

16 July 2020: For the people of Andover - Online engagement session

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	GC
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Sarah Needle - Head of Unscheduled Care Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust Sandra Neale - Clinical Matron, Andover War Memorial Hospital Dr Charlotte Hutchings GP and CCG clinical Lead Vikki Pragnel Ali Young - CCG – Head of Pathway Commissioning Sarah McGaughey - Clinical Matron at the Countess of Brecknock Hospice in Andover		
Registered participants	29	Participants on Zoom	24
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>How do you see services at Andover war memorial hospital evolving and what investment will be required to achieve this? I.e more inpatient beds, reopening of minor injuries, increase in staffing?</p> <p>When is minor injuries to reopen?</p> <p>It would be good to have a large range of facilities in andover. Something I feel we need is an a&e department. Due to the number of houses, villages. Life critical situations must take longer to get to Winchester. Otherwise I'm happy with my own treatment</p> <p>I am a trans person and particularly interested in the provision of good mental health services in the new hospital.</p> <p>2 years ago on Christmas Day son taken by ambulance to Winchester with 8 infected sores on his leg and right foot , so bad that we couldn't transport him ourself. Plaster cast was cut off by myself and revealed the problem. Cast should have come off Boxing Day. Winchester Hospital fabulous dressed his sores. Told us to go to Andover out of hours to have them redressed 2days later. We turned up to an empty out of hours and were refused treatment the reason they don't do dressing there. My son who is 19 and mentally and physically disabled with SLD became distressed as the dressing were leaking through with puss. The receptionist was so rude and wouldn't even get anyone to help us asked us</p>			

if we could wait a few more days. Explained Winchester hospital told us to come to you and she crossly said they had no right doing that this left us in a dreadful state. In the end we begged our doctors and they squashed us in with a nurse who was double booked all day. My question is why can't a patient when this situation happens with a patient who is in pain, distress and has lack of understanding be treated at minor injuries considering it was empty and the hospital told us to go there. The nurse at my doctors was run ragged trying to fit so many people in. The photos of his wounds are disgusting, and he should never have been left with the attitude of cant you wait

The provision of a wide variety of local services is required to meet the needs of the rapidly growing population of Andover, reducing the need to incur extra traveling costs.

How can you improve the communication between health professionals to ensure timely, integrated, and holistic care of patients? Will you consider any changes to ensure that there is a smoother transition from inpatient care to outpatient care, or community services?

I'm not sure but I do know that Climate change must be a major consideration in everything.

Questions/Comments raised during online event:

QUESTION: There have been some things in the paper recently about the minor injuries unit at the hospital which has been closed temporarily during Covid for obvious reasons. I didn't know if you were able to reassure us about the future of that. These things have a tendency of getting the rumour mill going so please could you give us an update.

ANSWER: We closed it back in March - the staff are highly skilled and were needed to be pulled into other areas for Covid patients, but also patients stopped coming, for example, there was a Sunday when only 4 people came. The staff are still contributing to our rotas looking after patients and the numbers of those attending our emergency departments has dropped off so we are trying to see whether they're ready to come back to the MIU. We are also working with the local GPs to provide a wider range of services so not just minor injuries. Such as, how do you look after minor illness, and children and primary care same-day access. Those conversations are now happening actively. What can we provide for the people of Andover which isn't just a minor injury unit? If you only have a handful of patients coming then it's a lot of staff tied up to see not very many patients. Whereas if you change the spec then you can have those staff looking after a wider range of patients.

ANSWER: The staff in the unit were redeployed to various places. They have supported and been a major contributor to our services throughout Covid and continue to do so. We're very grateful to them for what they've done. We're working with the Andover teams, we met with them on Friday just to say we are starting to talk to them about how we see things working.

ANSWER: At the moment we can't give a date for when it will reopen as we still need to get to grips with what services we need reopening. We recognise that Andover is a part of the catchment that values and uses the services and that we

need to provide same-day care in Andover. An awful lot of this service is provided in GPs as well.

ANSWER: We're working together so the right person will see the patient. Some is more appropriately done in primary care but we do need to join up services.

QUESTION: Is there an update on where we are with Adelaide?

ANSWER: The Adelaide GP practice - forgive me, I am not a GP in Andover but I believe there has been a lot of collaborative working between the GPs in Andover and the GPs are very positive about working together.

