

## **Monday 20 July 2020: Breathe Easy Andover focus group - Online engagement session**

<b>Facilitator</b>	John Boyman – Head of Public Relations: Strategic Projects	<b>Engagement Team</b>	Ellie Stennett, Marketing Officer
<b>Speakers</b>	Ann Brown, Chair, Breathe Easy Andover		
<b>Registered participants</b>	4	<b>Participants on Zoom</b>	5
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b>  N/A			
<b>Questions/Comments raised during online event:</b>  <p>QUESTION FROM FACILITATOR: Has your experience as a patient changed over the last 10 years? Are there things you can think of that are different now in the way they are delivered compared to 10 years ago, and how those have affected you?</p> <p>COMMENT: The community is very different. I had to have an MRI. I live in Andover and I had to go to Lymington for it. Now as a car driver, I could manage that, but there are many people who can't drive. So I know you're working to bring everything together, but the distance is rather extreme. So that is one problem. The other problem is getting to the hospitals because if you go from Andover to Winchester and you haven't got transport, you need to get a bus or a train and it's a long journey from point A-B. Andover is a community hospital, and it doesn't have a UTC centre like every other hospital so our GPs are under a lot more pressure. I know the CCG is looking to enhance Andover, but it is a long way off into the future. When you're talking about a new hospital, I think it should be built on the Andover site. Although the Andover site is not the biggest site, you can go upwards and I think this would be easier for the patients in the main town of Basingstoke and Winchester to catch a train straight to Andover hospital, as it's more accessible than what the patients in Andover can do.</p> <p>COMMENT: Andover is a growing town and is so large now, and probably has a population higher than Winchester because our houses are closer together.</p> <p>COMMENT: I don't know if you want to talk about the design of the hospital as well, or if that is the way in the future, but a lot of new hospitals are now going to single rooms where all the clinicians visit the patient rather than moving the patient round, which is</p>			

better. Also, for cancer patients to have a diagnostic area to go rather than moving them from one place to another.

QUESTION FROM FACILITATOR: I'd like to go back to your initial point which was about having to go all the way to Lymington for an MRI – was that a particularly specialist MRI? And what was the reason given for you to go to Lymington?

COMMENT: This is where they said I had to go. I was seen in Winchester because they were a community unit opposed to a hospital unit, and I had a choice of two and I opted for Lymington and it's easier to get to, but either option was a very long way to go.

QUESTION FROM FACILITATOR: I know respiratory health issues can be long term, so I just wonder over the last 5 – 10 years, have you noticed any differences in the way your care has been provided? Harder to get appointments? That sort of thing. Does anyone have any views on that?

COMMENT: I was diagnosed with asthma about 10/15 years ago now. The care towards me has been absolutely fantastic. I can't fault it, but the only thing I would like to see honed in a bit more is the lack of communication across hospitals. During my care, there seems to have been a lot of confusion about where I should have been, whom I should have been seeing. It's only through making phone calls myself that I have been able to solve these issues. Some of my appointments have been double booked in different hospitals, and it's all a communication issue. I wonder how many other people may have been affected by this.

QUESTION FROM FACILITATOR: You said between hospitals, is this between which sites?

COMMENT: Winchester and Southampton mainly, but I receive care across 4 different areas in Hampshire. The main issue is that Winchester and Southampton hospitals don't seem to communicate.

COMMENT FROM FACILITATOR: That does make more sense because they are different Trusts, but we're hoping that by working closer together as a whole system can solve some of these issues.

COMMENT: When I was diagnosed with COPD, I was told by a doctor at a GP surgery that management of your health is your responsibility, we are just here if you need us. That's great if you happen to have a medical degree and many years of experience, but in practical terms, most people have to do a lot of information gathering for ourselves. This is fine, except a lot of the information is a little bit dubious and you can't verify it in any way and it needs a clinician to help. What I've certainly seen over the last two years is a withdrawal of GP services into a remote area that we don't know about. The communication between hospitals and GPs is as well. There is no joined up working at all or at least very little. If you manage to get into the GP, half the time they don't know that you've been in for an operation or something else, which brings a lack of confidence in how joined up the care is. Where are we going with all of this? You're hinting towards it being a total system. Many years ago there was Citizen's Charter and it focused on putting people first and all Government departments had to focus on how they would deal with clients and customers, and they did a similar concept, but better, in Portugal which

focused on the needs of the people. The system looked at the lifecycle of people, from conception to resurrection, of what people need at each moment in their life and address it in that way. I think this is something you need to bear in mind. In a health setting, you're talking about medical, social care and community care. Our Breathe Easy Andover group are very lucky as we have great connections with the community respiratory team and our leader has a great connection with a senior consultant who comes along and briefs us on the latest updates. That gives huge confidence to people and we feel like we are part of it, so I think we need to be looking at how can the needs of patients as part of that health delivery system actually benefit from this hospital? Sorry. Long answer.

