

## **23 July 2020:Eastleigh Online engagement session**

<b>Facilitator</b>	John Boyman	<b>Engagement Team</b>	GC
<b>Speakers</b>	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Jo Holland - Clinical Midwifery Matron, Hampshire Hospitals NHS Foundation Trust Dr Stuart Ward - Eastleigh GP Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	<b>69</b>	<b>Participants on Zoom</b>	<b>48</b>
<p><b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b></p> <p><b>COMMENTS:</b></p> <p>I think that crucial services such as A and E , maternity services and stroke units should be kept in Winchester. This serves not only Winchester but also the surrounding villages.</p> <p>We need to keep an A&amp;E in Winchester and a good bus service to any new hospital.</p> <p>I believe that Winchester Hospital should still retain an A and E department, Maternity Unit and Stroke Unit as this serves smaller villages around Winchester as well as Winchester.</p> <p>Acute services at the RHCS Winchester are essential for the residents living south of Winchester in Otterbourne, Hiltingbury and Chandler's Ford. Basingstoke &amp; Southampton are not practical or affordable locations to access especially if you do not have your own transport.</p> <p>I am concerned that the excellent services offered by The Royal County Hospital in Winchester are not affected in any way by the building of a new Hospital. As one example: the difference between getting to A&amp;E in Winchester or Basingstoke could be the difference between life or death. The hospital in Winchester is serene and the services it provides are superb, it should be enhanced not 'forgotten'!</p> <p>inadequate doctor services within the area for Botley residents although Hedge End Medical surgery is grea. It would be good to have hospital services more local than Southampton Portsmouth or Southampton. All take 30 mins to reach and the area population is rapidly increasing.</p> <p>All notes &amp; funding for my wife &amp; myself are held by Southampton General Hospital some 7 miles from my residence, a situation we would not wish to change if it involved additional travelling.</p>			

There should be no watering down of Emergency Department services at Winchester Hospital.

The addition of a new and better NHS facility in Hampshire is eminently supportable. But care must be taken for those who may suffer from problems of accessibility from the south: emergencies; those for whom transport presents problems, and long-term employees.

I was previously a carer for my disabled husband who died 6 years ago. Over the years he had several spells in both Winchester and latterly Southampton General Hospital. My father was in a nursing home in Chandlers Ford for the last 4 months of his life last year, after 3 months in his local hospital in Bromley, and his speech was badly impaired following a stroke so phone calls were difficult. I can't stress strongly enough how important it is, not just for the family but also for patients, that family members, friends and carers are able to visit their loved ones in hospital. I believe this has been recognised during the Covid-19 restrictions when visiting has not been possible. The majority of patients are older, so are their partners, friends and neighbours, they may not be able to drive and/or find it difficult to use public transport. Moving most hospital treatments to Basingstoke would make it far more difficult for visitors to get to the hospital, and also for patients to attend follow-up appointments following discharge. Whilst we all want the best levels of treatment, keeping in touch with loved ones is also extremely important to recovery. Hospital visiting is exhausting even if the hospital is fairly close to home, travelling long distances to visit will have a negative impact on the health of the person visiting, and not being able to visit when they want to be with their loved one will adversely affect both of them as well. Whilst Basingstoke might look central on a map, the thought of driving up and down the M3, possibly in the dark, possibly at peak times, possibly in bad weather, will make it seem very far away for many friends and family members. Patient Transport is theoretically available for patients, although my Dad and I had two very poor experiences of Patient Transport last year, but it isn't available for visitors and getting from Chandlers Ford to Basingstoke Hospital and back by public transport would take ages and would be impossible for anyone with mobility or health issues. Please keep services available in Winchester.

Mental healthcare across Hampshire has a very long way to go - transfers between teams and adapting to suit the patient's individual needs rather than trying to force everyone into the same mould should be massively improved. Access to crisis care should not be limited to a telephone which is inaccessible and often more distressing - Don't limit access to crisis lounges based on a person's postcode!

NHS needs to work seamlessly across its regional boundaries. I am engaged with specialists that 'reside' in a number of geographic areas, and they have extreme difficulty collaborating on my various health issues.

Acute services should be located closer to the communities they serve and specialism should be centralised. Locating all services in a more remote location is not exactly providing a good public service

I don't want local services to be cut or moved to Basingstoke

As I get older if unable to drive I catch a bus within 500 meters of my house to either Winchester or Southampton hospitals. I would not be able to get to Basingstoke. I live on

my own and moved to this area only a few year as ago for work. However, I now after lock down and finding the convenience of everything to my house I intend to retire here.

