

Tuesday 21 July 2020: Eastleigh MPs/Councillors 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 Partnership, Hampshire Hospital NHS Foundation Trust Ruth Colburn-Jackson - Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups Dr Dominic Kelly - Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
Registered participants	6	Participants on Zoom	6
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: N/A			
Questions/Comments raised during online event: <p>QUESTION: How can we link in service for health hubs in Eastleigh town centre, if they're hypothetically moving from Winchester to Basingstoke, so our Eastleigh residents don't have to travel further to get these services, or could they be ever closer to home. Another issue for us is our residents having to travel further to get these services, including transport issues as well. I know nothing is in stone yet and you're still looking at lots of locations, but this is just from the conversations I have had with other Eastleigh residents.</p> <p>ANSWER: This issue has been mentioned before, and you are not the only location having these thoughts, so it is definitely a theme. This is absolutely about the broader infrastructure and service model that we're looking to work out, so our localities alongside the development of primary care is vital and what we're trying to achieve through this and accelerate this through those discussions.</p> <p>COMMENT: We have had a conversation about what it would mean for our residents, it's about transport and access on how people would get there. We do like to work in partnerships, and sometimes it feels like we're giving and giving, but we're not getting a lot back on people who want to improve these services. They miss so many things, including consulting with residents. In Eastleigh, we have many more groups who need to be consulted with – Good neighbours – in regards to transport to and from hospitals, so it would make a huge difference to them. I've seen an event for One Community who are fantastic, but they are not the only group in the community. More needs to be done here. One of the worries is what will close in terms of what services we already receive in Winchester and Basingstoke. What would we use there that our residents use? Which means they would have to travel further away.</p>			

COMMENT: Another worry was how green is this hospital going to be? When that site was sold we were assured that part of this site was going to be kept to save our Eastleigh residents could use this for X-rays or MRIs to save them from going to Southampton or Winchester. Well, that never materialised and that comes up in just about every conversation we have about providing services for our residents, which is a real shame because the site is there and we're told MRI scanners are going to be more expensive, but you're building a new hospital that is going to cause so many more problems for our residents when they've already got it on their doorstep. People from Gosport and Portsmouth already come to Southampton and Basingstoke hospitals for endless treatments. If the hospital moves towards Basingstoke then that's even more travel and we're trying to be greener around this and the climate for those with respiratory issues, and it just seems to me that we're adding to those issues that we're trying to solve? So it's the impact on all those things as well.

COMMENT: We've been talking for more than a year about a Hub in Eastleigh town centre or even West End/Hedge End, which seems to have been put on hold. Eastleigh was working very hard on this and working around Mitchell House, for example. We lost an awful lot of money and everything else, and it was because the CCG weren't ready to move with it. We want to work to provide for our residents, but we need some feedback on that. A bit more reassurance on this money is going on, where it will be, is this going to happen, when is it going to happen and what this means for our residents.

QUESTION: Representing Hedge End, West End and Botley, we were promised this Hub at Mooregreen hospital, which never materialised. Of course the area is increasing in population and money was allocated to Hedge End medical centre because they can't keep up with the number of patients they have, so they put up temporary cabins. Now they're saying they can't cope again with the number of staff or space because we offered them a short-term solution, not a long-term solution. For the residents here that is really troubling, and most of the areas around us are expanding. With regards to a new hospital, if you're going to make the services go any further away from Eastleigh it will make it harder for our residents to use these services.

ANSWER: I completely understand the concerns, but because this is not just a case of building a hospital, it's the case of building a whole health care system, all of these are being taken into consideration as we go through the appropriate clinical reviews and look at the pros and cons. We all want our patients to have the best access and the best care. We also need to look at the current status quo because as clinical 'things' change, we might not be able to offer certain elements because of things like staffing issues, etc, for example our neo-natal unit at Winchester has been split across multiple sites or patients have to go to a different hospital all together because we don't have the staff. By bringing our services together, we would have that critical mass of staff to be able to offer those services. It's not as simple as building something in the right place geographically because we do have to staff them and there are criteria that we need to follow to do this. For me it's about how we offer some kind of centralised service for the really severe health issues. If you ask most people if they're in the back of an ambulance, does it matter if you what hospital it goes to, they don't really care at that point. They just want the right treatment when they come out of the back of the ambulance. It's the smaller elements that make the most difference to a patient's experience, including travel and centralised services without multiple trips and as near to someone's home as possible. It's the smaller things that help to have the right care, in the right place, in the right time, as near to my home as possible with

limited travel and same care services. The key thing here is to work with the whole system. We build the system, and then we build the facilities to provide that.

