

## **13 July 2020: Andover GP Patent Groups - Online Engagement session**

<b>Facilitator</b>	Ellie Stennett – Marketing Officer	<b>Engagement Team</b>	SE
<b>Speakers</b>	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust Dr Matt Nisbet – GP and Clinical Lead for Business and Partnerships, Hampshire and Isle of Wight Partnership of CCGs		
<b>Registered participants</b>	3	<b>Participants on Zoom</b>	2
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b>  All aspects of care in the nhs			
<b>Questions/Comments raised during online event:</b>  <p>QUESTION: Thank you for putting on these sessions. It's great to be able to hear what's going on and have a chance to have a say. I used to work at Andover hospital and we use the services a lot in my family. When you're accessing the health services, a lot of patients have said how difficult it is to get to the hospital, and why can't they have things in the town centre so they can go into the town centre and then something else as well. For example, maternity and diabetes advice etc.</p> <p>Communication - GPs don't know what's going on when you've been in hospital. Lots of our electronic records don't talk to one another. I've just looked after someone in Alton Hospital, he's been transferred to Andover but no one in Andover knows anything about the care he has received. This is an opportunity for us all to have a way to communicate amongst ourselves. When you are working on the ward, to write up what has happened on the ward on the ward computers, you have to go back to a nursing station so you're not able to provide observation to the patient when you're working on the ward.</p> <p>The other thing that needs to be considered is provision for bariatric patients and the space needed when looking after a bariatric patient and the space the equipment takes up. Some of the two-bedded bays in Alton we had to make into a one-bedded bay because there is not space to have a bed or a hoist.</p> <p>When we have built the hospital we should have a health walk with exercise going around the outside.</p> <p style="text-align: center;">ANSWER: Joining up the services through records has come up a number of times and we're keen that the digital transformation starts before the hospital build.</p> <p>QUESTION: Because I work across the whole of Hampshire, I use many systems - I have 20 passwords for different things.</p>			

ANSWER: This does need to be prioritised because it is maddening on the front line.

Town centres - more and more we should be providing services in people's own homes when appropriate, we need to provide GP surgeries and we need to look at those things where you'd need to come into a hospital building e.g. CT scan, MRI. We are looking at how we can increase our diagnostics facilities in Andover. But for the 24/7 teams of experts you may need to travel further.

ANSWER: Fantastic points. Access is important in terms of hospitals and it is tricky to think clearly without thinking about the site. It's difficult to have concrete plans but access is very high on a lot of people's agenda. We're already in conversation with Hampshire County Council about transport. Making things as sustainable as concerns the carbon footprint is important as well.

The mantra is to provide right care at the right time. The right place is not always the hospital. There will be times where people will need a hospital, high level of care, but one of the ambitions is to provide as much as possible to as close to or in people's homes as possible. That will be important for people in Andover.

Communication and records - the infrastructure includes IT so it is part of the ambition. The difficulty we have is that you could buy that system but it is expensive. We're trying to achieve those aims in a more cost-efficient way.

ANSWER: Bariatric patients - it's really important that all patients are included in the programme.

Prevention - health walk is a great idea and we would much rather try to prevent problems rather than them facing the consequences of them.

ANSWER: Design - you have to comply with regulations and understandably they make sure you have facilities for patients with all shapes and sizes. It is different when you're building a new hospital how big the theatres, chairs, spaces have to be. Everything is designed so you can manage these patients.

ANSWER: erecords - we're already doing a bit of this in the hospital but we will design the new build around the staff being in the centre of things.

QUESTION: We're told that medical staff are short, if we're going to have the new hospitals, where are all the staff coming from?

ANSWER: For some of our services which require rare, highly skilled staff and we'll likely be bringing them all together into one site.

If anything for Andover, we should be doing more services in Andover.

We want to provide services close to where someone lives, but providing those services where someone can go for the whole day and see a whole list of patients, go somewhere the next day and so on.

ANSWER: Thanks for coming along. We're at the beginning of the conversation and hopefully you'll carry on being engaged.

COMMENT: We're told that elderly people take up a lot of beds and prevent other people being admitted. In the old days when you were discharged, you then went to a nursing home to recover. Are there any thoughts on that - maybe to alleviate beds, maybe build more nursing homes for patients to be discharged but can't go home or don't have family or anyone to care for them. They might not be well enough to go home straight away.

ANSWER: I'd never see it as an older person taking up a bed, but the reality is that they are in hospital longer than they should be and it's not great for their health, particularly for older people. People get used to being in a hospital bed and so it's best to get that person back home as soon as possible. During Covid we have managed to get people discharged into a nursing home for example so they can be assessed for what they can do and what home care they will need.

ANSWER: I think the right place is often not a hospital but somewhere closer to the home or their home.

COMMENT: I volunteer at a hospice, when patients want to go home or the staff think they will be better in their own home, they put care packages together and some have 24 hour care. But that takes time. They can be in the hospice for a lot longer as getting these packages together takes time. Are there any thoughts on how to improve that?

ANSWER: This might involve a lot of change. One of the things it might require is for things being provided in the hospital being provided somewhere else. Staff are what make the NHS work, it's an organisation about people. Some of those staff will have to work in different places to where they currently work. It's not an easy conversation. Hospitals are incredible places and save our lives, they're not healthy places to be for a long time.

ANSWER: Rehabilitation at home - physical strength for 6 weeks especially confidence. they couldn't do that in a hospital setting. It's about getting confidence back. It's also about having enough staff in teams for rehab.

ANSWER: We're keen to see how we can achieve these things such as using technology like Zoom but we're also mindful that that doesn't work for everybody.

COMMENT: We are having a look at the moment with regards to zoom and rehab. We have Community Strong classes which are on hold and we haven't restarted the NHS balance classes. Respiratory rehab is starting next week with a small group of 6 to see how we manage an exercise session via zoom. One of the barriers is the risk of falls when exercising at home and how we manage that safely. There are lots of opportunities. All the diabetes programmes, getting a series of sessions with experts and getting that advice that will make their own health better in the future.

ANSWER: There's another way of thinking of this. Rather than trying to do zoom for all people, it's almost people's right to receive care the way they want to receive it. This turns it around slightly. The standard of care is that if the person wants to receive care via zoom, but they don't or can't they would come to us. Designing a system around that could be interesting.

#### **Chat download anonymised**

challenges - patients falling through the gaps, patients not following advice, discharges failing as not enough support at home in the community

opportunities - using zoom to provide "health" education to public e.g falls prevention talks, diet for newly diagnosed diabetics (access for more patients across Hampshire)

Simon Struthers, Associate Medical Director, HHFT: Sounds like your area of expertise
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<b>Report written by:</b> SE
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