

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	BUILDING ON SUCCESS – LYMINGTON NEW FOREST HOSPITAL – THE NEXT TEN YEARS: LISTENING EXERCISE UPDATE		
<b>DATE OF DECISION:</b>	19 SEPTEMBER 2013		
<b>REPORT OF:</b>	CATHERINE BOWELL, PROGRAMME DIRECTOR OF CLINICAL COMMISSIONING		
<b><u>CONTACT DETAILS</u></b>			
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#### STATEMENT OF CONFIDENTIALITY

None

#### BRIEF SUMMARY

This paper outlines the events and responses to date from the Listening Exercise in relation to the Lymington New Forest Hospital Strategic Review. The Listening Exercise, which took place during June 2013, was a crucial way of gathering feedback from our stakeholders. Their views will feed into our work to review the range of services at Lymington New Forest Hospital to ensure it meets the needs of patients over the next ten years.

It was important to undertake this piece of work as it offers assurance to the Board, and as we move forward, to Hampshire Health Overview and Scrutiny Committee, that we have met our statutory duty to involve and engage with a wide group of people. It will also aid future engagement and potential consultation activity, and will significantly support our plans to develop the hospital by being able to evidence robust and continuous involvement of stakeholders.

#### RECOMMENDATIONS:

- (i) That the Panel notes the issues outlined in the report.
- (ii) That the Panel agrees the impact on Southampton health services and how it wishes to be involved in the decision making process for the Lymington New Forest Hospital changes going forward/

#### REASONS FOR REPORT RECOMMENDATIONS

1. The Panel has a responsibility to respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.

#### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

## **DETAIL (Including consultation carried out)**

### **INTRODUCTION**

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11. It was important to undertake this piece of work as it offers assurance to the Board, and as we move forward, to Hampshire Health Overview and Scrutiny Committee, that we have met our statutory duty to involve and engage with a wide group of people. It will also aid future engagement and potential consultation activity, and will significantly support our plans to develop the hospital by being able to evidence robust and continuous involvement of stakeholders.

### **WHO WAS ENGAGED?**

12. Working jointly with Southern Health NHS Foundation Trust, key stakeholders were identified. A Communications and Engagement Plan was drafted collaboratively.

We identified our key audiences as follows:

- Patients, Carers and Public;
- Voluntary Organisations;
- General Practitioners;
- Staff within Southern Health NHS Foundation Trust;
- Staff (including clinical staff) from other provider organisations such as University Hospital Southampton NHS Foundation Trust and the Royal Bournemouth and Christchurch NHS Foundation Hospital;
- Health Overview and Scrutiny Committee (HOSC) - Hampshire and Southampton;
- Members of Hampshire County Council;
- Local Members of Parliament;
- Patient Participation Group (PPG) leads from Totton and Waterside and South West New Forest Localities; and
- Key hospital stakeholders i.e. Lymington New Forest Hospital League of Friends, Hospital radio etc.

### **WHAT DID WE DISCUSS WITH OUR STAKEHOLDERS?**

13. This was an engagement/listening exercise that set out to gather initial feedback on views of the current services and ideas for future services. However, as community hospitals in the New Forest were subject to a wider consultation eight years ago, it was important to reassure stakeholders and not make them anxious about the future of their hospital. We also wanted to ensure hospital staff did not feel there was any criticism of the current services provided. The aim was to take clear and simple messages to our stakeholders. Our core messages were:

- a. We want to make the best use of Lymington New Forest Hospital for the people who use it.
  - b. We have looked at the different people who use the hospital and at the way the local population is changing over time. We need to develop our hospital to continue meeting your needs.
  - c. We want to listen to your views to help us shape the future 'mix' of services at Lymington New Forest Hospital.
14. Through our discussions, meetings, focus groups and questionnaires we aimed to ascertain:
- What services work well for those who use the hospital?
  - Reasons why the hospital is not always the place of choice?
  - What services do not work so effectively and why?
  - Within specific parameters, what services which are currently not provided at Lymington New Forest Hospital would the population like to see there? Note: We set parameters being mindful that some services could never be provided from Lymington e.g. complex heart surgery, and so did not wish to raise expectations