ANSWER: To support this, there is an awful lot of work that is going on between now and putting a spade into the ground to achieve what was just described. We are starting to look at the work in how we can transform these services. Going back to the hub, we are going to put some energy into this again, and this is our commitment. As for transport, we recognise that people are reliant on volunteers and we need to work locally with people on that. We are also working with the councils to see if they have these transport plans, and also with the county to understand the long-term places for transport. 50 years is a long time, and the councils may have long-term plans for public transport development, especially with the environment. We have a workstream launched to look at our environmental and carbon impact.

ANSWER: We're not just talking about how we provide health care now, but also for generations to come, and technology is moving at just a fast rate. Over the COVID-19 period, my clinics have gone from being 100% face-to-face to 100% telephone and virtual clinics, but there is no doubt that will change over time. We need to think about the future and technology.

COMMENT: Technology and health care is going to change over the next 10-15 years with telephones and video calls. There won't be as many GPs down the end of the street, but the health Hub models look like they're here to stay and there are some real positives to using it as well. The majority of people I have spoken to have embraced these technology changes, but not everybody and we need to think about the people who don't. Maybe in a few years time more people will be used to technology, but at the moment that's the feeling I get in the way that primary care is going to go.

COMMENT: COVID-19 has taught us that we can do our appointments remotely. I've had all my GP appointments during COVID-19 carried out remotely and they were fabulous really because I don't drive and getting to north Hampshire would be a pain. Anything we can do going forward virtually is going to be very helpful. We have a tendency to think about the here and now and the immediate, but actually as our generations are moving up aren't going to think twice about logging on to a screen and having access to what they need. There is going to be a period as generations move on, everyone will be more tech savvy. Like you've said, the building is just the building, but the best person for me to talk to might be in Ireland or America, so I can see some really good wins from this and I do have reservations about the short-term for those in more remote areas and transport. If you've got to walk to your nearest bus and you're unwell, and then a train and then another bus you've taken up 3 or 4 hours just trying to get to Basingstoke. I don't know if this is where you're going to have this facility or wherever it may be, but please be mindful that there are a lot of people who will be reliant on getting there by public transport. I do think you should be embracing technology and thinking about what we can offer people so they can be doing this remotely. I think we haven't gone far enough with that. We're all on this call now and we're all over the place in terms of location. I'd like to see much more joined up connectivity.

QUESTION: A family member of mine is in hospital with multiple health issues and every time they go back into hospital they get treated by one group at a time who may change his medication because they're looking at one thing, but then this could set off a different medical issue like their breathing or their blood, so whatever happens I think the system

needs to be much more holistic going forward so they're looking at the full range. How do you make sure your teams will be able to cross talk to each other? It needs to be more joined up and if this new building can help to facilitate that then it's got to be a good thing to save more lives. As politicians we have this terrible habit of thinking very short-term because our terms are now and sometimes we need to park that and focus on what is going to be good for our communities going forward. Also, work really hard with the transport groups to get it joined up.

ANSWER: We understand where you're coming from with those differences between specialities. The way medical training has gone is it has become a lot more specialised rather than generalised which is what used to happen, but I think the key thing is communication between different groups. It can be difficult if you're based in lots of different areas. It's also difficult when you're using technology like bleeps. I don't understand why this is happening now when technology is so much further ahead. As part of the programme, the development of the technology to be able to communicate better is going to be vital.