COMMENT FROM FACILITATOR: There is no time limit on these discussions so we want to hear your honest views and experiences. I see someone else has joined us now as well.

COMMENT: I missed the video and introduction – could you please explain what this session is about?

COMMENT FROM FACILITATOR: We're talking about the Hampshire Together: Modernising our Hospitals and Health Services programme. The whole reason for this is Hampshire Hospitals, which runs Basingstoke, Winchester and Andover hospitals is part of the Government's Health Infrastructure Programme and is inline for a new hospital, but beyond that it's about making the whole system work better together. So this session is focused on discussing your experiences and how we can take forward, what's needed in the new hospital and how we can work better together. We're going to be exploring three points and the first one I'm trying to get you to think about is have hospital services in Hampshire changed in the last 10 years? Such as is it hard to get appointments, or waiting longer, or what was offered 10 years ago in terms of care compared to now? Do you have any thoughts on that?

COMMENT: Yes. Over the last 10 years I've always been diagnosed as asthmatic and I've always had the medication to treat asthma, but it was only over the last several years that I saw one of our specialists and it was suggested that I might have COPD. That's when things started moving quite rapidly because I went onto a pulmonary course, and then on to Breathe Easy. Unfortunately for me, my surgery isn't very forthcoming in having nurses that haven't been trained to deal with the respiratory side. I can go and see an asthma nurse, but I haven't got a respiratory nurse. They're still looking into it, rather than training somebody up so I'm caught between the devil and the deep blue sea, which is really disconcerting. The last review I had for my COPD I went to see the doctor, who frankly didn't really deal with the things that should have been dealt with – it was sort of a quick in and out session. That is an area that really needs to be looked into, from the training side. What are your thoughts?

COMMENT FROM FACILITATOR: It's not my job to voice an opinion on that, I just ask the questions.

COMMENT: My experience was I was borderline diabetic and my blood count was 44. The pack they gave me and the course I went to in Wellington for about 3-4 months was very, very good. It was informative and I took away a lot of useful information, and by the end of it I went from 44 to 39 and back into the green zone. The only failing extra is, there has been no backup/follow up since to say if I should perhaps come and have a more

regular blood count done for my glucose. Basically, since the course I've heard nothing. I'm not even sure if my GP has been fully informed on that issue.

COMMENT: It's a breakdown in communication.

COMMENT: That seems to be the flaw here is communication, and we're all waiting for information to get back to the doctor, and waiting longer than we should be to see a GP than we were 10 years ago. There is no question about that at all, but what I find very irritating is, and this is where I think the British public fall very short, how many people do not turn up to their GP/surgery appointments. When you think about it and add all that time up that somebody else could perhaps be diagnosed with a serious illness are missing out simply because of that. Personally, I would like to see people be directly taxed over missing their appointments by £5 or £10 and then people might learn to turn up to their appointments. They're the main two things that I feel should be raised.

COMMENT: I ditto the comments about communication. I feel like one hand doesn't know what the other is doing. We're lucky in Andover because we have our Breathe Easy leader and our respiratory nurses which is fantastic, but where do we go from there? We get to the exercise classes and then after that where do I go? I need the trained people to bring me on because I can't tell you much about the diagnosis. I can read up on the computer, but I naturally need to know that I have the support somewhere from the doctors and the nurses. My doctor is excellent, but I've not really seen anybody. I do feel vulnerable.