QUESTION: I'm amazed that there are going to be new hospitals built. Some hospitals are being closed. Couldn't we just reopen one that has been closed? Wouldn't it be cheaper than building one?

ANSWER: There have been consolidations of hospitals but where we are, across Basingstoke, Winchester and Andover, is there is no facility that is big enough to look after all the patients we need to come into hospital. And the facilities we do have are all at the end of their life. For example, at Basingstoke which opened in 1972, we're having major problems with the sewers and with the roof. In Winchester, the electrics are similar. When we look at what we have to spend on those buildings to keep them in line with current healthcare standards, it's actually cheaper to build something new.

QUESTION: Will the existing building be refurbished and reused? What's the voluntary sector involvement?

ANSWER: At the moment we have all options on the table. The buildings are not in great condition which we need to take that into account. Andover Memorial -what we're hearing from people at the moment is that we need to continue to grow the services we provide there and still use the building. We've been doing a number of these zoom events and some specifically with the voluntary and community sector to see how they want to be involved. There have been some very interesting messages coming through - some would like physical space in healthcare buildings, there's a tree planting charity that works with young people who'd like to come and get involved in the landscaping. All sorts of organisations are getting involved, but we're really keen to get more people involved. Often the people they are working with are some of the people that we struggle to hear from so we are also asking them for access to their services users so we can ask them what they think. For example we have a session with some homeless people. This is incredibly valuable.

COMMENT: I can help with that as I'm involved in an organisation, and we have regional meetings and it might be an idea to link in with them.

ANSWER: I think there is a big movement around our primary care network where we're using social prescribing more. Their contacts with the voluntary organisations help us. There will be local voluntary organisations we want to hear from and link up. Many want to help working out transport so we're going to use those contacts.

QUESTION: Are you looking at building a new hospital because the government is offering us a new hospital, or are we looking at the situation where we are looking at receiving a sum of money which we can then decide whether we need an extra hospital, or we can lose one site and build a new hospital and have more efficient services? And also look at where the need is for our patients and groupings and age and their medical needs. You may have a huge number of elderly people in one area which needs a certain type of hospital to support them and a growing younger population in another area which needs a different type of treatment. And perhaps a centralised unit that does heart, cancer and so on. Are we being restricted in what we can and can't do budget-wise?

ANSWER: Going back to one of our challenges - financial sustainability, we can't come out of this spending more money than we do now. So while the capital for the hospital is something we're incredibly grateful for, we need to use that to change our services to make them more efficient. It wouldn't be more efficient to add a hospital and to continue running all the services we currently do from the other sites. That wouldn't meet the challenge.

The money for the hospital is ring-fenced, but the way we're thinking and working with our colleagues across the system, is let's build a hospital but also change our services to be better. For example, Andover having a hospice, rehab ward, maternity, minor injuries, outpatients, diagnostics and so on - part of this plan could be to increase diagnostics in Andover so you don't need to build it into the new hospital to the same scale. At the moment we're asking what's important to you.

QUESTION: Dental care hasn't been brought into the equation. Trying to get a dental appointment can be as bad as trying to get a GP appointment. Is that being brought into the mix?

ANSWER: This is the first time this has come up. We're not just thinking of hospitals now. We do need to think about that in the mix.

QUESTION: I hear you say you're bringing all types of care into the bubble. When anyone is diagnosed with an illness, the treatment care and aftercare for a lot of those needs to be considered. I was wondering whether there was going to be a facility where voluntary support groups can use places that we cannot afford to buy ourselves. Leisure centres provide courses which people have to pay quite a lot of money for, but sometimes it's nice for the patients to gather together in groups to do exercise. It's less intimidating that way. Is this coming into the new building?

ANSWER: We'll need some of that specialist care delivered in a hospital but a lot of the wellbeing is outside the hospital walls so this is more about how we think about the bigger picture. The building will make a huge difference but it is more than just a building. And these sorts of things will make a big difference too.

QUESTION: I just wondered whether the old hospitals can be used for this sort of wellbeing if they aren't going to be used for wards.

ANSWER: Having voluntary organisations involved in the design is key.

QUESTION: Regarding Covid, we had a massive demand for critical care. Is that something we're going to have to build in as a redundancy in new hospitals? Are the guidelines going to say we have to plan it in? We're finding that routine operations are

being sacrificed so we can manage the crisis. Is this something we can build into the new hospital?

