27 July 2020: Liberal Democrats- Focus Group

Facilitator	John Boyman - Head of Public Relations - Strategic Projects	**Engagement Team**	SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway - Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust		
Registered participants	53	**Participants on Zoom**	37

Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:

I am interested in any plan to replace Romsey Hospital.

Accessible health services for all who need them

THe Royal Hampshire Hospital provides an excellent service to the people of Winchester and the surrounding areas.It is easy to access. Do we really need another hospital? The Basingstoke hospital is in a similar situation. What about the cost to the NHS?

It is important to maintain facilities in Winchester

Recognising that we must empower people who use our services with responsibility for their healthcare ... Team approach with service users as equal players

Make sure social care is given enough time in the debate, and recognise how much it has been neglected over the last 15 years. A great deal needs to be done to give social care the position it should have in society

Can we take anything forward from our increased use of video calling during the pandemic to help deal with patients in the future .

We have a major hospital in Southampton. I find it very unclear how this future hospital will link with the ones in Southampton. And also how patient choice, currently often more an illusion than reality, will work.

Hopefully this might be the start of something sensible like joined up combined health and social care. Are there any plans for this and the resulting improvement to health for all rather than social care being the dumping ground for those released from healthcare? The current pandemic has shown that the current model is expensive, wasteful, un-thought out and unsustainable as a model as well as dangerous.

Local rehabilitation services are poor, lacking in facilities, under staffed and and not joined up. Service is rationed by resources not need.

All NHS Services need to be accessible for all including those reliant on public transport. My mother has recently passed away having been in a private care home for 15 years with dementia and this cost the earth. This would have been different if she had had any other illness. How are we going to ensure future care is fair and provided for all that have long term illnesses to prevent the NHS being unable to cope especially should COVID 19 continue to be an issue for may years?

Hospital service provision for the growing Andover area.

Wherever the hospital is situated, it has to have good facilities for staff, and a fairly funded nursery that can provide childcare for children pre 5years old.

Questions/Comments raised during online event:

COMMENT: Regarding consultant-led services at night. I don't know whether to trust the hospital on this because they have previously cut registrars working overnight in Winchester ED [Emergency Department] so there were just two trainee SHOs. How are you going to guarantee you're going to have consultant-led services overnight?

> ANSWER: We haven't cut registrar cover at all. Our EDs need registrars 24/7. We don't have registrars in training but other middle grades with a level of experience. We have had times where we have struggled to cover those shifts, which is one of our challenges. Absolutely you'll need a registrar there 24/7.

COMMENT: I'm a borough councillor in Romsey. Would I be right in assuming that this project has no real prospects of improving health provision in the south of Hampshire? Some of us who live towards the north of Romsey look to Winchester as our nearest hospital which at least has a bus service which goes there, which is not the case for Southampton. I'd be interested to know what the likely impact would be if services are relocated away from Winchester which would make it more difficult for people from Romsey to access those services.

> ANSWER: Does this programme improve integration of health care in south Hampshire? Probably not, but there are a lot of other things going on that cover the south Hampshire area. For those living south of Winchester who access Winchester hospital, this is what we need to understand people's view on. This programme wants to provide as much as possible close to people's homes and outpatients digitally. But if you need outpatients, this doesn't need to be a flashy new building. We already do that in Alton, Andover and other hospitals. I would have thought that people still want that available in local areas. We're hearing that people want services locally unless there is a clear benefit to centralising them in a central hospital.
> We have centralised the emergency cardiology in Basingstoke but all of the follow ups and rehab and diagnostic can and do happen in Alton and Winchester.

COMMENT: In Test Valley we are currently going through the process of revising our Local Plan and one of the things is to know whether there will be any land allocation for a replacement of Romsey Hospital. It is much loved but a bit long in the tooth. At the moment it's not clear to us whether there is any well-developed plan for Romsey hospital and which bit of the NHS is responsible for what there. I know Southern Health owns it, inpatients come from Southampton or Winchester, the clinics are commissioned from the

local commission groups and provided by a whole range of service providers. It's a rats nest of organisations. A bit of health service clarity in the south of Hampshire would be a great help.