Definitely from my experience of Winchester it is old and victorian , however would we have the option to go to Southampton ?

I believe the health challenges may well be best met by devolving to people in our local health community to do much more by way of diagnosing, recommending treatment and by prescribing medical drugs or treatment. There needs to be less dependency on every one having access to Medial Doctors as the only course to get treatment.

I welcome being able to voice concerns over the proposed merging of hospitals.

Consider more stand alone units in areas of clustered populations eg Eastleigh

We need to keep an A&E in Winchester and a good bus service to any new hospital.

inadequate doctor services within the area for Botley residents although Hedge End Medical surgery is grea. It would be good to have hospital services more local than Southampton Portsmouth or Southampton. All take 30 mins to reach and the area population is rapidly increasing.

#### **QUESTIONS:**

From the previous Zoom meeting I understood that there were no definite plans and that the new hospital would add to the NHS cover in mid and north Hampshire. I don't think at any time was it said that the Basingstoke hospital would be closed. My MP Steve Brine has sent out an open letter stating that the "new hospital is to replace the current Basingstoke and North Hampshire Hospital. What is the correct situation? Thank you

I've hear that A & E at Winchester will definitely move to a new area in Basingstoke and would like to know how that will improve things locally.

What is the relationship between Southampton Hospital & B&NH Hospitals? Will I be able to go for treatment in Southampton if it is more convenient, even though I live in Eastleigh?

I am keen to understand the future of the medical service provision in the area and how this could effect myself and my family.

What will happen to Winchester Hospital?

#### **Questions/Comments raised during online event:**

COMMENT: I've used the hospital more than I would have wanted to. I have been into hospital during Covid and I was looked after beautifully. I have been shielding and having needed an ambulance to come and pick me up off the floor meant I was quite scared to be going into hospital. I was taken into a 'cold' hospital and as soon as they knew I was immuno-suppressed they put me into a room on my own and I felt that the care that I got was brilliant.

In January before Covid I was admitted into Winchester and I was put into a ward that had a lot of people coming in and out. I noticed that over the 4 nights that I was there, I had

several neighbours in my bay. There were a lot of dementia patients and one of them was screaming all day long. With the dementia patients being moved around so much it added to their confusion and I wondered whether it was an appropriate setting for them and whether designing a new facility there would be a specialist area where dementia patients could be settled and be looked after no matter what their reason for admittance. It would be kinder to them and to other patients who need to recover as well.

ANSWER: Thank you for sharing that story. You are right. There are many patients with dementia that we don't want to need to come into the hospital. We want to care for them in their own home. When they do need to access secondary care we want this building to be designed to be dementia-friendly. There are environments which are much more conducive to people with dementia and we would want to build those in.

ANSWER: The idea is to minimise the admissions, and one of the technical pieces is utilising telemedicine so patients are being seen by consultants at home or nursing homes. To assess them without them being near a hospital. The next stage is that if someone needs to come in for some tests, then they can be tested, assessed and discharged back to where they came from so they don't end up in hospital.

COMMENT: I'm chair of the disability forum in Eastleigh and the only times I have been to hospital recently is because there is no hoisting facility locally so normal things that would happen in primary care I have to go to hospital to access. I was interested to hear about what you said about care at home because if people need equipment like hoists they will have it at home, so that will prevent them from having to go to hospital.

ANSWER: It is the right thing. We can't necessarily provide all the equipment because that is the remit of social services but that is why they are linked in as a partner.

COMMENT: What I'm saying is, if you need it, you've got it in your house.

ANSWER: The telemedicine concept means if you need to have a consultant's view or someone more than your GP or district nurse then we can do that remotely. That's not just a case of care homes but also people who require that sort of kit. Telemedicine will allow us to assess people in their own homes which is a vast improvement because it's easier and better for the individual.

COMMENT: I'm talking about something like getting a coil fitted, which would normally be done in a GP clinic but they can't do that because they haven't got a hoist, so you have to go to the hospital.

ANSWER: Let's take this response on board. It's difficult on those people who need to make an unnecessary journey because of the lack of equipment. So those are some of the things we need to hear.

COMMENT: You've been talking about the hospital and how old it is but you haven't said which one. I assume you mean Winchester but that's an assumption. Have you any idea where this new hospital is going to be built and what exactly is north and mid Hampshire - what does that cover?

