

## **14 July 2020: Andover Elected Members - Online Engagement session**

<b>Facilitator</b>	John Boyman - Head of Public Relations – Strategic Projects	<b>Engagement Team</b>	SE
<b>Speakers</b>	Dr Dominic Kelly – Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust Dr Rory Honney - GP and Clinical Director for Andover , West Hampshire CCG James Lawrence-Parr, Population Health Lead, West Hampshire CCG		
<b>Registered participants</b>	<b>4</b>	<b>Participants on Zoom</b>	<b>2</b>
<p><b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b></p> <p>Andover has one of the largest populations within this CCG geographical area and yet does not have a major hospital. This means residents have to travel to Winchester, Basingstoke and Salisbury for basic treatment, which results in additional financial costs for residents and has a negative impact on the environment. Building a new hospital on the outskirts of Andover, off the A303 would be of significant benefit to Andover residents, in terms of health, wellbeing and bring economic benefits.</p> <p>How the plan is addressing the shifting demographics, particularly in rural areas.</p>			
<p><b>Questions/Comments raised during online event:</b></p> <p>COMMENT: My interest is that I see the collision of Covid with the green action plan and the opportunities for recovery. The timing couldn't be better in terms of introducing carbon efficiencies and more digitisation of service delivery and how we make that building more attractive to staff to help with retention. There are lots of good Covid behaviours that we would love to continue - cycling more, consuming less, walking more. How do we build that into the philosophy of the infrastructure of the building?</p> <p>Representing the rural ward it's important we provide smart provision to align with the ageing demographics so I was pleased to hear you putting in extra space for the communities for elderly patients. I do think there's an opportunity to build the best in terms of the carbon footprint.</p> <p>ANSWER: The most sustainable form of healthcare is preventing ill health in the first place. Likewise the most effective ways to keep people healthy are generally carbon neutral activities such as physical activity, active transport and the infrastructure around supporting those.</p> <p>There's a big piece around GP estate development in Andover which will see the extension of several GP practices in Andover and might help offset some of the demand.</p>			

One of the issues is there is legislation that when developers come in we can draw down on that for them to finance primary care and other initiatives. I think the current development will hopefully mitigate some of those local concerns.

COMMENT: I struggle to grasp the whole concept of hospitals and GPs and the barriers between them and care homes, and caring at home. Everyone seems to have their own budget. The holistic view seems to be missed. If you deal with the problem at source you manage the problem and save money. That's where I'm trying to visualise. Building the hospital may not be the solution. Yes the current ones are ageing selling off the hospital assets and building micro hospitals is one thing to consider. I know from residents that one of their biggest gripes is the lack of GPs in their areas, not where they are told to go to. Andover has got new areas with thousands of people but there are no GPs - we're all going to existing GPs which creates longer waiting lists. That's very unhealthy mentally and physically as people don't go to the doctors or get stressed because they can't go and this affects their health. GPs have an important role to get them in the right geographical location.

Keeping the elderly at home and treating them at home has a better recovery rate, the faster they get home the better their recovery. It's health and wellbeing again. That's where I'd like to see more resources again. Technology is getting smarter - is there an opportunity for smarter medication and treatments at that level rather than building a super hospital?

The more we have to travel the more the damage to the environment.

Certainly on health and wellbeing - I'm a great believer of focusing it on where it is needed.

ANSWER: Keeping people at home we would agree with this. We have delivered some incredible things at home during Covid. The hospitals recognise how we can do this differently, and stepped up to do things by phone which doesn't work for everyone but which has helped greatly.

ANSWER: During Covid, there is the strongest clinical conversation that happens in our area every Friday - at least 100 people and it's incredibly powerful to be part of that. They are passionately talking about how to make care better.

Absolutely recognise that the broader system is part of this. This is a once in a 3 generation opportunity to transform a system. Some of the things we're getting into are understanding the needs of populations. Andover is a good example - it varies greatly demographically. So you need to put in the services to support individuals but also get to the root cause. Andover Vision is thoroughly important in how we pick up the right information to design the best health systems.