ANSWER: There is no doubt that it will be mandated that you will have a certain type of facility which means you will be able to cope if there is a Covid type crisis in the future. How you organise intensive care in particular. We have demonstrated that using the Andover site has been useful. Not having everything on one site is useful because it means we can do things elsewhere. The design of every ward will be different now, not just more side rooms, but the way the wards are organised. Oxygen will need to be available. All kinds of things will need to be considered. It will be impossible to build anything now without considering a Covid type crisis, it is well and truly on our radar.

QUESTION: Are we at the point now where the action point for Andover is to say what it wants on the Andover Memorial site? That is basically the information you are wanting from our town - what sort of services we want on that site so it can go into the planning for the hospital.

ANSWER: That would be incredibly helpful - what they want and why they want it. We can't promise we can do that, we are never going to make everyone happy but we can take it into account in our thinking.

QUESTION FROM CHAT: Transport Links to Winchester are really poor so more clinics at Andover would be very useful

ANSWER: It's also about what else is important. Transport to the new hospital site has come through in every conversation from all parts of our geography.

QUESTION: I am meeting with some mental health charities based in Andover and other charities to see what they feel about the Andover hospital and what they want from it. I'll feed that back.

ANSWER: This for me is one of the opportunities which could be incredible in a new building. More and more we have children and adults who have complex mental health needs as well as physical and our buildings and services at the moment separate them into mental or physical. Human beings aren't like that. This is an opportunity to bring both of them together to treat the whole person.

ANSWER: I do a set of clinics in Andover Hospital as well as clinics in GP surgeries in Andover looking at children and young people. I sit in with GPs and we see patients together and also with health visitors talking about cases. These are incredibly valuable. There is a lot of stress, anxiety and mental health for our young people. We do this regularly which means we can help an enormous amount of patients without having to bring them to the hospital and it's quicker to cover things off. All the different organisations are working together for the good of the patient.

ANSWER: This is an incredibly powerful model which we can use in other specialties.

QUESTION: Some of our Mens Sheds are working with troubled youngsters. We mentor and help with school and colleges where we can help the behaviour of some of the children needing our help.

ANSWER: We need to get in touch with those groups to get their perspective on what is needed.

QUESTION FROM CHAT: With a growing elderly population are you focusing on improving transition to social care, if so how?

ANSWER: The main thing it's been quite hard because there have been a lot of difficulties over the last few years to get people to the right place, Particularly in Hampshire it's been difficult to find adequate social care. One of the things that has changed with Covid is how much better we work with social care to make that happen. The gains need to be taken forward.

ANSWER: The social care services during Covid have been absolutely brilliant. The pathways that have been used have been outstanding and I really hope that continues.

Chat download anonymised

I live in Romsey. Is this meeting relevant to me

Engagement Support: everyone is welcome. This session will be focussing on Andover but we're glad that you are here - all views are relevant

You mentioned networking and working more closely together to improve patient care. Could you give some specific examples of this? I know a lot of people with co-morbidities. Would this mean they have a more holistic care package? Specialists working better together to enhance medication/ treatment/rehab etc. How will you do this? Many thanks :-)

Engagement Support: PCN - Primary Care Network

very interested to see the mention of well-being. Are you considering something along the lines of a dose of nature linking with local organisations?

in light of the current challenges posed by covid_19. is this a chance for extending digitalised healthcare such as for vital signs to be offered at home and linked to the necessary care provider?? saving time .

sorry I am having trouble with my connection. I am still here but have closed the video to try and boost my connection

With a growing elderly population are you focusing on improving transition to social care, if so how?

I volunteer with Andover Trees and we are interested in this aspect of working in nature.

Transport Links to Winchester are really poor so more clinics at Andover would be very useful

The rehab question is really good.

Good to be here, sorry my connection is so poor

Has a needs assessment been done enquiring of the needs of the community if the service users about what they would like to see??

Yes please contact me

HHFT Communications: - email address is hh-ft.hampshiretogether@nhs.net. Would really appreciate hearing what you find out!

Great thank you Dr Struthers and Hutchins :-)

Thank you

Is there an opportunity for an innovation department in the new hospital??

Dr Simon Struthers: Thank you all, really useful and interesting

Thank you very much. Really interesting and glad to see the depth of thinking

Alex Whitfield - CEO HHFT: XX I think that would be brilliant. We will put that in the mix.

Thank you every one . It's been very informative.

If, after looking at the holistic support required, we find shortfalls in one or more budget, how will this be resolved?

bye

Report written by:
GC and SE