COMMENT: As far as COPD is concerned, my treatment has only improved so I'm a little bit out of the circle with everybody else. I used to go to a surgery that I went to for many, many years and every time I kept saying could I have an inhaler because I had a problem, they kept saying no I don't need one. I became so ill I couldn't talk up any inclines without being bent over. In the end I decided to change surgery, and they are brilliant. I was referred straight away to the COPD nurse, changed my medication, gave me inhalers, and I was able then to walk up a road. I have my yearly check-ups and I was referred to the pulmonary rehabilitation team who were marvellous. From there, I now go to Breathe Easy Andover and Tai Chi, both of which are run on a voluntary basis. What we really need is the house service to come out and provide this on the NHS so we can have this extra exercise, which is so important to make sure it doesn't get any worse.

COMMENT: Over the last 20 years, the care for respiratory has improved. Respiratory teams have been set up and rehab exercises have been instated, but there is a big jump between that and what's after that. If it wasn't for voluntary and the sessions run by the BLF we wouldn't have anything at all, then people feel very vulnerable and left on their own to carry on managing their own illness, and it's the continuation they're lacking. One story I did bring up at another meeting is some people with COPD also have second and third illnesses to care for and can end up going all over Hampshire for different types of illness. If you were lucky you could get blood tests transported for you, but you have to travel for the rest.

QUESTION FROM FACILITATOR: I'll move onto the next discussion point, which is how your experiences have been shaped by the conditions of the hospitals you were treated in? We're talking specifically about hospitals, not GPs. I guess the main question is what are your thoughts on the conditions of the buildings currently

operated by Hampshire Hospitals NHS Foundation Trust in Basingstoke, Winchester and Andover? Has this had an impact on your experience as a patient?

COMMENT: From my own personal experience, I can't fault any of the places I've been to. All the staff in all the departments made some sort of contribution to my care. All fantastic, but other people may have had different experiences. The only problem is parking. We've got more people visiting hospitals, more visitors, and the car parking facilities aren't what they should be. Andover can be a bit of a free-for-all, especially if you're going to the reception at the back. As someone who suffers with a respiratory disease, in Southampton, getting from the car park to the building is a pain. It's not a friendly walk by any means. Other than that the hospitals are great.

COMMENT FROM FACILITATOR: Does anyone else want to come in on that? I know sometimes, as an inpatient, the temperature can be troublesome.

COMMENT: I've been to Southampton hospital for an operation and I had the unfortunate experience of getting down there for 7am on a cold November day to find the hospital in darkness because of a power cut. We stayed there for four hours because they said go home, so I had to go through the whole process again. But what I did find was the actual wards were fine, but I don't know who fitted the windows but the draft was horrendous. You wake up in the night and you'd need another six blankets, and I thought if I didn't come in with pneumonia, I stand a good chance of leaving with it. The other aspect is, and I think this goes back to the original planning and not looking at it from the needs of the patient. A lot of people now are discharged after operations, but it's that first 48-72 hours where you need to get out of bed and be exercising a lot, which is not very easy in hospitals, which are restricted in corridor width and spaces where you can go walking. Some hospitals do have a gym, but they're often on another floor or the other side of the hospital so if you've already got a respiratory problem getting there is awful. I think that it's not just a bed, but it's the facilities around it. It's the recuperation of that patient and getting them out the door as fast as possible because we don't want people sitting in there for six weeks. The evidence shows that the longer people sit there and are inactive, the greater the number of problems happen later on. A family member of mine had a hip operation and there were no follow up physiotherapy sessions, and they're in an awful state now.

COMMENT: Some of the buildings are quite antiquated and they're not set up for the new machinery, such as ventilators. As far as I can see we are going to need these for some time going forward. Also, we need to have oxygen linked to every bed, especially with respiratory. We shouldn't have to have a state where oxygen canisters are wheeled to a room; it should be able to be plugged into a wall. The buildings that are there now are not suitable for modern day medicine.

QUESTION FROM FACILITATOR: Is that something you found when your family member was in hospital?

COMMENT: As I said, people with respiratory disease often suffer from secondary illnesses, which meant my family member had to have other medical equipment fitted to them, so to have all those machines around them, plus 24/7 oxygen cylinders there the nurses would have had a real challenge even getting to him without tripping over wires or pieces of equipment, let alone actually care for them. Having a modern design where you could put all of this into the wall like they do in A&E.

QUESTION FROM FACILITATOR: Which hospital was this?