#### **HOW DID WE ENGAGE WITH OUR STAKEHOLDERS?**

15. It was clear that to ensure effective engagement we needed to use a variety of engagement channels. We therefore planned a multi-faceted approach to effectively capture feedback from all of our audiences. The following methods were used:
- Social media – principally Twitter (we regularly tweeted about our events and the questionnaire was available on Twitter).
  - A specific email address set up [buildingonsuccess@WestHampshireCCG.nhs.uk](mailto:buildingonsuccess@WestHampshireCCG.nhs.uk) this was advertised through leaflets, story boards, website etc.
  - 3,000 leaflets distributed
  - Story Boards – which were within the Hospital and also a portable set used for the roaming events
  - Specific telephone line (advertised in newspaper stories, Twitter, website, on flyers and storyboards)
  - Survey monkey set up – three online surveys in situ one for the General Practitioners, one for the staff who work at Lymington New Forest Hospital and one for the patients and the public.
  - A variety of focus groups. These were held at either Hythe Hospital or Lymington New Forest Hospital.
  - A staff drop in session from 7.00 am to 9.00 pm to ensure all shifts had the opportunity to feed in their ideas.
  - General Practitioner Locality meetings
  - Attendance at the Fusion meeting – gathering information from representatives of local nursing homes.
  - Attendance at local town markets, garden parties

- PPG representatives handing out questionnaires in local surgeries e.g. Ringwood Medical Centre
- Individual meetings with specific organizations i.e. Hampshire HOSC (informal), Councilors

## **RESPONSES TO DATE AND NEXT STEPS**

16. The responses have being collated from the following sources:
- 319 responses received to the patient questionnaire – majority by paper rather than on line;
  - 2 written letters received;
  - 14 Voluntary organisations were represented through the focus group;
  - 13 PPG representatives attended the focus groups;
  - Over 120 individuals were asked their views face to face;
  - 27 members of staff attended the drop in session; and
  - Over 160 General Practitioners/ Clinicians have contributed ideas for the future clinical service provision.

The board are grateful to all those who participated in the above events and to Southern Health NHS Foundation Trust for all their support.

## **NEXT STEPS**

17. A Clinical Reference Group made up of General Practitioners and clinical representatives from the West Hampshire Clinical Commissioning Group, Southern Health NHS Foundation Trust, Southampton University Hospitals NHS Trust, The Royal Bournemouth and Christchurch NHS Trust, Solent NHS Trust and Oakhaven Hospice met on the 25<sup>th</sup> of July to commence reviewing the information.
18. Early analysis of the information has defined six specific areas to review specifically which are:
- Acute Medicine – a single access point;
  - Surgery and Endoscopy;
  - Out patients and diagnostics;
  - Frail Elderly – including end of life and dementia care;
  - Transport; and
  - Enhancing patient experience
19. The outcomes from the Clinical Reference Group will be recommendations on what the future range of services should/could look like to meet the population needs; which will be presented to the West Hampshire Clinical Cabinet and CCG Board in late September.
20. Note: We are committed to ensuring both Hampshire and Southampton HOSCs are involved and informed informally at this stage, and will be guided by them as to when it may be necessary to present proposals more formally. If HOSC deem our proposals constitute substantial service change it will be likely that formal consultation will be necessary although robust engagement work may negate the need for that.

## RESOURCE IMPLICATIONS

### Capital/Revenue

21. There are no capital / revenue implications in this report.

### Property/Other

22. No impact

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

23. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

### Other Legal Implications:

24. None

## POLICY FRAMEWORK IMPLICATIONS

25. Improving health and keeping people safe is identified as a council priority within the 2013-16 Council Plan.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
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## SUPPORTING DOCUMENTATION

### Appendices

1.	None
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### Documents In Members' Rooms

1.	None
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### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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### Other Background Documents

#### Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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