ANSWER: Southern do provide most of the care there. Southern Health will decide the future of Romsey. But it is a partnership conversation between Southern Health and the commissioners.

ANSWER: We are really interested to hear what you think should be delivered in a community hospital such as Romsey. e.g. is it the beds, access to outpatient clinics, access to xrays and scans? Nationally the government is looking at community hubs and the community hospitals have often been suggested as one way of doing that.

COMMENT: I am chair of the Parish council groups in Winchester. From where I live, we can get to Winchester easily but we couldn't get to Basingstoke as well. You can get to Portsmouth quite easily. To what extent is this programme going to interact with the neighbouring acute trusts?

ANSWER: We are now working in a very different way. Southampton, Portsmouth and Isle of Wight have come together as an STP - or now called the Integrated Care System. We've been having conversations about the opportunities for all the hospitals. We are talking to Portsmouth as we recognise we do share a population who could look either way. There are no firm plans but we are aware that we need to think about a bigger population. What's important to you - is it time travelled, having things provided closer to home?

QUESTION FROM CHAT: Have you agreed the selection criteria to evaluate options for locating the hospital?

ANSWER: We have 9 patches of land big rough but they are being sieved through 36 criteria which include transport, access and movement (public transport, road networks, the ambulance service - can they get there quickly) but also factors like ecological & biodiversity, archaeological, energy supplies, flood risk. When we have a more manageable number of options, we will be overlaying the clinical discussions. If that means for example you have a poorly hip, do you have your xrays and scans locally but travel a bit further to have the operation in the new hospital where you'd stay for a shorter time and have the most amazing staff and kit. Then go back to home or a community settling closer to home.

QUESTION FROM CHAT: Is the proposal for an Eastleigh Health Hub included in this consideration?

ANSWER: The Eastleigh hub - conversations are still ongoing and we've been keen for years to create this.

QUESTION: In regards to mental health services, are you talking to them about the increasing number of staff going off with mental health issues and whether there can be provisions grouped with Southern health for staff who are having issues with mental health?

ANSWER: That's a hot topic of conversation. I presume you're referring to after the Covid surge. We are looking at how we provide ongoing support and mental health services to our staff. We're working with Southern as they're the experts and how they can respond to what our staff need. Not just one-to-one but support teams. We have had some React training to teach us how to have first conversions and identify those who need further help and we're rolling this out across the Trust.

QUESTION: You're doing an online consultation with what is quite a small snapshot of people. Have you got any plans to involve a much wider community by doing an online questionnaire that involves a large number of people to get some idea of what is truly important? To some extent we are not necessarily representative of everybody. We all have our own personal experience. You need to ask 30,000 people really what's important to them. Have you got any plans to do that?

ANSWER: Just to clarify, we're not in consultation - this is pre-consultation or engagement. Consultation will be from January to March next year where we try to speak to a larger group of people. We are doing lots of groups like this so we've reached about 800 people which is a lot in terms of engagement. When it comes to consultation we'll spread the net wider. We did do a survey earlier in the year but that was really at the start of our process.

COMMENT: Talking to 800 is not that large.

ANSWER: Public consultation will go much larger than that. But what we have done is targeted people who are representative of groups and make sure we capture the right people. We are focusing on who we are talking to and will broaden it in consultation.

COMMENT: When you start widening it out that could bring up totally new clarities which you haven't picked up early on which in many ways is wasting time because you end up having to reorganize.

QUESTION: What is your reasoning for having single rooms?

ANSWER: Single rooms aren't perfect and we're not saying that we would consider all single rooms but we suspect there will be quite a push for us to consider having as many single rooms as possible. Single rooms help with the management of infection, and in all our hospitals we don't have enough side rooms to be able to look after everyone with suspected or actual infections so there is a risk of transmission of infection.
It is more difficult to ensure that for privacy and dignity we separate men and women and with side rooms you don't need to worry about that. We also recognise that many people don't want to be in a side room and there are advantages to being in smaller bays. It also helps staffing. Nursing colleagues will say that it's more difficult to observe in side rooms and this is the big advantage to bays. We need to balance. We will look at all the evidence but Covid has highlighted that we haven't had enough side rooms to protect people from infection.