ANSWER: Basingstoke and Winchester have been named in the HIP scheme. We engaged a site selection study to identify all the possible sites in mid and north Hampshire and we're going through a review of affordability, deliverability and availability. In terms of the geography, there are never really hard boundaries. The technical answer is that it's a geography served by Andover, Winchester and Basingstoke hospitals currently. But we recognise that patients also go to the Royal Berkshire and Frimley or Southampton. So it's a looser geography than hard borders.

QUESTION: Does this mean that you're thinking as one of the options to close Winchester altogether?

ANSWER: We're not looking looking at closure, we're looking at options currently and we haven't made any decisions about options and service reconfiguration

QUESTION: Julie mentioned the difficulty of maintaining more than one obstetrics and more than one neonatal unit for 24 hours. I'm sure there are other areas where it would be logical for other areas to consolidate at some stage, so there's going to be an issue wherever you live of travelling quite a long way to a specialist hospital. That doesn't apply just to patients but also the specialists, patients' carers and to staff. As part of this could you commission somebody to look at transport to ensure there is some way people from major areas could be brought to specialist hospitals. You could be quite constructive about getting people to the appropriate place.

ANSWER: We are speaking to Hampshire County Council about transport and access, and we are also working with the local councils. We're looking at access, time of travel, what public transport is available, how people are travelling not just today but this is something that is going to be with us for many decades. We are linking in with the county council because they have a sustainable transport vision and we want to ensure that we are aligned with that vision and that we support it so we can make the journeys for the staff and patients as easy as possible.

COMMENT: It's important for outpatient visits to look at the timings. I've heard stories of people having to get up at 5 o'clock in the morning to get to an appointment at 9.00. So that should be factored into the whole process.

ANSWER: We will take that into account. At some of these sessions the topic of how we should be linking in with voluntary transport too has come up, so we will be doing that too.

COMMENT: I want to echo the point made before [*about hoists*]. Same applies with dental services. If you need a dental treatment you cannot get into a chair. I appreciate you can't have a hoist in every dental surgery but it is an issue.

The other issue with transport has been raised. My family member was in a care home and had to make a couple of outpatient trips to Winchester but he couldn't be transported by car and our experience of patient transfer was absolutely horrendous. It was late, uncomfortable, took a long route and by the time he got there he could barely speak he was so exhausted.

The other thing is visitors. I'm fortunate that I haven't been in hospital myself but I have spent a lot of time sitting at bedsides. During Covid people have realised, when visitors haven't been able to come to hospital, that they are a really important part of the system and are overlooked in hospitals. But if the hospital is difficult to get to, particularly with



elderly patients, their friends and their neighbours are often elderly too and can't drive or make long journeys by public transport. It would concern me that some people, especially those with dementia or isolated, are really going to be cut off if their friends couldn't come and visit. Ease of transport is important.

I had to visit my family member every day for six weeks in Southampton from Chandlers Ford and I found that exhausting. If I had to drive to Basingstoke every day in the dark and rain I would be exhausted and I'm not elderly. How visitors and staff and volunteers get there does need to be factored in. There's never enough parking for everyone. I also realise that wherever you put a hospital it'll never be in the right place for everyone. Roads are very busy in Hampshire and patient transport at the moment is not fit for purpose.

ANSWER: You make some good points there. I agree about the importance of carers and family being an integral part. Pre-Covid we were trying hard to accommodate those carers who want to be involved in the care.

COMMENT: Sometimes it's not a case of wanting to be, but having to be as no one on the ward actually knows how to do it.

ANSWER: I take all those points on board. With some of the Covid changes with the non face-to-face appointments, our parking situation has got a lot better. So there have been some positive benefits to that and hopefully some of that will be sustained going forward.

ANSWER: We are definitely going to look at access. It is really helpful that you have raised your personal experience.

QUESTION FROM CHAT: You've said several times that it is hard to run two sites. Can you explain why? Should the Trust be split in two?

ANSWER: There are national guidelines about the number of doctors and nurses needed. There are economies of scale. For obstetrics for example, 20 years ago we would have probably had a consultant on call from home but now we have consultant obstetric-led care which requires them to be on site 24/7. Trying to run those rotas on two sites is much more difficult as you have to double up. There are other specialties where there are national shortages for example emergency department consultants and obstetricians. That's what makes it hard. If you're having to run things in duplicate form it takes more resources to be able to do that. There are some services where it is fine but others where that is difficult.