COMMENT: Winchester, Basingstoke and Southampton

QUESTION FROM FACILITATOR: Basingstoke is probably the oldest of those three, and Southampton is a bit of remit of this because we're talking about Hampshire Hospitals. Did you experience any particular problems in terms of the temperature or anything like that?

COMMENT: Often, my family member used to find it very hot in Winchester. I would take fans from home to take to him because sometimes they were in there for weeks, so I would take 2 or 3 small fans that I could car to and from the hospital so they could have them. In fact, I left them in the ward when we left for the last time.

QUESTION FROM FACILITATOR: Thank you. Did anyone else have anything about the conditions?

COMMENT: Going back to the issue of car parking. It's certainly a serious issue in Andover and Winchester, and I don't know if the public would take to this but maybe we could run some form of shuttle service for the hospital to local shopping centres or bus stations. As long as the shuttle bus ran on a regular basis, then the remaining car parking spaces could be given to the staff free of charge.

COMMENT: I remember visiting the hospitals back in the mid 1950's when I first had a major operation there as a small boy, I felt pretty intimidated by the old, Victorian-style building, and I still find it intimidating today. The buildings behind is have slowly kept pace with the modern times. We need to start thinking about where we're going to go with the technologies that are coming along and fitting them into new hospitals.

COMMENT: You have a multi-storey car park in Winchester, but by the time you get to the respiratory department you're out of breath. Why don't they incorporate car parks in all departments and areas? For instance, if you have a respiratory department, make sure you've got enough close car parking space for the respiratory patients so they haven't got to walk very far. Multi story car parks seem to be a long way away from the actual hospitals. Southampton is a nightmare. You have a multi story car park there with a helicopter pad, and where we had to go we had to walk right to the end of the hospital and go up about three flights of stairs, so that's really important. Car parking facilities surrounding the hospitals.

COMMENT FROM FACILITATOR: That's a good point. That's similar to Winchester with the main car park is at one end of the hospital and outpatients is at the other end.

COMMENT: I recently came out of hospital from Winchester a couple of weeks back and it was good because they wheeled me down to the MRI department, so my husband was waiting to pick me up from the car park there, so that was useful. It's very important to consider the facilities surrounding the hospital as there are many people who really can't

walk that far.

COMMENT: At Winchester, unless you're fortunate to get in at Queen's Road, and I've got a blue badge so I can drive right down to the MRI department, but if you're not fortunate to find a place at Queen's Road you do have to go and park round in the multi story and it's a really long walk from there to the hospital. Southampton is worse. Room for improvement.

COMMENT FROM FACILITATOR: That's really useful feedback because we will be starting with a blank sheet of paper so that's something we can feed in.

COMMENT: By all means, have multi story car parks, but take on board that in a new hospital if we're lucky to have a respiratory unit, we would prefer to have a car park closer to that unit rather than walking miles, or offer a bus service, because we do get out of breath.

QUESTION FROM FACILITATOR: The last question I have here is about centralising services and what your views are on centralising key services? People have already mentioned that stroke services are centralised at Winchester and if you had a heart attack you would go to Basingstoke. The opportunities for the Hampshire Together programme are really exciting, but there are difficult decisions along the way. Centralising services such as maternity care and emergency care in a state of the art hospital would result in improved care, but some people would have to travel further to access this. How do you feel about that? And what do you think we need to take into consideration when thinking about that?

COMMENT: The good thing with centralised services is you can have modern facilities, but Hampshire is a very large area and I can see emergency care queues. You have them now, and you're still going to have them, and how are you going to say whether that's a heart attack or a stroke when you can't get into the hospital because you've got so many people coming in from all directions to get this specialised treatment. This is a concern that worries me about one new central hospital, and it's worried me before in previous plans. Many people raised the same problem that if you have one big centralised hospital in one area, it won't be able to cope with the whole of the population, which is one downside to having the new hospital, but obviously a new hospital is badly needed.

COMMENT FROM FACILITATOR: I will quickly answer that. With centralising the services, yes more people would be going there, but you would have all the staff centralised in that place as well. The space isn't really the issue that's causing long delays in the emergency departments. It's the fact that staff are split, so if you bring them together they can see more people between them and will speed it up. It's more about the staff you can get there. If this were to happen, this is what they will be looking for.