QUESTION FROM CHAT: Who are you working with to ensure there are adequate resources/support for Adult Social Care in the community, and people are not inpatients for any longer than necessary

ANSWER: We are working with Hampshire County council with this too. Also on the environmental side of things - we have to be carbon neutral and have just signed a deal with the Carbon Trust for them to support us on that.
As far as social care is concerned the County Council Social Care team are interested in being involved in a couple of ways. We're interested in talking to them about nursing home or residential home beds close to the hospital. We're also talking about how we get people out of hospital as quickly as possible in a more home-like environment rather than in a hospital. We need it baked in so we don't build a hospital that is too small or too big.

COMMENT: I spent three months in hospital which gave me some insight. Bed blocking - because people don't have care at home and I was sitting in a geriatric ward for want of somewhere to put me. There was just the lack of care for somebody at home. If there was an emergency care team that person would be out of hospital straight away. I went to the Snowdon Rehabilitation Unit, as I had to go out of area for specialist rehabilitation to Southampton. When I came back home I had 6 weeks of integrated social and rehabilitation care provided by Southampton.That's not available in north Hampshire I believe. When I had to have specialist hand therapy I had to go out of area again to Salisbury. My GP's view was that rehabilitation is underfunded, under-resourced and disjointed across this particular health authority.

ANSWER: I used to work for Solent who provide the Snowdon service, and I know it is amazing because my family member also received 6 weeks of rehabilitation which got her back out and about. We don't have the same in north Hampshire. We're moving towards working as a system and making best use of the resources we have got and there's loads of evidence that shows that rehabilitation is not only better for individuals but also saves you money in long-term care. The lack of domiciliary care is also because there is a lack of people who want to do those roles and be carers. The more rehabilitation we can give people, the fewer people will need to be carers.

ANSWER: I was talking to the clinical chair of West Hampshire CCG about this today and we absolutely recognise there's a big gap. We will feed things like this into the project.

COMMENT: I was also carted around on a trolley by patient transport services which were outsourced, disconnected to the health service and all the staff had an appalling view of them. I was carted off to different places for various tests because they weren't available where I was being looked after. It would have been much better to have more diagnostic ability in the place where it's needed and minimise the need for patient transport.

COMMENT: Single rooms - I would have thought there was a technology we could have now in designing rooms that are flexible to create a single room around someone if you need it.
Step down from ICU. An elderly person being sent out of ICU in Southampton and not then going back into a ward, which seemed the most ridiculous thing. Will you be able to reassure us that when people are sent out from the ICU that they won't be sent out immediately? Going home is important but it is a very expensive process to support that person adequately. Is there anything in this plan to reassure us that when you come out of a very serious situation that there will be some form of step down?

ANSWER: It is very rare for people to go straight from ICU to home. So there's a reason for that. We are looking at critical care services with so much more experience from Covid and we are looking at step-down and high dependency next door to critical care. That we think is a better clinical model. Sometimes there is a request for people who are very poorly that they are facilitated to go home should they not be expected to survive. Also someone who has an allergic reaction, then completely sorted out before allowing to go home.

COMMENT: Well this happened to both of my parents from Southampton.

COMMENT: Currently some people go to London for heart operations. Will the facility be able to offer multi-agency meetings for people via technology should they not have the ability to do this from home?

ANSWER: It's a good point. What we have been doing is conference calls, for example with a pediatrician, the GP, a nurse, the young patient and their parents. We could do that with specialist centres to reduce travel.

COMMENT: There is constant interaction with the elderly, GPs and hospitals and you only realise that when your partners are elderly. My parents were in another county. The hospital was great with them but they wouldn't take any note of whatever we said about medication. When they were discharged, the GP was supposed to follow up and continue prescriptions and that didn't happen. The disconnect between the GP and the hospital was pretty bad. Trying to give back a walker or a wheelchair was impossible. I left some in outpatients because no one was taking responsibility. When one of my parents came here into a residential home. Each resident had a different GP, none of them would look at anyone else. Really bad interaction. The hospital and the care home are good but the GPs were lacking. The system isn't linking it all up.