QUESTION FROM CHAT: Emergency department What are the time/distance criteria for members of the public to be able to reach an Emergency department from their home? They should, of course, take the expected

ANSWER: There are standards and guidance regarding the amount of time it would take somebody to be transferred into an emergency department and that would be something we'd need to factor in. Currently we have services that are centralised, so if you have a stroke you would automatically be taken by ambulance to the Winchester site, and similarly if you had a heart attack you would currently go to Basingstoke. Whatever model you go for in the future, making sure there is a timely access and ambulance service is definitely one of the things we'd need to consider.

QUESTIONS: We've heard about transport and care, and I've seen this myself with a father with Parkinsons who was half an hour from a hospital which was always tricky for my Mum. I guess the question is, presumably you're working with a fixed budget for the next few years. To what extent is there more budget available from the government or are you working with fixed constraints?

Second question is that I live in Chandler's Ford, to what extent are you working together with the hospital trust in Southampton - some of my family go to Southampton. How do you work together with the trusts on our borders and work together as one? Because if I get the choice of going to Southampton or Basingstoke, I might prefer Southampton.

ANSWER: Regarding budget, the capital to build is for the new hospital and we need to justify how much we need. Regarding whether we will have a budget for running our services and what we allocate for transport, this is the revenue budget and is about how we run our services on a year-by-year basis. That has some flexibility in terms of what a hospital does but what we try to do more and more is how we look collectively at a budget so primary care, social care, mental health. We pool our budgets so we look at the integration of services to provide more holistic care to people.

ANSWER: We do work very closely with all the care services across Hampshire and Isle of Wight. Our partners in the Southampton are part of the stakeholder group to help us shape what these services would look like. We are mindful that what we do through this programme will have an impact on Southampton so we are also getting their views.

ANSWER: The fact is that people from Chandler's Ford can go in either direction. Most people from our area go to Winchester for various reasons not least because it is relatively accessible in relation to going to Southampton. The issue with Southampton is that it is bursting at the seams not least with parking and accessibility. Any changes in the healthcare we're talking about need to have the discussion with the neighbouring hospital trust because there will be an impact. It's not just Southampton, it's also east towards Portsmouth, north towards Frimley and Salisbury as well. There are super-specialist services at Southampton which will only be managed there, so the big treatments of neurology for example, but others are even further afield like Portsmouth and Salisbury. The idea is to have the right care at the right place and as close to people's homes but that doesn't necessarily mean as close as it has been as we simply can't manage to do everything everywhere.

COMMENT: There are only so many specialists you can have and cannot have duplication. It needs to be a good place to work. I guess you have to balance your resources. Take maternity, you want to be close to a maternity ward. It's a hard balancing act. People want certain core services nearby and if they aren't, they need to know why. I wish you the best in trying to juggle all those things.

COMMENT FROM CHAT: Could this new hospital be a specialist hospital for say five / six specific treatments ? Thus enabling specialised Consultants being in one place for those specialist areas, in one base. Could it be located near Micheldever station. This would be accessible on the A303 from Basingstoke, Andover and Winchester (via A34) and by train. The other existing hospitals being for other ailment treatments

ANSWER: Nothing is off the table, and if out of this exercise we see there's a need to have major services on one site then that would be something we would take on board. If we're honest it's not likely to be that as there's a need for more generic services but that's something we would consider.

COMMENT FROM CHAT: In the long term, remaining fit and keeping our weight down is an important strategy to reduce reliance on health care. How are you integrating this with the vision?

ANSWER: We are initiating work looking at how communities have supported people's health and whether we can do much more work within the community to look at the social determinants and how we can collectively support it. Looking at food, housing, transportation and how we help people to continue to stay well rather than needing our services.

ANSWER: Although we spend our money on hospitals they're probably the least important in the whole population, but they're essential for the people who need them when they need them. The most important thing is to try and focus on the general health of the population by looking after themselves. A good healthy diet, 5 a day, keep your weight down, do regular exercises, don't smoke, don't drink too much alcohol - all the most basic things we harp on about as doctors and nurses all the time. There is a tendency to follow a concept of 'make every contact count' i.e. every time you see somebody you should encourage them to stop smoking, or lose some weight etc. We try and focus on that. The biggest determinant beyond that is mental health. We are working with the local authorities who have responsibility for some of the wider determinants to make some improvements along those lines. Public health is an absolute essential. It's the only way we're going to keep this country running from the NHS point of view is to minimise the impact that self-inflicted harm is going to cause people by not following the standard health advice.

QUESTION FROM CHAT: Following on from Dr Ward, the New Forest have a frailty team based in Lymington Hospital. They go out and visit /assess elderly patients at home, with the aim of treating them there, rather than admitting them to hospital. It is a great service. Could that be considered in this area?

