

Monday 20 July 2020: Eastleigh GP Patient Group online engagement session

Facilitator	John Boyman - Head of Public Relations: Strategic Projects	Engagement Team	Ellie Stennett – Marketing Officer
Speakers	Shirlene Oh, Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers, Associate Medical Director – Clinical Strategy, Hampshire Hospitals NHS Foundation Trust Dr Stuart Ward, GP and Locality Clinical Director for Eastleigh, West Hampshire CCG		
Registered participants	5	Participants on Zoom	3
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: N/A			
Questions/Comments raised during online event: <p>QUESTION: You've been asked to accelerate this project. I was wondering by whom and why? What disadvantages there are to that? There is a danger it may be rushed, but we obviously don't want to take too long, but speeding it up may cause issues and we might miss things. I'm a great believer in getting things right. How are you going to make sure you don't fall into that hole?</p> <p>ANSWER: I'll answer this from a funder's perspective. I think in terms of acceleration, the government is saying that they are able to fund the money quicker than the 5-year plan and groups they have previously identified. I think, particularly with the latest announcements for the infrastructure being a way of economic recovery, they're looking at how we can get new hospitals before the 2025/30 timeframe.</p> <p>ANSWER: The reason why we started the engagement as soon as we were given the green light is because we want to get it right. We already know that we had challenges, and historically we have recognised these challenges in the health system. But thankfully we had the HIP announcements and the funding, so we haven't started with a blank sheet. We have already been working together with our partnerships on how we can make things better. In fact, as part of north and mid Hampshire, we are collectively funding 5 integrated care pieces of work because we recognised this is our journey already.</p> <p>ANSWER: I want to reiterate what my college has said. We already know lots of our property isn't doing well and falling down, and we want to make the most of this opportunity. We've been told we need to speed up and spend the allocated money. Moving fast does mean we won't be working as closely as we want to with other organisations, but we've spotted that risk so we are trying to include as many</p>			

people as we can right now. However, against that risk, COVID has made everyone move very fast and this means everyone is working very fast to make quicker decisions, but this is also something we need to look out for and we are aware of it.

ANSWER: This isn't a new concept; we've been talking about this for the past 25 years. We've had many conversations about what we can change and improve, and how many of our plans have been stymied by predominantly funding, rather than ethos. So we can move quickly, but much more importantly, we have a background of having gone through all of these ideas. The community are much more engaged and much more involved than with the CTH, so we've learnt from these mistakes.

QUESTION: I've had practical experience of using the hospitals and GP services during COVID-19 and it was fantastic. The way things have been changed and the innovation, including the use of technology, was amazing and is clearly the future. That is going to be absolutely critical, but it could be a challenge for some patients, but it is something we really need to work on and will save so much in terms of time and money in using it.

ANSWER: Totally agree. There is as much change on our side from inside the hospital accepting it, believing it and thinking it's appropriate when using technology. A patient we had seen recently had her appointment done remotely and it was miles better than getting them to the hospital. Using technology has benefits all around.

QUESTION: History is a great teacher and lessons should have been learnt by now. We have had this conversation 15 years ago. One of the problems that was foreseen was that GP areas would be congested. Setting up community buildings and areas to offer some services was discussed long and hard as a solution, but it fell on rocky ground and here we are again. One of the main problems is congestion in the right places and wrong places. We're not looking at the demographic of the people who are getting older, unable to move etc. We need to send our services into the community to fit the demographic. How can you spread the services elsewhere? I'm not talking about the critical areas, but local ones to support community centres by doing some activities in there to reduce the pressure in the GP surgery. You also need to think about transport links and location that speed up services.

ANSWER: We are currently developing the concept of primary care networks. We have lost a few surgeries in Eastleigh, but we are working to streamline this work to focus on the patient care. We are getting the funding to hire the staff in the practice to make this as efficient as it can be. If we're going to work together as practices, we need to work together to provide these services, you're right and we have been, but due to Coronavirus it was put on hold, but is being picked back up again. We have started working with different sectors and councils differently so we can start providing those services in the community, and we will have the funding soon to support this.

ANSWER: In terms of the site and the roads, we are looking at various options and nothing is off the table. Transport and access is one of the areas we are looking at during the decision-making process. We want to work with our GPs, as well as other community partners, to enable care as close as possible to people's homes. We are going to build a new facility, but our aim is to deliver high-quality care as

close to people's homes or in the community to keep them away from being in the new facility.

QUESTION: Building a new hospital and possibly shutting down parts of another one are potentially quite a political issue. Have you got the support from local politicians, particularly the local MPs for this project? And they won't be fighting over where this is located?

