

27 July 2020: Patient Voice Focus Group Online engagement session

Facilitator	John Boyman – Head of public relations, strategic projects	Engagement Team	Wendy Landreth
Speakers	John Boyman –Head of public relations, strategic projects		
Registered participants	9	Participants on Zoom	8

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

I believe that more services should be carried out in primary care that is done at present. The site for the previous new hospital at Junction 7 of the M3 should be investigated for the new hospital.

Major housing and population growth is planned for Basingstoke over the coming years plus the borough will have an increasing elderly population. The hospital and health services need to be modernised and grow to provide for this growth. The services should also be better integrated e.g. medical and social services, to provide for the needs for this increasing and changing population.

Questions/Comments raised during online event:

QUESTION FROM FACILITATOR – Has your experience as a patient changed over the last 10 years.

COMMENT: 10 years ago it was easier to see a GP than today. You used to phone and get through quicker. Local GP service improved.

COMMENT: Urology service experience. Appointment process is not easy. You get an appointment then it changes, at one point you had to contact the secretary. Ultimately, I had to change consultants to solve the problem.

COMMENT: Don't think services have improved over the last 10 years. Fracture department follow up appointment changed 3 times within 2 days. 2 letters arriving on the same day with different appointments. Not very efficient.

QUESTION FROM FACILITATOR: During COVID things have changed. Anyone had any telephone appointments? How was it?

COMMENT: Check up to see how you're doing is OK. Examination is obviously harder. Appointment with physio on the phone which went very well. Exercises sent over the internet – worked very well.

COMMENT: GP had referred me to Dermatology, tried to make telephone appointment but each time I called, I was told they were not taking appointments as they were full up. Took 6 months to get an appointment. Experience at that time can put you off having a telephone appointment.

COMMENT: At various outpatients it's extremely difficult to get an appointment for knees or hips. It's common to have to wait for a long time.

COMMENT FROM CO-FACILITATOR: Lots of discussions in Patient Voice Forum are around accessing services and delays, cancellations and planning appointments and waiting times.

COMMENT: You need to look at how people can access services in different environments. Satellite provision. How can we access blood tests, ophthalmology, physio and do this out in the community.

COMMENT: Parking – accessibility of our buildings.

COMMENT: Taking the hospital out into the community has been talked about over 15 years. However, senior consultants disappear, things change, new broom etc. This gives us an opportunity to do this. Clusters of GP surgeries, consultant/registrars come out to the cluster to hold one clinic in the community.

COMMENT: Andover – no minor injuries unit. It's difficult to make an appointment to see a particular doctor or consultant. Talking about knees and hips, no hospitals are doing elective surgery.

COMMENT: Andover only does day surgery rather than full operations. Day surgery is good for cataracts, endoscopy etc but it's very limited. The biggest asset in Andover is Brecknock hospice.

COMMENT FROM FACILITATOR: It is an important part of the service

QUESTION FROM FACILITATOR: What is your experience of the buildings we operate in and their conditions?

COMMENT: Once you're in and having treatment you can't fault it. It's just getting an appointment that is the difficulty.

QUESTION FROM FACILITATOR: What about the environment being treated in?

COMMENT: Overall, Basingstoke hospital looks run down. Walking in, it doesn't look like a marvellous place. Some areas that have been modernised are good. A&E looks really run down. Outpatients in Basingstoke compared to Winchester are poles apart. The fracture clinic looks run down. Things were set up in the 60s and 70s and haven't been modernised.

COMMENT: Environmental inspections once a year, list of things that are not so good. Windows were draughty in the 80s and are still the same. Recognising the capital cost of windows is massive. Lots of cracks. Needs constant management to stay on top of issues.

COMMENT: This is an opportunity to start afresh with a new hospital.

COMMENT: We have suffered from lack of money, there's been no investment in the Trust.

COMMENT FROM CO-FACILITATOR: Prompt about signposting, getting from A-B, Accessibility, sensory impairment, hearing loops, visual impairment, colour blindness.

COMMENT: All the outpatient areas are colour coded without 'wording' the colour

COMMENT FROM CO-FACILITATOR: Prompt about access at RHCH car parks, A&E then down a hill in BNHH. Changes to the front of the hospital for RHCH were welcomed. Mobility problems but no blue badge, accessibility.

COMMENT: Following a surgery, even though I was cleared to drive, I had to get a taxi because of the steep steps to get to hospital from carpark.