ANSWER: There's been a lot of developments recently. GPs have come together into Primary Care Networks [PCN] - perhaps, 2,3 or 4 surgeries that come together. And for the majority of the nursing homes in Winchester, the PCNs have ensured a GP is looking after each of the care homes. So they have started to address this.That might not work for everyone - someone may have had the same GP for a long time and they want to hold onto that relationship. Work between the GPs and hospitals has improved.
Our IT systems need to be more joined up but we can see more. But ideally we would have one IT system which GPs, the hospitals and the patient can see all the information. Now our systems are more visible and the GP can see what we've sent home. It's a sticking plaster. Ideally we would have one IT system.

COMMENT: The government did try to do that during the last Labour government. We were doing good things before it got messed up. The problem was that primary care was digitised, but it was the hospitals that were pushing trolleys of Lloyd George envelopes around. I felt there wasn't a will for these to join up. In my mother's case, the care home tried three times to get a GP out. Finally out of hours came and prescribed antibiotics but it was late and she went into a three month decline and died. Not necessarily directly from that but it wasn't good. It was the GP's fault.

ANSWER: There is a much greater appetite for joining up IT now than there was. There are still trolleys of folders, but we are on a programme to get everything digital. One of the projects we're involved in, is a telehealth service to care homes

whereby care homes can phone into a clinical team in the hospital and talk through any concerns they have about and with the patients and can be given advice very quickly. We were supposed to be launching in September but brought it forward to March because of Covid. It's been really well received by the care homes as they can get instant medical advice rather than waiting for a GP to come around the next day

ANSWER: We're using remote monitoring as well as other projects. With Covid patients who had Covid but who weren't poorly enough to be in hospital, have been able to measure their oxygen levels remotely.

COMMENT: I'm really grateful [*audio is poor*] ... please get people to read the information on the website and we've had the opportunity to listen to various experts. There is a useful summary which is the Listening Document so get your friends and people you think should participate to go to the website and participate. You can fill in a form with your ideas and I believe they are all well received.

COMMENT: You mentioned you're working with educational facilities, if the Winchester site was to go, the education centre there, which is not just used by staff but other external people as well, would a similar facility be in mind at the new site and then would you be working with other universities to get more teaching at hospitals so we can increase nursing for the future?

ANSWER: Whatever happens at the Winchester site, the new facility will have an education centre. And we are keen to increase the number of people coming in to learn their professions. I get excited about our relationship with the University of Winchester, which is just one of the universities we work with. They have started with physio courses, nursing courses, nutritionist courses and they keep coming to us to ask what we want next. It's brilliant! We also work with the Open University and Southampton University and others.

QUESTION FROM CHAT: Do we have ambition for North Hampshire to be a regional / national centre of excellence in any particular fields?

ANSWER: We are already a national centre of excellence for a very rare form of abdominal cancer and also a centre for liver cancer surgery and we're very proud of that. And haemophilia care as well.

We also want to be known for integrated care - how we work with colleagues such as Southern Health and primary care. As we look at the more we can integrate we realise that there aren't many examples in this country of this being done well, so we want to be known as that as well as keeping the national centre of excellence we have now.

QUESTION FROM CHAT: you've mentioned the difficulties with Staffing the current hospitals The expensive property market is a factor will the project look at key worker accommodation?

ANSWER: Accommodation for staff would be good. We're talking to many organisations that do key worker housing. In Winchester we're really short of housing for staff. It may be we would have to look at ways of getting staff from existing housing in Basingstoke to wherever the new hospital was. It's in our thinking that we're going to need to provide somewhere for staff to live.

Chat download anonymised

Hello everybody. I'm a pubilcly-elected Governor for our local hospitals - Winchester, Andover and Basingstoke. If you want to discuss anything with me, most of you know my email. XX

here will the funding come from to actually build the hospital and staff it?