ANSWER: We are in contact with all of the local MPs. Our Chief Executive is in regular contact with this stakeholder group, as well as many others, to make sure we have their input, views, questions and feedback on this programme. We are also going to appropriate forums, and to the councillors as well, to talk about the programme to get their input, including HAASC.

COMMENT: There is a danger that you are taking it to too many people and you can't design anything by committee. You must have an idea of where you want to be already, and it's the idea you put forward that you can make grow. If you don't have any control over the idea, it will grow and you'll spend more time answering questions rather than creating a new hospital. You have to look at where we are today – we are a growing society in age. We need to focus on using the community facilities. I've spent 20 years of my life building community centres in the heart of the city, with rooms speciality designed to have a doctor there 3-4 times a week. None of this has come from the plans originally put down because we've spent all this time talking, and I'm afraid we will be because you've now gone into the political debate trying to talk to councillors. You'll never get a decision because you need to have tunnel vision with a focus on building a new hospital and looking after the health of the people and the nation.

ANSWER: You're right in the fact that we aren't going to please everyone, especially with different political parties. There will be some things we win on, and some we lose on, but at the moment we are taking on everyone's opinions, listening really hard and trying to make this work going forward. We are going to be focused on building a new hospital, but we have to put real focus on community care as well and using this as best we can. We are keen to really listen to people, including yourself, politicians and borough councils, but we all have to work together on what we are going to do going forward that benefits the population.

QUESTION: Is the new hospital a replacement for current acutes that we have, so is there a plan to close or does this mean an increase in bed availability?

ANSWER: The problem we have is the Basingstoke hospital and parts of the Winchester hospital aren't up to standard, so part of this is the fact that we need to replace some buildings. Bed stock is always tricky as we want to model for the demographic. We want to make sure that we've got enough beds should we need them for a different population, which includes a growth in population in Eastleigh, Basingstoke and Winchester, of all ages, so we need to keep this in mind and say we aren't going to lose a whole lot of beds, but also to keep people out of hospital by providing more community care. Where we put the beds is going to be part of us all working together and will need to be decided.

COMMENT: I think that from my perspective, I've worked for a long time in community services and there has always been an aim of providing care closer to the patient's home. While I understand we need to invest in the current state of the hospital buildings, I think

we need to invest in the community. Patients have said to me, unless they need to go to an acute hospital, they want to be cared for at home and in the community, but this does have downfalls as not everyone wants to go down this pathway. Services have changed a lot since COVID-19 and I think this is the time to make the most of this community provision, as it's been refreshing and a new way of thinking.

ANSWER: Part of the integrated work we are doing is to see what more we can do for the populations, including community services. We are trying to look at funding for this. I know the HIP funding is for especially for infrastructure, but we collectively need to look at how we are going to fund these transformed services and look at ways we can invest in some of these community services together.

QUESTION: What is your view on how difficult it is going to be on getting the right level of staffing to man the new hospital and other locations? Because it does seem to me that we are under quite severe staffing levels. How are you going to try and ensure that you have the staff to deliver the quality of care and staff? Because there are gaps – and one I will point out to you is physiotherapy, which seems to be a real problem in this area. We need to ensure that you have the quality and numbers of staff. How confident are you that you can do that and what do these levels look like?

COMMENT FROM FACILITATOR: I think one of the things to think about is by doing things differently to how we do now; we might not need as many staff as we do now.

ANSWER: Staffing is always a pressure, and it's staffing both total number and then specific areas are an issue. One thing we're looking at far more since COVID-19 is taking better care of the staff we have. In terms of health and wellbeing, facilities, breaks, holidays, etc.

Secondly, looking at the areas we are short of staff and working out whether this is because there isn't enough available. We are working with Winchester University to help us get some new staff. Clinical sustainability is one of our challenges. There are areas where we can't keep making speciality staff go across two sites, it isn't achievable. We need to look at putting and keeping them on one site. We've already changed some of these services across Southampton, Basingstoke and Winchester, but maybe we need to change some more.

Finally, in primary and secondary care, one of the ways of reducing the number of staff that we need is by getting more out into the community, especially for secondary care. We know this works and the numbers in outpatient referrals have dropped. Mental health is really key, and I know we're not there yet, but that is the biggest gain in the next few years that we have to make, that is working better and together to focus on mental health.

Chat download anonymised

Who is encouraging you to speed up this project - what are the advantages and disadvantages of this?

What gaps in service provision have you identified> Physiotherapy is a real problem locally and is difficult to have regularly

John - Engagement Team: Will come to you next.

Are all local MPs supportive of this approach?

Is the new hospital a replacement for current acute's or does create more bed stock?

Report written by: Ellie Stennett