COMMENT: Looking to the future, assume that the RHCH and BNHH buildings won't be pulled down but will still be used for something. Retro work in existing facilities once a new hospital is built.

COMMENT FROM FACILITATOR: We don't know what will happen to old, don't know where new will be. Difficult to financially sustain 4 sites. It's probable that the hospital closest to the new hospital will be pulled down.

COMMENT: During cancer treatment there was a need to drop at the door but it was still a long way to get to where you have treatment.

QUESTION FROM FACILITATOR: Centralising services will result in better care, but as a result, sometimes you may have to travel further. How do you feel about that?

COMMENT: People come to Basingstoke from Berkshire, they get used to going to whichever hospital they are closest to. People would travel to wherever the hospital is.

COMMENT: There are issues if you have a long way to travel. Hampshire is a rural county, for some people to travel a long way it could be difficult. The elderly population and older people find it difficult to travel long distances, may not drive, and it's tricky visitors getting to see them too. With COVID, people who were in hospital for a long time, and weren't having visitors were getting depressed.

COMMENT: Stuck it in the middle of the county, people may not be able to get there. Needs to be accessible. Should it be near to one of the larger towns for accessibility.

COMMENT: The majority of people will travel to where they will get best treatment. Most people can live with the fact that they may not get as many visitors.

COMMENT FROM FACILITATOR: Are there any services you think should be provided in certain areas?

COMMENT: With trauma and orthopaedic reconfiguration, the initial view was bad that you have to go to Basingstoke, but then once people realised that you can have your follow up appointment in local hospital then it was all good.

COMMENT: Hospital for such a short time, visitors not really wanted for the first day, second day is busy and third day going home.

COMMENT: Following a stroke – taken to Royal Berkshire. Outpatient appointments were all in BNHH but it would have been better to go where I knew.

Clarification –CCG had to refer to Basingstoke. Can't choose where you go.

COMMENT: Happy to be anywhere to get better care.

QUESTION FROM FACILITATOR: How far do you think you would travel for a hip operation with latest technology and 24hr consultants.

COMMENT: Hip operation – Up to an hour

COMMENT: Want to go to the place where you get the best treatment. Half and hour to an hour.

COMMENT: One hour is quite a long journey which is OK if feeling fit, but not if poorly. Half an hour.

QUESTION FROM FACILITATOR: Would you travel 30 minute for routine check up or outpatient appointment?

COMMENT: Offer choice. i.e. Basingstoke with a long waiting list, or Alton quickly so you can choose whether to travel.

COMMENT: We don't need all the hospitals we've got – people will travel up to an hour to get the care they want.

COMMENT: Would travel up to an hour. Specialist hospitals people will travel for.

QUESTION FROM FACILITATOR: What services should be remaining local?

COMMENT: What services could be put out to GP surgeries? Sainsbury's has visits from macular surgery regularly. What things could go into a mobile unit. We have a mobile MRI. Could you run it through local areas?

COMMENT: Blood tests should be at GP surgery. Wouldn't travel far for a blood test.

COMMENT: Public transport.

COMMENT: Lots of procedures are down to the CCG and whether they will pay for them or not. Won't pay the GP surgery to do it.

COMMENT: What can we push out to the community. Physio, blood tests etc without the great infrastructure of a hospital.

COMMENT: You have to look at what is cost effective. And provides the services that people need. Travel situations, routine appointments may take up to half a day.

COMMENT: People's expectations are too great. People want a good service and want it for free.

COMMENT: Good experience with GP practice. Blood tests in GP practice, GP then called with the results, service was excellent. Like to see more of these kinds of activities.

COMMENT FROM FACILITATOR: online portal for regular monitoring. (Telehealth and telemedicine – update your own stats and then contacted if anything abnormal)

COMMENT: Finding the right balance between virtual outpatient appointments and how many people come in as some people would prefer to see someone.

ANSWER: Mainly based on clinical need but important to explore that.

QUESTION FROM FACILITATOR: Some people may want to come into the hospital. When would you be happy to come in and when would you rather be seen remotely?

COMMENT: EConsult – fill in a form and the doc gets back to you. Really good.

COMMENT: Video consultation works really well.

COMMENT: Satellite services would be so good.

COMMENT: Gestational diabetes – upload finger prick every day. Good service.

COMMENT: Biggest change in the last 10 years is the number of people accessing services. Not everyone has a smart phone.

Chat download anonymised

NONE

Report written by: Wendy Landreth