Working together up front by saying we will invest in some services which will make a difference. Some of the services are about recovery. When I joined the NHS I was struck by how reactive we are - it felt like a national illness service rather than a national health service. This recovery piece is really good - supporting the transition to go home. Looking at the individual, their network and how we empower them in their own home, and access to services.

ANSWER: One thing that is clear is that we are all working together on this, and saying the same things. The best way to treat people is to not have them in the hospital in the first place. We do need a new hospital facility because regardless of how much primary prevention

is in place there will be conditions which will need hospital care. When people are in hospital they need to be out as soon as possible. We need to remove the barriers between primary, secondary and social care, and we've already started. The term that's been bounced about is creating a health and wellbeing campus. So not just a hospital but all those things that would be good for a community. Alder Hey based their hospital on the countryside - they have allotments. We want it to be more than a hospital.

COMMENT: I think the key is looking at promoting good behaviours and designing this in as a philosophy. I was pleased to hear the incorporation of wellbeing. There seems to be a great disassociation of services especially mental health. Is there an opportunity here to provide a more holistic offering - incorporating mental health closer to the point of delivery of other services.

ANSWER: The way things are being structured we break things down into different divisions - at the moment we have mental health facilities on site but they are separate facilities and they don't have any interdependencies. This programme should encompass the appropriate mental health facilities.

ANSWER: Mental health is such a broad area and it's been interesting as we begin to understand our populations, there is a root cause which could be social, alcohol for example. The importance of what have you got to look forward to next - how profound that question was and the difference it made to people's lives. If you didn't have that network, social stimulus or ability to do what you wanted to do, you could be quite fixated on the medical side of things. We still need to develop pathways - people need to be able to navigate the system easily.

COMMENT: Challenges for the NHS from a user perspective - if I need blood tests or an x-ray I go to the Andover hospital there is always a massive waiting list and queues. You can be queuing there for more than an hour. That in itself isn't healthy. It's not an efficient way of processing your customers. It may be because we don't have the right equipment or enough staff, or we're not scheduling them in the right way. That is a management issue. For a knee operation I've had to go to Winchester and it was extremely efficient. What I did find was that the physio recovery after wasn't what I had expected. There was a tight budget, you could only have so many visits before you had to pay for it yourself. There are little things that let down the care. It has an impact on the patients who are trying to fully recover.

Just having one single nurse that prevents them from having two sites - is that the problem? Are we limiting what services we provide because we're not providing the right funding for the right type and number of staff?

ANSWER: We have a limited pot of money, and we say, let's make the most of our clinical staff and push capacity but the problem is that if you're working at 100% capacity, healthcare is not predictable. If an emergency comes in, then unfortunately the others are delayed. It's the balance between cost efficiently and ruining our budget, but also being able to provide the care. It's a tricky balance. We have limited staff. We have had empty jobs for lots of positions for many years which get readvertised because there is a national shortage in most areas of healthcare.

ANSWER: There's a local piece of work around Andover and the role of digital and how we could improve the service for patients and bookings. It's been wonderful to

see that patients in the NHS are invested in the NHS the way we are in the UK. We all get behind and root for it as a concept. Clinicians can't take advantage of that, so if I'm running 20 minutes late, that is a massive impact on someone else's day. But at the same time, people understand what we're trying to do. There is talk of a single budget so hopefully that will have an impact.

COMMENT: Money that is received from developers as part of their contribution to have their houses built. Do you feel that you have the right level of influence with how that money is spent and whether you are engaged early enough?

ANSWER: My sense (personal) is that I don't think we are. I think there are sometimes Section 106 monies that aren't claimed and there hasn't been a strong dialogue with general practice and councils about it. It's definitely something that could be strengthened.

**Chat download anonymised**

None

**Report written by: SE**