working more quickly to turn them around. Covid offered an opportunity to understand what it might look like for us to be working to keep people at home – linking with geriatrician colleagues and consultant nurses, and providing the care that people have possibly gone into hospital for that didn't need to. We're trying our hardest to stop people going in.

QUESTION: Is there anything that we can do as the public to help? This Hampshire Together has shown what the public can do and they should be involved.

ANSWER: One of the best ways to help is to stay involved. Help us critique and get involved and bring people with lived experiences. So the proposals that the programme will bring to the public consultation will be informed by public engagement.

QUESTION: The slides say that there were more elderly patients in Winchester than Basingstoke. I attended the Winchester talk last Thursday and it appears you were thinking of moving the stroke centre to Basingstoke. Could you explain the rationale as presumably with more elderly people in Winchester it would be better located there?

ANSWER: I haven't heard that we're moving to Basingstoke - that's not planned at the moment. A third of strokes are under 60s. An acute stroke service needs to be near radiology, intensive care and cardiology.

QUESTION: What issues wherever the hospital is based, increasing the length of time of the wait is not good for patients. Isn't it better to have it in the middle of the area?

ANSWER: There is an issue in the south of the area that there are almost too many hospitals close together. Ideally it would be equidistant. The quickest patients get to the hospital the better, but it can be offset by getting the patient to the right care and expertise. In London there are only 4/5 hyper acute stroke centres and the ambulance might pass other hospitals to get you to where the expertise is. So travel times are important but getting you to where the expertise is, is important as well.

QUESTION: As much as the stroke unit will be in a centralised hospital, after discharge there's probably going to be the need for ongoing care – is there a plan to have units nearer to home to save travel for the elderly and frail?

ANSWER: You are right in terms of mentioning travelling times for patients. We do need to think carefully where we put the hospital and the services to support that central building. Being closer to home is very important, as we mentioned earlier there are problems of social isolation. They need to be with friends and family. Key is maintaining their motivation in the hospital. We know it's not necessarily the right thing to do to bring patients into a hospital as it can be disorientating. It's about

having the right units in the right place - we call them ‘step down beds’ closer to home. The best would be to get them straight home but that can be costly.

QUESTION FROM CHAT: Will the CQC’s national review of collaborative working during the Covid pandemic be used to help shape the HT’s thinking in what has seen to work for the over 65’s. Their review take account not Covid care ao might be useful The first phase report is available Sept/Oct I think and includes the needs of Sussex which may have similar needs to Hampshire?

ANSWER: Yes we will be taking all regulatory learnings during Covid and we’re looking at other national standards and evidence based. If there’s anything else you’d like to highlight we would welcome that so please get in touch.

Chat anonymised:

If social care delays discharge from hospital. What is the issue that causes this?

I attended the Winchester session on Thursday and it appears the stroke unit might be moving to Basingstoke. What is the reason for this as it said on one of the slides that there are more elderly people in Winchester than Basingstoke?

engagement support: thanks XX I will put that question to the panel after we take the next hand raise

GP and Clinical chair North Hampshire CCG: Thank you XX for that offer. I really believe that the culture change of “working together” to ensure the family and patient’s voice is heard and supporting the concept of keeping people independent and at home as long as possible would be really helpful. As you know putting someone in a hospital bed really leads to “deconditioning” / muscle weakness/ mental decline, so doing this for as short a time as possible will rely on a real team effort.

GP and Clinical chair North Hampshire CCG: XX - I would love to hear from you please :)

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Thank you

Thanks!

Report written by: GC and SE