Are you expecting more funding from the govt?

Have you agreed the selection criteria to evaluate options for locating the hospital?

Overall, after reconfiguring and streamlining do you envisage more staff, where will they come from and can you use the govt money for staff costs or is it ly for the dig?

only for the building

When my mother was in a residential care home in Winchester, all residents had different GPs, some of whom prob shouldn't be assigned geriatric care. It made it very difficult for the home and fir ongoing assessment of the resident. I.

that was same at my mother's nursing home in Andover. also the quality of dr visit was variable

You have repeatedly mentioned "local". Southampton is much more local to some of us than Basingstoke. How would this proposal affect our service in Southampton?

Who are you working with to ensure there are adequate resources/support for Adult Social Care in the community, and people are not inpatients for any longer than necessary

Pre Covid 33% of the beds were taken up with elderly suffering from the usual winter ailments and injuries. If Covid meant these patients were cleared out how will the new hospital ensure this issue will not be repeated over the next 10 years?

You can't get more local than people's homes. Improved community services would help reduce bed blocking, especially daily personal care and rehabilitation services.

I agree,support services will have to be improved, district nurses , physios

At present patient transport is not good. Hospital staff have a very low opinion of the service and I have a a horror story from my time in RHCH.

Where does provision of public transport facilities fit into the thinking.

Alex raised the point about needing single rooms - would you like codevelop the reasoning further on this please? …and the opportunity for step down from ICU and how this new facility would with attending clinic in preparation for planned heart surgery in London?

Sorry- develop…not codevelop

Agreed, however, we hear many promises/plans for improving local services yet see little improvement. How will this new hospital guarantee the necessary improvements?

Rehabilitation services in this area seem very limited. I have had to go to Southampton and Salisbury.

Is the proposal for an Eastleigh Health Hub included in this consideration?

Is integration with Hampshire Social Services on this agenda?

What about patient transport services as a criteria? Accessibility from home for disabled people?

you mentioned the current financial difficulties,how will the funding be structured, so the hospital isn't overburdened by debt. will parts of RHCH be sold off?

Looking at the age of the participants - we are certainly not representative of the overall population.

But you are more likely to use the Health Services!

There seems to be a disconnect between hospital and GP for medication - hospital takes no account of existing medication, GP dies not prescribe as recommended by hospital physician (not local to here)

H Ha XX! I'm now an expert!

Bays of three or four are quite good as it is easier to supervise and patients get social interaction. However it needs to be flexible so that patients can to a certain extent be matched.

Do we have ambition for North Hampshire to be a regional / national centre of excellence in any particular fields?

In regards to single rooms, can there be thought applied to the size of the room. Mainly to enable the patient room to move around, prevent further health complications, and rehabilitate while also allowing staff room to move around should an emergency arise

past experience of NHS reorganisations and restructuring is that it causes major upheaval and leads to a long period of sub optimal working.

you've mentioned the difficulties with Staffing the current hospitals The expensive property market is a factor will the project look at key worker accommodation?

Great point XX, I know RHCH had a very limited number of accommodation for staff for both short and long term stays. It would be great to see a continuation of this at a potential new hospital site

Are you thinking about giving people simple equipment to allow them to monitor their health at home? e.g. Oxygen sat tester, BP monitoring and enabling daily reporting to the hospital?

I have a brand new wheelchair and asked how to return it and the man told me - hang on to it mate - you'll probably need it later on!

the big NHS IT projects are often unsuccessful. Why?

Salisbury hospital discharges patients with paper reference and medication list. A useful back-upto direct communication.

One huge challenge is trying to marry up all the various historical systems and platforms from the past 20 years.

I apologise- I have to leave for another meeting.

Have to go, many thanks, very interesting and much appreciated.

Key worker housing - didn't we do that in the 50s?

thank you for an informative and interesting session. looking forward to the bigger consultation.

Can we save the chat?

Thanks for the engagement. Appreciated.

Engagement Team: The chat will be part of the report which will be published on our website.

Report written by: SE