QUESTION FROM FACILITATOR: This is different to when I talk to people from Basingstoke or Winchester because they have emergency departments in their area, and Andover has a MIU. How far would you be willing to travel or how far do you think is acceptable to travel for emergency department services?

COMMENT: To get to Winchester isn't so bad because you can get there in 20 minutes, but any further than that is an issue. As you know with heart attacks, it's the speed in

which you're seen is the most important. I wouldn't like to travel any further than that. I know they've centralised services at Winchester now which is good because if you had a stroke and went on a Friday, you weren't seen until the Monday.

COMMENT FROM FACILITATOR: That's the sort of thing we're looking for. By bringing this together we can stop those things happening and a great example of how centralising these services can improve care.

QUESTION: Are they going to centralise the ambulances as well? Because I had an extremely bad experience with ambulances when a few years ago I was caring for a family member who collapsed. I called for an ambulance and for 40 minutes I was on the floor trying to resuscitate them while waiting for the ambulance. In the end three ambulances showed up from different areas in Hampshire.

QUESTION FROM FACILITATOR: How long ago was this?

COMMENT: About 15 years ago. It makes me wonder for those out in the villages, you're in a rural situation it's not ideal. I'm a little biased, but I'd like to see it in the Andover area please.

QUESTION FROM FACILITATOR: The previous plans to build a hospital by the M3 – how do you feel about that?

COMMENT: I was actually for that hospital.

COMMENT: The access was easy enough. Let's face it, from Andover nothing is easy access. I wouldn't like to say what area it should be in. As long as it's easy access that's the main thing.

QUESTION: Have you pinpointed or do you have a list for a potential area for the new hospital? Anywhere on the M3 corridor would be good because in Andover we're lucky to be able to do this in 15-18 minutes, so for an ambulance that is realistic. These are all accident hotspots so I assume from emergency services this would be a great location.

COMMENT FROM FACILITATOR: In terms of location, we've not got a location yet, but we are currently looking for one. We need to find a plot of land big enough, and then we also need to factor in if they're available and other elements. Accessibility is a key factor. More information will be realised in the new few months.

COMMENT: My view is people have difficulties for access around the north of Andover. I know you have the boundary problem between Hampshire and Wiltshire. Andover has expanded over the last 10-15 years and there is a possibility of another 90 houses built in our town. People who live in smaller towns around Andover, the chances of having quick care for emergency health issues diminishes greatly because they have to travel to Winchester or Basingstoke. If we had a hospital in Andover that could deal with emergency care, which is currently a major fault in Andover because we don't have one, and I'm not taking a huge hospital, just something that could deal with A&E in this area would be extremely important. Heart attacks and stroke are the two biggest killers, and yes it is centralised in Winchester, but if you want to centralise this with a new hospital then it needs to be to the north or west of Andover.

QUESTION: We've had a little hospital in Andover, the cottage hospital, for many years now. What's going to happen to that?

COMMENT FROM FACILITATOR: As I've said, we're starting with a blank canvas. The point of these sessions is working out where the new hospital will be, what services will be provided and what happens to the current sites as well. It's been made clear to me that Andover hospital is important to you all as patients because it means you don't have to travel to Basingstoke or Winchester all the time. It's all very broad at the moment, but you will find out more by the end of the year.

COMMENT: Another factor is that Andover had to absorb thousands of more houses because they were going to build a new town in Micheldever, which did not happen. This needs to be taken into consideration because our infrastructure is not very good in Andover.

COMMENT FROM FACILITATOR: The current housing levels for the years to come are all taken into consideration in all of the areas.

COMMENT: At the moment we seem to be talking about political 40 super-hospitals. I think we need to be careful that we don't go from one extreme to the other, for example from the left wing to the right wing, separate versus total distribution. In my previous work, they had a health care system that was small, centralised, run by doctors and dealt with everything up to a certain level that required specialist care, including a small A&E where some initial first treatment can be carried out, an assessment and then sent on to specialised care if needed. They were located in the centre of old towns to take into account larger areas and road closures.

COMMENT: With the GP system, it's reactive and not proactive. You go to the doctor, sort your problem, off you go and you're left with no follow up or support. I remember talking to a doctor in Winchester and he said 'have you ever had a spirometry test done?' – I had not – so he said I need to have some tests done. This was six months after I'd had a hard time with pneumonia and this should have happened sooner, but the doctors did not refer on as there is no proactive activity about it. Another example is, BLF provides professional development days for medical staff. We're lucky in our practice, we have a COPD nurse specialist and I've highlighted this to her and she has tried to get release to go on one of these training days, but they won't let her.