QUESTION: I agree with the points raised about technology, accessibility and transport. To me, there is an opportunity to make healthcare to feel more legible to people. I'm lucky as I'm not one of those people who need's any on-going engagement with healthcare. My experience of being in healthcare is that it can be quite an illegible system and that constrains people's ability to self-direct and self-manage. Also, to feel empowered and to know what is going on. When we're thinking about buildings and virtual infrastructure like apps, websites, telecoms, etc, if we think about best practice for co-designed services. How do we make this a legible service people can navigate – does this remove pressure off some of the professionals who won't need to help with the navigation, but also does that help with these feelings with wellbeing and empowerment? I know what my own residents talk about and it is that basic stuff like access to GPs and knowing they won't wait too long. I just wonder, does this project aim to replace the demand that is current on Winchester and Basingstoke hospitals or is there an opportunity here to oversupply this new site and system in order to take the pressure off and to redraw boundaries?

ANSWER: We are in dialogue with Southampton to look at one of the things we are doing which is to look beyond north and mid Hampshire and to look into the integrated care system and we have regular meetings with other acute hospitals for potential acute services that can be networked across Hampshire and Isle of Wight.

ANSWER: Primary care is often the place of care for most people. In terms of experiences of people with healthcare it tends to be through their primary care roots. Very few contacts are actually with or in the hospital setting and the opportunity on how we expand that primary care offer and bring the specialist care to patients, rather than having them come into hospital. It was mentioned earlier the issue with staffing and the same is true in primary care. The opportunity for us to really think about the care that most people will be accessing, which will be primary care and community services, through this model is really important. As for health inequalities, we need to really think about that warm neighbourhood depth of care and understanding about what people really value in terms of those care services, which often isn't about the more technical stuff, it's often about a broader scope of the patients experience and your lived experience. Taking that all on board and really exploring those opportunities that will be delivered through an enhanced primary care offer and will get as much attention as the rest of the

agenda throughout this programme. The level of engagement from primary care has been fantastic. Lots of colleagues have really been involved and are keen to us this as an opportunity to develop the services, as well as contribute to the overall programme.

COMMENT: The angle I was interested in was the huge growth in older people, particularly over 75s, and how we handle dementia. The increasing use in technology is fantastic, and as generations come through the ability to use technology will obviously be there, but if you've got an impairment that is going to be a real challenge. I do not have a good experience with dementia and it's made me realise what happens when someone has dementia and goes into hospital. I think we do acute medicine very well, but it is much more challenging when we're talking chronic conditions, but it's all about the connections both in the community before someone goes into the hospital, but also for when they're ready to come back out. We talk a lot of about wellbeing, and this is an exciting opportunity, but when you talk about wellbeing from you as service providers, and what works for you, but actually when you take it fundamentally back to care and that's all about relationships and how do we go about those small elements that make up a patient's experience, because they're just adding to the stress for what most people probably think is already stressful. You all work in the health service, but most of us who don't work in a hospital setting. We walk in, everything is scary and strange, we're not used to it and I love how it was mentioned earlier on the call. I think that is really positive. But how do you breakdown the barriers with the clinicians as the expert as you need to realise that the patient themselves are also the experts. How do the patients become more involved and take more ownership of their care and have options? Because what could be good for one person isn't good for another. This is all exciting, but I guess what I'm not sure of is, if I can ask this, is this just tinkering at the edges, doing what we've always done, or are we really coming up with things that are completely revolutionary, which is what I'm hearing that you want to do, but I'm not hearing the ideas that are delivering on that.

ANSWER FROM FACILIATOR: The ideas come in later which is why we are doing this to gather more ideas.

ANSWER: There are already lots of ideas coming in and all being taken on board. People have come up with the idea of creating a hospital that doesn't feel like a hospital, which has been inspired by Alder Hay Children's Hospital in Liverpool. At this stage, we are all thinking about loads of different ways we can do what needs to be done, and the reality will come in a couple of years when we hear how much money we have and where we need to cut the corners. We can't not build an operating theatre in a hospital, and I just worry that these things that make it a more enjoyable experience for our patients are the areas that are potentially cut, and we will need to think about other ways to fund these.

ANSWER: What we're doing is learning from other national hospitals who have managed to provide what it is their patients and staff have co-designed with them at a high quality without major sacrifices. We've started these conversations to learn how they've done it so we will hopefully be facing some of the fears mentioned above. How do we not compromise on the key things that are really important without cutting corners? I was very impressed by Alder Hay hospital designing their hospital within budget, so it is possible and we need to learn from these examples.

