

## **27 July 2020: East Hampshire Group Online engagement session**

<b>Facilitator</b>	John Boyman – Head of Public Relations, Strategic Projects	<b>Engagement Team</b>	Wendy Landreth
<b>Speakers</b>	Shirlene Oh - Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Louise Fox – Associate Director of Nursing, Hampshire Hospitals NHS Foundation Trust.		
<b>Registered participants</b>	<b>52</b>	<b>Participants on Zoom</b>	<b>32</b>
<p><b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b></p> <p>My biggest concern is to see an effective integration between NHS services and the Social care systems including Care homes.</p> <p>Community Hospitals are Key. It is essential Alton retains its community hospital and that the expansion to deal with the Covid-19 Crisis</p> <p>Strengthen community hospitals to provide non urgent services, focus main hospital on trauma and specialised services. Maybe combine community hospital with extended GP &amp; Pharmacy services.</p> <p>A health and hospital service that can be closer to the community - super-clinics, better use of existing community hospitals, more NHS dentistry, etc.</p> <p>In Petersfield we need better transport links to QA and St Mary's. Over 70s are still not allowed back to be volunteer drivers for the Petersfield Voluntary Care Group to drive patients to medical appointments. So we are 35 people short. Not many people under 70 volunteer as more work later these days. I am afraid we shall have to turn people away.</p> <p>Alton Community hospital is the only hospital within 10 miles . We need to have access to health care without having to make long journeys every time.</p> <p>Also, when my grandfather was in hospital a few years ago, I felt that he didn't receive the care that he needed in Basingstoke hospital. He was transferred to Alton Community hospital for the last 2 days of his life, which made it much easier for my 90 year old grandmother to visit him and gave him dignity that he'd not had in an acute hospital. bigger is not always better and I wish that he'd been at Alton for much longer.</p> <p>I would like to see existing resources (including buildings) used and adapted wherever possible.</p> <p>Any new build hospitals must have the required communications and transport links that meet the needs of all members of the community, from very young to very old. We should be aiming to reduce the need to use private vehicles. Online consultations should be</p>			

made available for those people who are able to use modern communications technology, thus reducing the need for travel and helping reduce the scale of facilities required in hospitals. It will be easier to comment once we understand what is possible as part of this new strategy! Services need to be joined up with clear pathways and processes.

concerned with the number of dwellings being built in Alton; wonder where the infrastructure is e.g., medical care, police , emergency services etc. for all the additional population.

I'm interested to learn about the Hampshire Together programme

We need local access to hospital care as well as centralised.

To maintain accessible services with in the area. The previous suggestion of a hospital near to J7 of M3 would be accessible to the areas described.

With all the large amount of new housing being built, What extra health facilities are being considered for such a great influx of people either for everyday medical problems or hospitalisation?

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

COMMENT: The COVID challenge is that drivers over 70 are not allowed to drive in their own cars. Restricted to people under 70. Anything that can be bought in using consultations at home will help. Parking at hospital, please build it with room to extend the parking. Patient drop off.

ANSWER – we aim to provide as much as we can through telephone or video consult. Building on what we have learned through COVID. Working with Hampshire County Council regarding transport links.

COMMENT: Wherever the hospital is, it's not really helpful to many of our older clients to suggest public transport is the answer. Car provided transport for many people for years to come. There is a divide between people who have blue badges and people who have difficulty in walking from the main car park. Tiered system for parking. Step free level access.

COMMENT: Is the thinking that we end up with more hospital functions, less functions or the same?

ANSWER – Our estate in terms of buildings BNHH are not fit for the future and parts of RHCH. In terms of services we will look at what services will be needed in the future. Not looking to provide any less but how we provide them is being looked at.

COMMENT: Interested in the effect that the new hospital will have on smaller hospitals. Alton, Odiham etc. Are they part of this scheme or will they be bypassed or forgotten?

ANSWER – Alton hospital run by Southern Health so it's not included in the discussion about the buildings. Still a need for community hospitals for rehab and care.

COMMENT: Transport is an issue so focus on having more of the services accessible in the community. Bigger role for GPs and in primary care. This is where I feel investment will be really beneficial.

COMMENT: Transportation – how are people going to access facilities? Adapting local services so that people can get to them.

COMMENT FROM CHAT: Community hospital services - Alton residents value the diagnostic functions offered at Chawton Park site Community Hospital. Saves on transport, quick delivery of diagnostic service and results.

ANSWER: Looking at what we can do in the community.