QUESTION FROM FACILITATOR: This last bit is slightly more difficult to do with patients from Andover as you don't have services on your doorstep already, but would you be willing to travel further than you do currently if you had access to better technology? And a better environment to be cared for?

COMMENT: I would. Given the fact I've had to do that anyway over the last 5-6 years and I'm now having to go to Padworth every 4 months I've not really got a choice in the matter – It's either that or another hospital. I've never had an issue with driving to Winchester, Basingstoke or Southampton. None of them are more than half an hour away, but it would be nice if everything was in one place. I've had to use all the hospitals for different reasons, so if this can be done in one place that would be ideal. But at the same time, I've got the luxury of being able to drive a car. For those who don't, that could be more of an issue.

COMMENT FROM FACILITATOR: One of the mantras is the right care, in the right place, at the right time, by the right healthcare professional. So, the right place for checking in for an outpatients appointment may even be your own home via video call, or Andover War Memorial Hospital if you need to see someone or tests. But then if you do get really ill you go to a hospital then that would be somewhere else, as it is at the moment. I think it's important to note for this programme, when we talk about centralising services it's where necessary, but doing things locally where possible. Locally has changed because of COVID-19 as locally used to be going to an outpatient's appointment, now they can phone you up.

COMMENT: You talked about telemedicine. It all assumes that it's related to ages, income, and affordability. What about single mums who can't afford internet connection, the cost of a PC and the software? Equally, there are many people in their 50s/60s who either don't have a computer or don't like using one, and there are many people who don't have smartphones. There is this danger you will have this digital divide, and to assume you can do appointments all by telemedicine is dangerous because you will have a percentage of the population who won't be seen, and this could be the percentage of people who have a greater demand for care. Be careful with that one. You've got to reach 100% of the population. Private sector can do this easily because they select their customers, in the public sector we can't and every single member of the public has the same level of rights to access.

QUESTION FROM FACILITATOR: Did anyone else have any final points?

COMMENTS: Because COVID-19 is going to have a serious effect on the health of the population, including all the side effects COVID-19 has created. Because the disease is to do with serious breathing difficulties and this is going to be a growing problem. With the Breathe Easy group, the problem we have is people need to be trained to do breathing exercises and techniques. Is there a scope for the NHS to push this forward to have more people trained to assist with these groups? This is going to be a growing concern in the future. This is the problem we have. We have a great group and volunteers, but not enough people to help us or train others. Can we get a focus on this to bring this forward in the new hospital or in Hampshire in general.

COMMENT: I have put this forward to the CCG that these should be provided on the NHS rather than relying on volunteers.

COMMENT FROM FACILITATOR: All of this will be in our report.

QUESTION: Is the money there for a new hospital?

COMMENT FROM FACILITATOR: We have £5million for a business case to put together for the money to build a new hospital somewhere. The money is there and it is part of the Health Infrastructure Plan, and we are moving quickly because we want Hampshire to be at the front of the queue, but we do still need to hear from everyone.

COMMENT: I think we will need to continue to rely on people from the community to run groups like Breathe Easy, ect. I think the key thing is they all need to focus on exercise as well. Exercise prevents and reduces our likelihood to go back into hospital and rely on the health services. It's the NHS responsibility to get us these services and the issue is we

don't have the correct facilities to exercise properly. Big hospitals need to support their physiotherapy departments.

COMMENT: In regards to costing. Because we were informed very early on via our group leader and the British Lung Foundation, we went into lockdown earlier than the government insisted. None of us ended up with COVID-19 or went into hospital for treatment, which saved the NHS a lot of money simply because of people like our group leader who had a basic bit of knowledge and training. All I'm asking for is more members of the public to volunteer and trained properly to do certain tasks like breathing techniques and exercising to go forward and help more people.

COMMENT: On behalf of the group, thank you for giving us the opportunity to speak and share our thoughts.

COMMENT FROM FACILITATOR: Thank you all for joining us.

**Chat downloaded:**

N/A

**Report written by:**

Ellie Stennett