ANSWER: Yes this is being actively looked at to extend across the area. It was pilot in the New Forest, and it's currently being looked at along with expanding the funding and staffing.

#### **Chat download anonymised**

can my name be hidden please?

In the long term, remaining fit and keeping our weight down is an important strategy to reduce reliance on health care. How are you integrating this with the vision?

Will the smart working practice adopted due to Covid-19 continue? EG telephone appointments?



Emergency department What are the time/distance criteria for members of the public to be able to reach an Emergency department from their home? They should, of course, take the expected growth in the number of over 75s into account.

Surely, such criteria exist: for example, you could say 1 minute or 50yds is unreasonably short, and 2 days or 300 miles is unacceptably too long; but what are the criteria from which such conclusions would be reached.

You keep saying Here, where ie here?

Great for carbon footprint, too.

Engagement Support: Thank you for your comments and questions so far. We will come to your questions shortly

Areas must be safe for dementia patients - not my experience all the time for my Mum.

We all know the A&E departments of hospitals are / were overloaded with unnecessary attendances by the public. We need a better localised Triage system to prevent overloads at A&E. Could we look at localised Medial Treatment centres which could be part of a larger GP practices where people with significant needs, i.e strokes / heart attacks could attend and get the start of necessary treatments.

You've said several times that it is hard to run two sites. Can you explain why? Should the Trust be split in two?

Specialisms in one centre or two, and transport – May I comment please?

This new hospital sounds as though it has the potential to create new jobs which is really exciting the Care industry in this region is often the top area for recruitment. I'm not sure of the location for this new hospital will there be good transport links? Previously I have worked with charities supporting older adults and one of the biggest problems we have faced is getting people from the New Forest to hospital appointments are you looking at collaborating to put in place opportunities for OA particularly to get them easily and cheaply to hospital?

XX makes a really good point here

You mentioned the aim to keep things in the community, minimise admissions and make better use of the technologies we've been using more recently - these would seem compatible with GPs being available for longer hours and weekends, maybe via triage for efficiency, and this could greatly reduce the demands on A&E. Could your working together extend to this?

Can the emphasis not be on travel as an exception rather than the norm?

Will consideration be given to greater one-stop appointments rather than multiple visits?

Are there going to be enough volunteer parking spaces? I belong to Hedge End Good Neighbours and we find it very difficult to park at some hospitals?

Has there been lower numbers of DNAs with phone consultations?

In the primary setting as well as secondary medicine?

How will the A&E response times be met with only 1 A&E Hospital in the whole area?

How does centralising services affect bed numbers? Will there be enough?

Could this new hospital be a specialist hospital for say five / six specific treatments ? Thus enabling specialised Consultants being in one place for those specialist areas, in one base. Could it be located near Micheldever station. This would be accessible on the A303 from Basingstoke, Andover and Winchester (via A34) and by train. The other existing hospitals being for other ailment treatments.

I think the location of the hospital is a vital decision. If you take Southampton General hospital, which is surrounded by housing. This creates issues with parking and poor links from motorways and train stations. The new hospital would need to be central and easily accessible for everyone.

Hospital layout - please could you site the lifts near to the entrance, for the sake of those who have difficulty or pain walking. For example in Southampton there's a shopping arcade and café to negotiate before you get to anywhere. And to get to Outpatients in Winchester there's a long walk to the lifts and then back again to get to Outpatients (which is directly below the entrance).

Is Southampton General or the South Hants part of this trusts responsibility ?

Good to hear there is collective thinking, but should ensure that duplication is avoided.

Following on from Dr Ward, the New Forest have a frailty team based in Lymington Hospital. They go out and visit /assess elderly patients at home, with the aim of treating them there, rather than admitting them to hospital. It is a great service. Could that be considered in this area?

Where will the recording be available afterwards, please?

Engagement Support: we will add a write up from the session onto the website including

comments in the chat box. The recording is only used to help write the report to ensure its accurate and is not kept beyond that unless agreed at the start of the session. We haven't done that here.

how about fitness centre linked to GPs?

Connect to Support Hampshire is a good website to start looking at for health and wellbeing

Will capacity in private hospitals still be used?

Thank you XX for keeping me going till 79!!!

Engagement Support: You can read the reports from all of the sessions and we would encourage you to read the one from this session to ensure that the discussions are

reflected accurately. Please let us know if there you feel that something needs to change.  
Many thanks everyone

Thats great the Fraility Team have been amazing to work with.

Thanks for all the info and consideration. Best wishes

Thank you all

thanks

thanks

**Report written by: SE**