ANSWER: I want to reflect on the comment about how we are health care professionals and this is our expertise. I think this is always a good reminder. Thinking about how we brand ourselves on that is always interesting. I have children and one broke their arm, and trying to get all the different elements of care to come together was a pain, so very quickly we go into patient-mode so matter how long we have worked in this area. That has always been a challenge for us so please do keep reminding us of that. These sessions are also about reminding us that we are residents and will also be using these health services, as well as being those who are responsible and trying to improve the delivery.

QUESTION: I want to mention dementia. The biggest challenge going forward and using technology will be critical in how we assess and help people because I think as more and more people are remaining in the community, it is much harder for people to cope. When you're looking at your facility, you need to consider how you are going to make it easier for people to stay and remain close to their loved ones if you are going to centralise services. Have you considered working with sporting facilities? Because that could be part of people's rehabilitation. Have you thought about having a playground outside for children who may be ill but want to go outside to exercise or to play? Take this opportunity to think about all those other things that make 'life' really good because sometimes your life is in the hospital for whatever reason, but you still want to have access to all of that. Maybe an outside area? It's nice to get out and get air, go for a walk, because it's good for your mental wellbeing. Health care often compartmentalises what a person needs instead of treating them as an actual person and you need to think about that. Treat my asthma, but let me go and walk in the air and exercise properly. Have you gone down that route? This could also save you lots of money if you work with them and design the entire space as a community hub.

COMMENT: In Eastleigh we have SportWorks for GP referrals and we also deal with cancer patients and getting them fit for surgery. These are great ideas and they really do work. Fitness and end of life care. Now people tend to think end of life care is brilliant or emergency care is great, but it's more the day-to-day issues like transport. A family member of mine has complex issues for over 5 years now and it's the common issue of going to a hospital appointment on the Monday, then returning on the Tuesday, going back on the Wednesday and one of them has been cancelled but you've not told it's been cancelled. That has a real impact on people's mental health and complex issues. One of the issues I think that needs to be solved to help this is the computers need to match the departments. My family member is under so many different consultants but they can't pick up the medical records from other consultants, so they find themselves talking for at least half an hour about what happened at the last appointment, what that consultant is doing, it goes on and on and on, which has had a massive impact on their mental health. The physical issues they had were bad enough, but when you have that added it brings the mental health down as well. I think we need to start matching those computers up. My final comment is being proactive, not reactive. If we have more proactive stuff at a community level it actually stops people from being hospitalised and we need to start educating people from the start. If we started educating more people and got more events run locally it would stop hospital appointments. I've very passionate about this. We have some great teams in Eastleigh who do some fantastic work. Getting people exercising for mental and physical health benefits. We do really want to work with you, it is a fantastic opportunity to have a major hub where you have all the specialists there. In the area I live in, it's a lot of travel from me to North Basingstoke. We have pockets of poverty in this area too and these people can't afford to pay for that transport. We do have a lot of people and it is about the inequalities. Making people travel further is actually going to stop them

getting the help that they need, so we really do need to think about getting them there. I know we mentioned hospital transport, feedback that I've had from my residents is that they are picked up at least 2 hours before their appointment, then they have to sit there for 2 hours, they don't have the money to grab a drink, and then you have to wait for your transport home. Overall, I think it is fantastic, but there is a lot more than needs to be done.

FACILITATOR: Thank you for joining the session.

Chat download anonymised

5Billion? the slide states 5million

Dom Kelly - Consultant Cardiologist: 5 million seed funding so far.

You keep breaking up.

Speak please

Speak please

Lowford surgery does not even have a long term gp, it is being covered by another local surgery which is feeling the pinch

Speak please

Speak please

Speak please

Speak again please

I have to go to my next appointment - thank you! really interesting, looking forward to seeing ideas develop. :)

Dom Kelly - Consultant Cardiologist: Sorry got to go...

John - Engagement Team: No worries Dom. Thanks for joining us!

Good point Lou, Bournemouth have something similar with a leisure centre next to the hospital and they started a cancer rehab programme in partnership, which was a driver in the national Macmillan cancer rehab programme

Happy to meet as many to make sure that we all work together to meet all our residents needs. Thank you everyone for your time

Thanks all. Looking forward to hearing the next steps and future thoughts. Bye

Report written by: Ellie Stennett