COMMENT: Transportation is a key part of this. We don't have a good transport infrastructure. Given the situation with the environment, not necessarily the location but how people can access the services sustainably. I would prefer to see the use of estates repurposed locally.

COMMENT: Access to hospital care services out of hours, Bank holidays and weekends. Trying to get care "go to the nearest walk-in Centre" which was Woking or Portsmouth. Ended up in A&E. Local access to service.

ANSWER – currently looking at urgent treatment centres and where they are based and also looking at a pilot where through 111 we can book appointments in the right place. Integrated ways of working are being explored.

COMMENT: A&E – always find that there are people in there that shouldn't be there. Triage should be better.

COMMENT: Communication – live in one area but treated in another. Need joined up thinking, if I have a blood test in one hospital, why is it not accessible in another? Pertinent to border areas.

ANSWER – we all use different systems so need to advance the digital agenda.

COMMENT: Isolation hospitals – Do we need them back?

ANSWER: There will be a push for single rooms in new hospital builds.

COMMENT: Using an App for consultations?

ANSWER: Yes and my medical records is also being trialled. Plus Care and Health Information Exchange.

COMMENT: It's really great that stakeholder engagement is going on. Community hospitals, the obvious thing is if you have hubs (community) then standard stuff can be done there, and there's less need to visit the major hospitals. Got some real challenges, M3, A303, A31 – Alton, motorbikes, accidents.

COMMENT: In 1998 there was a proposal for a bespoke system which was rejected in place of a National NHS system that hasn't worked. Looking to put another big monolith hospital. It won't serve community or service users. It will only serve bureaucracy in the

NHS. Amazing work has been done at Gosport minor injury unit, staffed by senior nurses. Great work, easy to operate. Cost effective.

Alton community hospital doesn't have a minor injury unit. Alton community hospital is a means to extract funds from the Alton Community.

What are you going to do about streamlining administration, with a sensible financial perspective rather than carrying on making it about a big hospital?

Why can't the 90 beds in Alton be kept so that they can be used for local people.

Why can't we have a minor injury unit?

ANSWER – what we're providing in the community is key to the future. We're working with partners to ensure that community beds are available. Minor injuries and urgent treatment centres are all being considered. We're working with Southern to find an easier route to those beds.

QUESTION FROM CHAT: Are you thinking of specialities based services in a new hospital? Single rooms for patients, Infectious diseases, oncology for example. Plus diagnostics.

ANSWER: We're meeting with clinical teams about the visions for those specialty services.

QUESTION FROM CHAT: Is part of the future to totally integrate all hospital facilities under one umbrella - community and otherwise? So no Southern Health etc - just one controlling Trust?

ANSWER: Not for this programme to answer but we are trying to work together to be as integrated as we can be.

COMMENT: Why do we need all these different Trusts?

ANSWER: Need to all align to the same set of goals and outcomes, and how we are inspected, regulated and funded.

COMMENT FROM CHAT: Two points - what are we doing to encourage local pharmacies to undertake minor consultation/treatment as they do in Europe.

### **Chat download anonymised**

Community hospital services - Alton residents value the diagnostic functions offered at Chawton Park site Community Hospital. Saves on transport, quick delivery of diagnostic service and results.

Perhaps one approach is to continue to have community hospitals within all towns, including the larger ones such as Basingstoke, Andover and Winchester etc thus leaving the major hospitals to provide more specialist care including A&E?

Joined up thinking! Yes please!

While increasing joined up thinking and systems between medics is vital we do need to remember that not everyone has access to technology and shouldn't be disadvantaged in their access to healthcare.

I totally agree my mother lives in the area and at over 80+ technology is not the only answer

access to primary care is essential to meet local people's health care and social care needs. for example no out of hours service in Alton without going to Basingstoke. what area/s are you looking at for the new hospital

Are you thinking of specialities based services in a new hospital?

much demand locally for a minor injuries unit at Alton Community Hospital, and if the ACH is under-used why not utilise it more fully?

Is part of the future to totally integrate all hospital facilities under one umbrella - community and otherwise? So no Southern Health etc - just one controlling Trust?

that's the golden ticket. let's do it!,

Two points - what are we doing to encourage local pharmacies to undertake minor consultation/treatment as they do in Europe.

point is that in France everyone carries an electronic health card with details of medicines treatments so all practitioners can see it. Why do we find it so difficult to get our IT systems sorted out. WE need more connectivity all round

time for a revolution in thinking.

**Report written by:** Wendy Landreth